MULTILATERAL EVALUATION MECHANISM (MEM)

CANADA

Evaluation Report on Drug Policies:
Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation

EIGHTH EVALUATION ROUND

2023
PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SM S) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states’ National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country’s evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG’s work for the thematic assessment for the areas of “Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation” was conducted during 2023, and covers the 2019 to 2023 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.
Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.
INSTITUTIONAL STRENGTHENING
OBJECTIVE 1

ESTABLISH AND/OR STRENGTHEN NATIONAL DRUG AUTHORITIES, PLACING THEM AT A HIGH POLITICAL LEVEL AND PROVIDING THEM WITH THE NECESSARY CAPABILITIES, RESOURCES, AND COMPETENCIES TO COORDINATE FORMULATION, IMPLEMENTATION, MONITORING, AND EVALUATION OF NATIONAL DRUG POLICIES.

Priority Action 1.1: Place national drug authorities at a high political level.

Canada has national drug policy authorities. Substance use policy is a shared responsibility between federal, provincial, and territorial governments. The federal Minister of Mental Health and Addictions and the Associate Minister of Health lead the federal government’s drugs and substances strategy, the Canadian Drugs and Substances Strategy (CDSS). Health Canada is the lead federal department responsible for the implementation of the strategy in collaboration with 15 other federal departments and agencies across the health and public safety domains. Given shared jurisdiction in this area, provincial and territorial governments have each developed their own respective drug and substances policies and strategies, which are coordinated and implemented through their respective ministries of health and/or related departments.

Priority Action 1.2: Grant national drug policy entities the authority to guide and coordinate the formulation, implementation, monitoring, and evaluation of national drug policies.

Canada’s national drug policy authorities have a legal basis. In this sense, Health Canada was established through the Department of Health Act, which outlines the mandate, duties, and functions of the department, including the department’s role in developing policies, and administering and enforcing legislation aimed at protecting Canadians from potential risks to health, such as those posed by controlled substances and other substances (e.g., tobacco, alcohol).

Priority Action 1.3: Allocate the necessary resources (material, financial, and human) for the effective functioning of the national drug authorities.

In Canada, Health Canada’s annual budget is independent from the 15 other federal departments and agencies responsible for the implementation of the CDSS. However, the annual budget/funding for CDSS is shared across CDSS partners, who are each responsible for administering the funding required to implement their respective programs and activities under the CDSS.

The amount of the annual budget of the CDSS for the years 2019-2023 is listed below:

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual budget amount (US dollars)</td>
<td>approximately $93 Million</td>
<td>approximately $93 Million</td>
<td>approximately $93 Million</td>
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<td>approximately $93 Million</td>
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**Priority Action 1.4:** Design or optimize mechanisms to facilitate effective coordination and collaboration among government institutions for the formulation, implementation, monitoring, evaluation, and updating of evidence-based national drug policies and/or strategies.

Canada has an ongoing coordination and collaboration mechanism among agencies and other levels of government (national and sub-national) to formulate, implement, monitor, evaluate, and update national drug policies and/or strategies. In this sense, at the federal level, Health Canada works with 15 federal government departments and agencies to formulate, implement, monitor, evaluate and update our evidence-based national drug policy. This occurs through the Canadian Drugs and Substances Strategy Governance Structure, which includes interdepartmental working groups at the Deputy Minister, Assistant Deputy Minister, Director General and Director levels.

The Government of Canada collaborates and shares information and best practices with provincial and territorial governments on drug policy through various working groups including at senior government official levels such as the Federal/Provincial/Territorial (F/P/T) Committee on Substance Use and the F/P/T Committee on Mental Health and Substance Use, which reports to the F/P/T Deputy Ministers of Health.

The drug policy entities of Canada coordinate the areas of demand reduction, supply reduction, control measures, drug observatory, international cooperation, and program evaluation.
OBJECTIVE 2

FORMULATE, IMPLEMENT, EVALUATE, AND UPDATE COMPREHENSIVE NATIONAL DRUG POLICIES AND/OR STRATEGIES THAT PROMOTE BALANCED, MULTIDISCIPLINARY, AND EVIDENCE-BASED APPROACHES, WHILE FULLY RESPECTING HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS, UNDER THE PRINCIPLE OF COMMON AND SHARED RESPONSIBILITY, CONSISTENT WITH OBLIGATIONS OF PARTIES UNDER INTERNATIONAL LAW, AND TAKE INTO ACCOUNT GENDER, AGE, COMMUNITY, CULTURAL CONTEXT, AND SOCIALLY INCLUSIVE DEVELOPMENT.

