

The Future Party Platform

Drug Crisis

Percocets, molly, percocets... -Future

Table of Contents

Table of Contents.....	1
Goals.....	1
Overview of the Problem.....	2
Why do People Get Addicted.....	3
1. Supply.....	3
2. Demand.....	3
The Solution.....	4
1. Address the source of the crisis.....	4
2. Focus on rehabilitation.....	4
3. Crackdown on supply.....	4
The Case for Our Approach.....	5
A cure for the disease not its symptoms.....	5
Rehabilitation and harm reduction go hand in hand.....	6
The last nail.....	6
Summary.....	7
Specifics.....	8
Contingencies.....	9
None yet.....	9

Goals

1. Focus on rehabilitating and reintegrating addicts
2. Address why people end up getting addicted in the first place (Affordability)
3. Crackdown hard on the source of the drugs

Overview of the Problem

It is no secret that Canada has a glaring and growing drug crisis brewing behind the scenes. It rears its head all around us, whether it's needles thrown around public parks, drugged out homeless people yelling around street corners, or the ever increasing number of overdoses recorded.

The drug crisis has had an adverse effect on all Canadians from coast to coast across all walks of lives. Some of the stats are alarming:

- The number of daily overdoses [is rapidly increasing](#)
- Smaller communities [are getting devastated](#)
- Western Canada is [getting hit hard](#)
- A snapshot of the [impacts on individuals and cities](#) seen in Oshawa
- An increase in [crime](#)
- Needles thrown around in [public spaces](#)

It might be tempting to attribute the addicts' problems to a moral failing on their part, and in some of the cases that is absolutely true. But let us be honest with ourselves, when something **this destructive** spreads rapidly in a society, it hints that there is a much deeper problem than just the failings of independent individuals, it hints at a structural problem within society itself. **That might sound uncomfortable to hear** when we haven't personally done anything wrong, but it is still important to acknowledge that there are certain societal failings in Canada that rose despite our best intentions.

What is more important than acknowledgment though is putting in the effort to actually **end the problem at its source, and to avoid exclusively focusing on treating the symptoms.**

Why do People Get Addicted

The biggest problem with drug abuse is that there is never just one reason. It is an almost case by case situation that results from a multitude of factors intertwining. **Our first step will be to identify the different factors that contributed to the rise of the opioid crisis.** We will split these factors into two categories:

1. Supply

In Canada the biggest changes in terms of supply were all related to opioids:

1. **Over Prescription** - Over the past decade or so, doctors have been far too liberal with their [prescriptions of strong opioids](#) as painkillers. Therefore a significant number of people got unwittingly addicted/dependent on opioids when they otherwise wouldn't have. Pharmaceutical companies' marketing played a big role in that trend of overprescription
2. **Fentanyl** - and other more potent drugs have been increasingly [mixed into the illicit supply of opioids](#). This has been the main driver of increased ODs. Fentanyl and the like are much more potent in extremely small doses. They are also very difficult to detect without access to sophisticated lab equipment.

2. Demand

The second side of the coin, and what we believe is more important to address is why people get addicted in the first place:

1. **Affordability crisis:** [Income inequality](#) and the associated homelessness drives many people towards escapism in the form of drugs and alcohol. Mainly affects urban and suburban people
2. **Mental Health:** Depressed and lonely people are more likely to seek drugs as comfort
3. **Lack of opportunity:** Unemployed people have nothing to turn to other than alcohol or drugs

The Solution

Broadly speaking, these are our commitments to help existing addicts and reduce the number of future victims:

1. Address the source of the crisis

Without solving why people fall down the spiral at the source, this cycle will keep repeating itself, destroying lives and communities in the process:

- a. Solve the affordability crisis
- b. Provide better mental health support and education
- c. Create employment opportunities for homeless and rural people

2. Focus on rehabilitation

This will have to be tailored to the needs of urban, rural, and suburban communities, and must include alcoholism too, but broadly speaking though:

- a. Mandatory rehabilitation
- b. Combined with harm reduction
- c. Include community building and training

3. Crackdown on supply

The final step is a harsh crackdown on all supply sources

- a. End overprescription
- b. Two-tier approach to illegal distributors
 - i. Extra harsh on larger scale and higher level distributors
 - ii. Forgiving for lower level sellers

The Case for Our Approach

A cure for the disease not its symptoms

Most of the efforts to address the crisis so far by all levels of government have been too focused on treating the visible symptoms of addiction. These approaches are important to deal with the immediate effects of the crisis and must be a cornerstone of any drug policy. However, they don't address the source of the crisis, i.e. why people get addicted in the first place. These approaches are:

- **Harm Reduction:** Which reduces the deaths resulting from addiction but does nothing to alleviate the issue
- **Rehabilitation:** Which helps cure people from their addiction but does not address the factors that lead to said addiction or potential relapse
- **Tough on Crime:** Just hides the problem from the public eye at best and is fortunately less common these days

This is why we don't want to stop at just harm reduction or rehabilitation for our drug policy. We want to make sure that less people feel the need or want to escape through drugs or alcohol in the first place. To do so we have identified the key reasons that push people down the spiral:

1. **Affordability:** The average Canadian is [living paycheck-to-paycheck](#), now try to imagine how the lowest earners make ends meet. The simple yet dark reality is that they are not. The ridiculous rent prices have almost certainly been the main, if not only, driver of the homelessness crisis in **urban centers** and the associated escapism through substance abuse we witness
2. **Mental health:** Isolated and lonely people are more likely to develop addictions. This has been demonstrated through [older studies on caged rats vs those in "rat parks"](#), humans are much more complex and social than any rat, it is then no stretch to say that the [measured rise](#) in [loneliness](#) is certainly playing a role in increased substance abuse within **cities, and suburbs** specifically. Add to that the rise in depression and anxiety **among youth**, and it becomes no surprise that the average addict tends to be younger.

- 3. Lack of opportunities:** Unemployment is [strongly linked](#) with drug abuse, which goes a long way in explaining why **small towns in rural areas** are hit harder by the ongoing opioid epidemic and alcoholism

Therefore our Urban, Suburban, and Rural plans tie in to our fight against drug dependence. Each region has similar struggles but for different reasons. Prevention is the best treatment and preventing drug abuse and alcoholism from claiming more victims is a solid policy with an eye towards the future.

Rehabilitation and harm reduction go hand in hand

Treating existing victims is just as important as preventing new ones. This is why in addition to the preventative methods above, we will focus on rehabilitating existing victims. We've already established that the problem looks a bit different depending on where the victims live, that is why our rehabilitation plan will be tailored to Urban, Suburban, and rural needs. This is necessary because a one size solution will leave many communities behind.

Harm reduction is necessary because we need to keep people alive long enough to receive treatment, while rehabilitation is crucial to actually treat said people. Therefore, any effective policy must pursue both, after all:

- If victims overdose before our law enforcement and social workers redirect them to treatment facilities, then our rehab facilities won't be saving anyone
- If all we do is provide harm reduction to the victims, then we will just be prolonging their suffering

Lastly, we want to make it mandatory purely due to the urgency of the problem. We have unfortunately reached a point where waiting does more harm than good. This is of special importance to homeless and rural people as they usually lack the support or opportunity to seek out help. And by combining the mandatory treatment with lodging, work, and training, we are confident we can put an end to the cycle of misery plaguing our communities once and for all.

The last nail

We believe that diminishing demand for drugs is the most crucial factor in ending drug abuse. We have based our conviction on the results of the American war on drugs which focused

almost exclusively on ending supply and unfortunately failed to solve the problem. However, we are realistic in our positions and recognize the importance of clamping down on supply as the last nail in the coffin of drug abuse.

Overprescription by medical professionals has been on the decline for the past few years. We would like to see that decline faster but we recognize that the **illicit drug supply is more dangerous and common** and as such we will focus the majority of our effort into putting an end to it.

The most dangerous element of the illegal drug supply is not the street vendors and small-time distributors, rather the danger lies in the large-scale suppliers and their laboratories. Small-time non-violent dealers **tend** to be downtrodden people looking to make ends meet. By having a more lenient approach towards those dealers we hope to get them to defect and work with law enforcement on busting the suppliers. On the other hand, by increasing the severity of punishments for bigger operations we aim to make them harder and more dangerous to operate.

Summary

Our plan is multi-pronged, we intend to address why people fall victim to drug abuse in the first place. To this end a majority of our efforts will be dedicated towards reducing the demand for drugs and the rehabilitation of current addicts.

Specifics

The above will be achieved through these policies:

1. The source
 - a. Affordability has its own paper, check that out
 - b. Mental health has its own paper, check that out
 - c. Opportunities are part of the rural, and urban plans, which have their own paper
2. Rehabilitation and Harm reduction
 - a. All addicts are taken to the rehab facilities
 - i. Especially the homeless and unemployed
 - b. Within facilities, clean supply is exclusively used as part of the supervised detox process
 - c. In the facilities:
 - i. Dorm style with common spaces
 - ii. Visitation is easy
 - iii. Includes vocational training
 - d. Treatment should:
 - i. Not stop right after detox
 - ii. Reintegrate victims into society
 - iii. Provide simple jobs while treatment is ongoing that are paid at least minimum wage. E.g. simple cleaning of facilities and nearby streets
 - iv. Provide training and job search support
 - v. Help build support structures
3. Supply crackdown
 - a. Overprescription
 - i. Lower doses of strong painkillers
 - ii. Reduce amount of painkillers supplied
 - iii. Replace addictive opioids with other alternatives where possible
 - b. Pharmaceutical companies
 - i. Investigate their present and historic role
 - ii. Identify regulatory lapses

- c. Illicit supply
 - i. Give small dealers an out
 - 1. Protection in exchange for info
 - 2. Assistance with finding honest work
 - 3. Keep the criminal records of non violent dealers clean
 - ii. Harsh punishment of big distributors
 - 1. Lengthy sentences with little to no outside interaction
 - 2. No bails, no appeals
 - iii. Shutdown internal and external sources

Contingencies

None yet