Priority Action 2.1: Collect and use evidence as a basis for the formulation and updating of national drug policies and/or strategies.

In Canada, the Office of Drug Research and Surveillance of Health Canada, the Centre for Surveillance and Applied Research of the Public Health Agency of Canada, and Statistics Canada collect and use evidence as a basis for formulating and updating national drug policies and strategies. In that sense, the development of the Canadian Drugs and Substances Strategy (CDSS) is based upon an analysis of data and research related to substance use in Canada. This includes an analysis of data and findings from national surveys, such as the Canadian Alcohol and Drugs Survey, the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), and the Canadian Post-Secondary Education Alcohol and Drugs Survey (CPADS). In addition, Health Canada examines laboratory data from drugs seized by law enforcement, wastewater surveillance data, coroner’s data on opioid and stimulant related harms, as well as surveillance information from the dark web. In addition, the development of the CDSS reflects systematic reviews of the substance use and policy literature, including the findings of research supported by the Canadian Institutes of Health Research’s Canadian Research Initiative on Substance Misuse.

Priority Action 2.2: Promote and establish collaborative relationships with the scientific community, public policy experts, community and/or civil society actors, and other relevant stakeholders, to contribute to the evidence-based development, implementation, evaluation, and updating of national drug policies.

In Canada, the following relevant actors from the priority areas are involved in the development, implementation, evaluation, and updating of national drug policies and/or strategies:

<table>
<thead>
<tr>
<th>Relevant actors</th>
<th>Development</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Ministry</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Interior Ministry</td>
<td></td>
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<td>Justice Ministry</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Education Ministry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional and/or local governments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific community/academia</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Civil society</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
The country’s Interior Ministry, Education Ministry, regional and/or local governments and private sector are not involved in the development, implementation, evaluation, or updating of national drug policies and/or strategies.

**Priority Action 2.3:** Promote sub-national/local management of drug policies and/or strategies through greater coordination and/or delegation of responsibilities, as appropriate, between sub-national/local and national agencies, taking into account the socio-cultural, demographic and other differences of each region.

Canada has delegated partial responsibilities on drug issues to local/sub-national governments to implement concrete actions related to drug policies and strategies, in coordination with the national drug entities. In that sense, in the country, addressing substance use is a shared responsibility under the Constitution of 1867. The federal government is mainly responsible for the control of controlled substances in Canada under the Controlled Drugs and Substances Act (CDSA) and coordinates the government’s response in conjunction with its provincial and territorial counterparts. For example, the federal government has continued to work closely with provinces and territories on the implementation of the Emergency Treatment Fund (ETF), a $150 million transfer to provinces and territories to improve access to evidence-based treatment services in the context of the overdose crisis. The federal government is also responsible for the oversight of the movement of controlled substances across international borders. The CDSA fulfills Canada’s obligations under the three international conventions designed to limit the possession, consumption, trade, distribution, import, export, manufacture and production of controlled substances and precursors for legitimate medical, scientific, and industrial purposes. Meanwhile, provinces and territories are primarily responsible for the delivery of substance use
treatments and services, including the regulation of health professionals. Through its expenditure power, the federal government provides funding for these services through the Canada Health Transfer to meet the provisions of the Canada Health Act. It also provides grants and contributions funding to health and civil society organizations to support the development of innovative/pilot approaches in the delivery of substance use services and support, as well as funding for research. In addition, the federal government provides some substance use services and supports to some federal client populations, including First Nations people living on reserves, Inuit, Canadian Armed Forces members, veterans, federally incarcerated populations.

The national drug entities of Canada do not have an office or operational unit to promote, coordinate, train, or provide technical support to local or sub-national governments or agencies on drug-related issues.

The national drug entities of the country do not have coordinators, offices, or representatives in the sub-national or local territories, as part of a decentralized operational and coordination structure at the local level to respond to the drug problem.

Canada has a specific and ongoing program to transfer funds or finance drug initiatives or projects carried out by sub-national or local governments. As part of the CDSS, the federal government has a range of grants and contribution programs that provide funding to health care organizations, civil society organizations, provincial and territorial governments, and regional health organizations to support drug initiatives or projects.

For example, Health Canada's Substance Use and Addictions Program (SUAP) provides grant and contribution funding to other levels of government, community-led and not-for-profit organizations to respond to drug and substance use issues in Canada. Funding supports a wide range of evidence-informed and innovative substance use prevention, harm reduction and treatment initiatives across Canada at the community, regional and national levels. Initiatives target a range of psychoactive substances, including opioids, stimulants, cannabis, alcohol, nicotine, and tobacco.

To complement SUAP, the Public Health Agency of Canada (PHAC) invests CAD$7 million annually into the Harm Reduction Fund, which supports time-limited projects across Canada to help reduce HIV and hepatitis C among people who share injection and inhalation drug-use equipment.

**Priority Action 2.4:** Engage private sector entities to develop innovative approaches to implementation of drug policy, including the exchange of information on emerging substances and new drug trafficking modalities that may affect the private sector, and best practices for denying criminals access to the private sector platforms and technologies that facilitate international trade.

Canada engages private sector entities to develop innovative approaches in the implementation
of drug policies and exchange information and best practices. The area within the private sector entities that develop these approaches is health technology. Drug Checking is a harm reduction measure in which individuals have their drugs checked to identify what is in them. Drug checking provides individuals with information that may be helpful in making an informed choice about their drug use, whether that is to discard the drug, reduce their dose, or choose to consume their drug at a supervised consumption site. In July 2021, based on the recommendation of an independent judging panel, the Minister of Health announced the winner of the challenge.

**Priority Action 2.5:** Formulate or update national drug policies and/or strategies in line with the 2020 OAS Hemispheric Strategy on Drugs and this accompanying Plan of Action, taking into account the objectives of the 2030 Agenda for Sustainable Development.

Canada does not take into account the OAS 2020 Hemispheric Drug Strategy and its corresponding Plan of Action to formulate or update national drug policies or strategies.

The country’s national drug policies and strategies take into account the UN 2030 Agenda for Sustainable Development. The CDSS is a critical component of the Government of Canada’s strategy to meet UN 2030 Sustainable Development Goal Number 3: Ensure Healthy Lives and Support Wellbeing. The Government of Canada aims to meet this objective by addressing the prevalence of vaping among youth; reducing rates of cigarette smoking and reducing harms associated with alcohol and addressing high rates of overdose rates associated with opioid and stimulant use. The CDSS helps achieve these objectives through public education and awareness campaigns to prevent harms associated with substance use and supports prevention, harm reduction, and treatment initiatives for a wide range of substances, including tobacco, vaping, alcohol, cannabis, stimulants, and opioids through various mechanisms, such as funding through Substance Use and Addictions Program.

**Priority Action 2.6:** Integrate a human rights, gender, and social inclusion approach, particularly with respect to at-risk populations, in the process of formulating, implementing, and updating national drug policies and/or strategies.

Canada’s national drug policies and strategies take into account the human rights approach. The CDSS is in alignment with the human rights approach outlined in the UNGASS operational recommendations (Resolution A/S-30/L.1). The Strategy takes a public health focused, evidence-based approach to drug policy. The goal of the CDSS is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families, and communities.

The CDSS promotes the rights and dignity of individuals who use substances in its policies and programs in a variety of ways. Harm reduction is an evidence-based, public health approach that respects the rights of people who use drugs. It includes policies and programs that aim to reduce the negative health, social, and economic impacts of substance use, without requiring or promoting abstinence. Some of the harm reduction services Canada is supporting include:
- Supervised consumption services
- Naloxone training and distribution
- Needle distribution
- Drug checking
- Lower-risk guidelines for the use of alcohol and cannabis
- Managed alcohol programs
- Safer-supply programs

In addition, the Government of Canada is committed to reducing stigma towards people who use drugs through public education and awareness campaigns, as well as the development of training and resources for health care professionals and law enforcement.

Furthermore, the Government of Canada has also taken measures to support proportional criminal justice responses to individuals who use substances. For example, the Government of Canada is supporting policies and approaches that divert people who use drugs away from the criminal justice system:

- In May 2017, the Good Samaritan Drug Overdose Act was passed into law providing some legal protection for simple drug possession charges for individuals who seek emergency help during an overdose
- In August 2020, the Public Prosecution Service of Canada issued guidance to prosecutors directing that alternatives to prosecution should be considered for personal possession offences, except when there are serious aggravating circumstances
- In May 2022, the federal government granted British Columbia a time-limited exemption under the CDSA so that people aged 18 and older in the province will not be subject to criminal charges for personal possession of small amounts of certain illegal drugs, provided certain conditions are met. The exemption is in effect from January 31, 2023, to January 31, 2026. As the first exemption of its kind in Canada, its implementation will be rigorously monitored to measure progress toward objectives and intended outcomes, and to identify unintended consequences and other potential risks
- On November 17, 2022, the CDSA was amended to repeal mandatory minimum penalties for drug offences and require the police and prosecutors to consider diversion for personal drug possession offences, such as issuing a referral to health and social services, providing a warning, or taking no further action instead of laying a criminal charge

Furthermore, the Government of Canada works with Indigenous governments, leaders and communities to better address substance use and related issues from a culturally competent, holistic, distinctions-based approach that addresses the social determinants of health. Indigenous Services Canada works with First Nations, Inuit, and provincial and territorial partners to improve health outcomes, ensure quality health services, and support greater control of the health system by First Nations and Inuit communities.
The country’s national drug policies and strategies take into account the gender perspective. In this sense, the Government of Canada also ensures that Sex and Gender-Based Analysis Plus (SGBA Plus) analytical processes are taken into account in the development of substance use legislation, policies and programs. SGBA Plus is a process used when developing policies, programs, and initiatives to help determine the impact these may have on different groups of men, women, and gender diverse people. The “Plus” in SGBA Plus stresses the importance of looking beyond sex (biology) and gender (social and personal identity) to consider other connected identity factors in the analysis process, including ethnicity, culture, race, age, sexual orientation, religion, geographic location, and disabilities, and how these factors intersect with and operate within systems of power and discrimination. Ensuring that SGBA Plus is incorporated into public health interventions to address substance use enables us to identify needs and barriers that we can address to advance health equity, diversity, and inclusion. Several Government of Canada initiatives aimed to address differences in sex and gender in substance use include public awareness campaigns, tools and resources to address high rates of overdose among men who work in the trades; enhanced collection of gender-disaggregated data on substance use related harms; and exemptions for supervised consumption sites to offer peer assistance services for women and other vulnerable populations, who may require assistance due to physical limitations and/or controlling relationships with men.

The national drug entities of Canada do not require technical support to develop and implement programs with a gender perspective.

Canada’s national drug policies and strategies take into account the social inclusion approach. In this sense, prevention of substance use and its related harms is a key priority area of the CDSS. Interventions aimed at preventing and/or delaying substance use under the CDSS focus not only on individual behavior but also addressing known risk and protective factors, as well as the broader social determinants of health that impact substance use.

Through the Substance Use and Addictions Program, the Government of Canada provides funding to community-based prevention programs that aim to address risk factors associated with substance use related harms, such as experiences of marginalization, racism and discrimination and trauma and lack of access to health and social services. These programs prioritize youth and young adults as these are life stages when life-long behaviors often become established and greater harms from substance use can accrue, such as impacts on brain development and elevated risks of developing a substance use disorder.

To address the broader social and economic factors that contribute to substance use related harms, Health Canada also works with various federal partners to help coordinate federal substance use policy and approaches.
**Priority Action 2.7:** Provide adequate financial and other necessary resources for the implementation of drug policies and programs.

Canada has the necessary resources to implement drug policies and programs.
**Priority Action 3.1:** Establish and/or strengthen interagency and multisectoral policy and technical coordination mechanisms, to achieve a comprehensive, balanced, and multidisciplinary approach to the drug problem, including its causes and consequences.

Canada has interagency and multisectoral policy and technical coordination mechanisms to address the drug problem in a comprehensive, balanced, and multidisciplinary approach, including its causes and consequences. In this sense, Health Canada works with 15 federal government departments and agencies to support a comprehensive, balanced, and multidisciplinary approach to national drug policy. This occurs through the Canadian Drugs and Substances Strategy (CDSS) Interdepartmental Governance Structure, which includes representatives from 15 federal government departments and agencies who are responsible for health, public health, public safety, law enforcement, border agencies, as well as research and data collection and analysis. The CDSS Governance Structure also includes federal departments and agencies responsible for social and economic policies and programs that address the underlying risk factors associated with substance use related harms, such as poverty and homelessness and gender-based violence.

**Priority Action 3.2:** Design, implement, and evaluate multisectoral plans and programs based on the principles of human rights, public health, and development, to address and counter the socioeconomic causes and the consequences of the drug problem.

Canada has concrete multisectoral plans and programs to address the causes and socioeconomic consequences of the drug problem, which are based on the principles of human rights, public health, and development.

Broader social and economic factors that contribute to substance use related harms are supported by various federal partners to help coordinate federal substance use policy and approaches. Key partners include Infrastructure Canada (Homelessness Policy Directorate), Employment and Social Development Canada (ESDC), and the Public Health Agency of Canada (PHAC). These partners provide leadership on federal actions and initiatives to address the social determinants of health and known factors related to substance use harms such as poverty and homelessness, gender-based violence, mental health, trauma, and equity and diversity.

In particular, the Government of Canada is making investments, including in housing, homelessness, and poverty reduction. For example, in August 2018, the Government of Canada released Opportunity for All – Canada’s First Poverty Reduction Strategy, which provides $22 billion dollars in investments aimed at reducing the poverty rate in Canada by 20% in 2020 and 30% in 2030. Key initiatives include income supports for those in or at risk for poverty such as
low-income families with children (Canadian Child Benefit); seniors (Guaranteed Income Supplement) and workers with low incomes (Canada’s Workers Benefit).

**Priority Action 3.3:** Participate in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, institutions, and their internal processes.

Canada participates in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, and institutions and their internal processes. In this sense, the country participates in the North American Drug Dialogue, which is a trilateral forum with Mexico and the United States to discuss various drug policy issues in North America and share best practices. Canada also cooperates extensively with the United States under the Canada-U.S. Opioids Action Plan to exchange information and cooperate on various issues related to opioids and synthetic drugs in Canada and the United States. Multilaterally, in addition to the CICAD regular sessions, Canada also actively participates in the World Health Organization and UN General Assembly discussions on substance use, with more targeted interventions at the United Nations Commission on Narcotic Drugs (CND). Canada is also a member of the G7 Roma Lyon Group (RLG) which focused on the issues of trafficking. More recently, Canada has been participating in the meetings and undertaking several joint activities with the Council of Europe’s Pompidou Group where Canada sits as an observer.

**Priority Action 3.4:** Promote comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption.

Canada promotes comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption. In this sense, Public Safety Canada is responsible for implementing the National Crime Prevention Strategy (NCPS). Its work provides national leadership on effective and cost-effective ways to prevent and reduce crime by intervening on the risk factors before crime happens. Its approach is to promote the implementation of effective crime prevention practices.

Public Safety Canada works closely with partners and stakeholders in the provinces and territories to develop and implement results-driven programs that target specific crime issues in regions and communities across Canada. The department provides tools, knowledge, and support to undertake crime prevention initiatives in communities large and small across Canada.

This agency also provides resources to address, specifically, gun and gang-related violence.


**Priority Action 3.5:** Implement measures that promote equal access to justice and due process, taking into account gender, age, community, and cultural context.

Canada implements measures that promote equal access to justice and due process, taking into account gender, age, community, and cultural context approaches. In this sense, the country is committed to advancing UN Sustainable Development Goal 16 and its vision of access to justice for all. Canada supports a people-centered approach to justice to advance equality, legal empowerment, and a better understanding of the legal needs of all the people of Canada.

Justice-related research and data is critical to guiding these efforts. For example, the 2021 Canadian Legal Problems Survey provides valuable disaggregated data on the types of legal problems people experience, whether and how they try to resolve them, and the financial, social and health impacts these experiences have on their lives. Canada is developing an Indigenous Justice Strategy and Canada’s Black Justice Strategy to help address systemic discrimination and the overrepresentation of Black and racialized Canadians and Indigenous Peoples in the criminal justice system and to ensure all Canadians have access to fair and just treatment.

Canada has also made several investments to promote the use of Gladue Reports and Impact of Race and Culture Assessments (IRCA)s at sentencing hearings. A Gladue Report is a pre-sentencing report that provides information about the circumstances of an indigenous offender and how these circumstances relate to systemic factors that may be responsible for the individual’s involvement with the criminal justice system. IRCAs are pre-sentencing reports that help sentencing judges to better understand the effect of poverty, marginalization, racism, and social exclusion on the offender and their life experience. IRCAs explain the relationship between the offender’s lived experiences of racism and discrimination and how they inform the circumstances of the offender, the offence committed, and the offender’s experience with the justice system. Both Gladue Reports and IRCAs assist the sentencing judge to address systemic barriers for Indigenous Peoples and racialized persons in the criminal justice system by ensuring the background and systemic factors that brought them into contact with the justice system are taken into account at sentencing, and to help inform reasonable alternatives to sentencing for these accused.

**Priority Action 3.6:** Implement measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion.

Canada implements measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion. In this sense, Public Safety Canada is responsible for implementing the NCPS. Its work provides national leadership on effective and cost-effective ways to prevent and reduce crime by intervening on the risk factors before crime happens. Its approach is to promote the implementation of effective crime prevention practices.
This agency works closely with partners and stakeholders in the provinces and territories to develop and implement results-driven programs that target specific crime issues in regions and communities across Canada. The Department provides tools, knowledge, and support to undertake crime prevention initiatives in communities large and small across Canada.
Priority Action 4.1: Adopt alternative measures to incarceration for minor or non-violent drug-related offenses, where appropriate, while safeguarding the sovereignty of states, and ensuring individual accountability, respecting human rights and the gender perspective.

Canada’s law provides for alternative measures to incarceration for minor drug-related offenses through the Criminal Code, the Controlled Drugs and Substances Act (CDSA), and the Youth Criminal Justice Act (YCJA).

These measures take into account the human rights approach and the gender perspective in accordance with relevant international instruments. In this sense, eligible offenders\(^1\) are offered the opportunity to take part in a court-monitored, community-based drug treatment process through the Drug Treatment Courts (DTCs). If they do not consent, they will be processed through regular criminal court proceedings. DTCs provide individualized programming for participants. This may include gender-specific programming, as well as programming focused on the needs of Indigenous participants.

The YCJA states in its preamble that young persons have special guarantees of their rights and freedoms, including those set out in the United Nations Convention on the Rights of the Child, and that all measures taken against young people under the YCJA must respect gender, ethnic, cultural, and linguistic differences, and respond to the needs of Indigenous young persons and of young persons with special requirements.

Priority Action 4.2: Develop mechanisms to monitor and evaluate alternative measures to incarceration for minor or non-violent drug-related offenses, in collaboration with academic and research institutions, as well as civil society.

Canada develops mechanisms to monitor and evaluate alternative measures to incarceration for minor drug-related offenses. The agency responsible for implementing the monitoring and evaluation mechanisms is Justice Canada.

These mechanisms involve academic, research, and civil society institutions through independent researchers that can be contracted out to support the monitoring and evaluation activities. As an example, the 2021 Evaluation of the Drug Treatment Court Funding Program was contracted by the Department of Justice Canada to an external consulting firm.

\(^1\) Drug Treatment Courts apply only to adult offenders.
In Canada, there are legislative reform initiatives that take into account the implementation of alternative measures to incarceration for minor drug-related offenses. In that sense, former Bill C-5, An Act to amend the Criminal Code and the Controlled Drugs and Substances Act, came into force on November 17, 2022. The Act:

- Repealed mandatory minimum penalties for all offences in the CDSA and certain offences in the Criminal Code
- Amended the CDSA to provide a list of guiding principles, including that problematic substance use should be addressed primarily as a health and social issue and that criminal sanctions imposed in respect of possession of drugs for personal use can increase the stigma associated with drug use, among other things (CDSA s. 10.1)
- Requires police and prosecutors to consider doing nothing, issuing warnings and referrals, as well as alternative measures in order to divert cases of simple drug possession away from the criminal justice system at the earliest opportunity (CDSA s. 10.2 and s. 10.3)

**Priority Action 4.3: Promote common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration.**

Canada promotes a common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration. In this sense, Justice Canada co-chairs the Federal-Provincial-Territorial Working Group on Restorative Justice (FPT WGRJ), which considers and coordinates discussion on administrative, policy and evaluation issues that emerge from the implementation of restorative justice (RJ) and related alternative criminal justice programs. The aims of the FPT WGRJ include:

- Increase and expand the use of RJ in criminal and regulatory matters and enhance accessibility to RJ for all groups and at all points of the criminal justice system
- Strengthen the quality of practice in accordance with nationally recognized RJ values, principles, and guidelines
- Promote consideration of the needs of victims and enhance collaboration between RJ programs and victim services
- Increase public and justice system awareness of the value of RJ as an evidence-based and trauma-informed approach
- Foster systematic data collection and reporting on RJ processes and encourage research that furthers RJ practice

The Justice Canada website includes information and resources regarding restorative justice, including legislation and policy, a restorative justice directory, research publications, and restorative justice programming.
**Priority Action 5.1:** Design and implement, in accordance with the characteristics, interests, and needs of each country, inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of at-risk populations.

Canada has inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of at-risk populations. In this sense, the Government of Canada has various programs and initiatives to support the social inclusion of those at risk for substance use and their families and communities. Reaching Home: Canada's Homelessness Strategy is a community-based program aimed at preventing and reducing homelessness across Canada. This program provides funding to urban, Indigenous, rural, and remote communities to help them address their local homelessness needs. According to data from the Point in Time survey, 25.1% of individuals reported that substance use or addiction was the reason for their housing loss. Reaching Home is also part of the Government of Canada’s National Housing Strategy, which prioritizes the development of housing for individuals dealing with substance use and mental health concerns.

The Government of Canada’s Opportunity for All – Canada’s First Poverty Reduction Strategy also aims to support the dignity and inclusion of all Canadians, including those at risk for substance use and their families, by ensuring that their basic needs are met such as having access to safe affordable housing, healthy food, and access to health care. It does so by providing income supplements to enable low families and workers buy healthy food and pay for safe affordable housing, as well as other training and supports to improve the economic opportunities of those living or at risk of poverty.

Finally, the Government of Canada also supports the social inclusion of people with lived and living experience of substance use and their families by meaningfully engaging them in the development of policies and programs.

**Priority Action 5.2:** Disseminate best practices and lessons learned to improve institutional responses to the needs of at-risk populations.

Canada disseminates best practices and lessons learned to improve institutional responses to the needs of people in at-risk situations, such as mechanisms, programs, and interventions, through publications, meetings, workshops, among others. In that sense, the Government of Canada disseminates best practices and lessons learned to improve institutional responses to the needs of at-risk populations in a variety of ways. The Canadian Institutes of Health Research (CIHR)
provides funding to Canadian Research Initiative on Substance Misuse, which is a national network of researchers, service providers, policy makers and people with lived experience of substance use. Its overall objective is to evaluate evidence-based interventions for substance use and support their integration into clinical practice, community-based prevention, harm reduction services, and health systems more broadly through various mechanisms, such as publications and development of guidelines. CIHR also hosts Best Brains Exchanges on various topics related to substance use. Best Brains Exchange is a knowledge mobilization program which brings together senior policy makers, researchers, implementation experts and key stakeholders to discuss high-priority, health-related topics identified by policy makers with the goal of supporting the integration of research evidence into policy.

The Government of Canada provides funding to the Canadian Centre on Substance Use and Addiction, which supports the development and dissemination of knowledge and evidence on substance use, including the effectiveness of policies, programs and interventions aimed at addressing the needs of at-risk populations.

Health Canada also funds and disseminates independent research evaluating the impact of its programs and policies for at risk populations who use substances, such as recent evaluations of safer supply projects in Canada.

Finally, the Government of Canada shares information, lessons learned and best practices on approaches for addressing substance use among at risk populations with provinces and territories through existing intergovernmental mechanisms, such as the Federal/Provincial/Territorial (F/P/T) Committee on Substance Use and the F/P/T Committee on Mental Health and Substance Use.
**Priority Action 6.1:** Promote proportional legal sentencing for minor drug-related offenses in accordance with domestic law.

Canada promotes the Criminal Code, the Controlled Drugs and Substances Act (CDSA), and the Youth Criminal Justice Act (YCJA), which provide for proportional legal sentencing for minor drug-related offenses, in accordance with domestic law.

The country has Drug Treatment Courts (DTCs) for minor drug-related offenses. The objective of DTCs is to reduce substance use, crime, and recidivism through the rehabilitation of persons who commit crimes to support their substance use. DTCs provide non-violent offenders suffering from a substance use disorder an opportunity to participate in community-based treatment programs as an alternative to incarceration. DTCs use a multidisciplinary, collaborative approach that involves judicial supervision, comprehensive substance use treatment, random and frequent drug testing, incentives and sanctions, clinical case management, and social services support.

**Priority Action 6.2:** Promote legal reforms as needed, to promote proportional sentencing for minor drug-related offenses.

Canada promotes legal reforms, where appropriate, regarding proportional sentencing for minor drug-related offenses. In this sense, former Bill C-5, “An Act to amend the Criminal Code and the Controlled Drugs and Substances Act,” came into force on November 17, 2022. The Act:

- Repealed mandatory minimum penalties for all offences in the CDSA and certain offences in the Criminal Code
- Amended the CDSA to provide a list of guiding principles, including that problematic substance use should be addressed primarily as a health and social issue (CDSA s. 10.1)
- Increased the availability of conditional sentence orders to allow more community-based sentences when public safety is maintained; and requires police and prosecutors to consider doing nothing, issuing warnings and referrals, as well as alternative measures in order to divert cases of simple drug possession away from the criminal justice system (CDSA s. 10.2 and s. 10.3)
RESEARCH, INFORMATION, MONITORING, AND EVALUATION
Priority Action 1.1: Develop and strengthen national drug observatories (NDO) or similar technical offices ensuring they have adequate human and financial resources.

Canada has the Office of Drug Research and Surveillance, which functions as a technical office that carries out activities that are similar to a national drug observatory, although its creation does not have a legal basis or other similar mechanism.

The National Drug Observatory (NDO) has been assigned financial and human resources to carry out its functions, which are funded by Canadian Drugs and Substance Strategy (CDSS). The total federal funding allocated to surveillance and monitoring from 2017-18 to 2022-23 is CAD$10,769,489.

Priority Action 1.2: Strengthen ties to academic and research institutions, as well as specialized non-governmental organizations, to foster scientific research and studies on the various aspects of the drug phenomenon.

Canada has established and maintained working relationships with academic and research institutions. The Office of Drug Research and Surveillance at Health Canada collaborates with partners to collect, analyze, and disseminate timely data. The Canadian Institutes of Health Research (CIHR) is supporting the Canadian Research Initiatives on Substance Misuse (CRISM), a national research network that connects researchers, service providers, decision makers, and people with lived experience across Canada. CRISM’s mandate is to ensure evidence-based interventions for reducing problematic substance use are developed, tested, and brought to scale. In parallel, CIHR is supporting rapid response mechanisms to address emerging issues. In addition, Health Canada maintains relationships with other universities on specific research activities in addition to working in collaboration with non-governmental organizations such as the Canadian Centre on Substance Use and Addiction (CCSA), the Centre for Addiction and Mental Health (CAMH), and the Canadian Institute for Health Information (CIHI).

The country has carried out the following studies on the drug problem through academic and research institutions:

- Research in Substance Use: Publications (Integrated Cannabis Research Strategy - Workshop Reports, Opioids - Workshop Reports, and Other Substances - Workshop Reports)
- Canadian Drug Trends
- Opioids (Canadian Drug Summary)
Priority Action 1.3: Develop and adopt quantitative and qualitative methodologies and information-gathering mechanisms that allow for the comparison of data among countries.

Canada has not developed or adopted quantitative and qualitative methodologies or information-gathering mechanisms that allow for the comparison of data among countries.

The country has carried out studies using methods that are non-representative of the population and/or qualitative methodologies to obtain information on drugs that can be shared with other countries that have carried out studies with similar methodologies. In this sense, there are two research projects that were completed in March 2023:

- The Online New Psychoactive Substances (NPS) survey, which is targeted towards people who use NPS around usage (where usage occurs, how much is used, and effects experienced)
- The Persons with Lived and Living Experience Survey, which is a mixed-methods study targeting street involved youth on topics such as prevalence of drug use, drug harms, stigma, and barriers to accessing services

Priority Action 1.4: Establish and strengthen national drug information networks (DINs) to carry out long-term monitoring and early warning systems (EWS), including the use of a broad range of research methods and information sources, to develop rapid responses to emerging threats.

Priority Action 1.5: Contribute to the Early Warning System of the Americas (Spanish acronym SATA) to gather the available national alerts and disseminate them to member states, so that member states can respond in the shortest possible time to new threats.

Priority Action 1.6: Publish updates annually, when possible, on drug supply and drug demand utilizing the information provided on the national drug situation by using information from the national DINs.

The Office of Drug Research and Surveillance does not have a national drug information network (DIN).

Canada has an early warning system (EWS) to identify NPS and other emerging drug-related threats, which is led by the Office of Drug Research and Surveillance.
The EWS does not share information, alerts, or reports with the Early Warning System of the Americas (SATA).

The EWS does not have a mechanism to share information in real time.

The following stakeholders participate in the EWS:

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universities/Academia</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health institutions</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Drug treatment facilities</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Forensic laboratories</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Statistical and census institutions</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Private consultants</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Civil society and other social stakeholders</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>International organizations of cooperation</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Priority Action 1.7**: Build capacity among relevant stakeholders to enhance the collection, management, and dissemination of drug related information.

The Office of Drug Research and Surveillance does not carry out training sessions with local stakeholders to enhance data collection and management.

The Office of Drug Research and Surveillance does not convene meetings or other workshops where the results of studies and other information gathering activities are shared with local stakeholders.

**Priority Action 1.8**: Establish or strengthen forums at which drug researchers can present their findings to policymakers, and encourage their participation in CICAD experts groups. *(Question 13)*

Canada has established the following forums that allow drug researchers to present their findings to policymakers:

<table>
<thead>
<tr>
<th>Forum title</th>
<th>Frequency</th>
<th>Reports or Publications from these forums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Canada Science Forum</td>
<td>Annual</td>
<td>No</td>
</tr>
<tr>
<td>Issues of Substance Conference</td>
<td>Biennial</td>
<td>No</td>
</tr>
<tr>
<td>CADTH Symposium</td>
<td>Annual</td>
<td>No</td>
</tr>
<tr>
<td>Policy Community Conference</td>
<td>Annual</td>
<td>No</td>
</tr>
</tbody>
</table>
**Priority Action 1.9**: Foster and disseminate best practices and the exchange of successful experiences in research among member states.

The Office of Drug Research and Surveillance promotes and disseminates best practices and the exchange of successful research experiences among member states. In this sense, the Canadian Institutes of Health Research (CIHR)’s Strategic Plan 2021–2031 includes a commitment to better integrate evidence into health decisions by advancing the science and practice of knowledge mobilization (KM). To advance this priority, CIHR is developing a Knowledge Mobilization Framework and Action Plan that will guide CIHR’s future investments and activities in KM.

To inform the development of the Framework and Action Plan, CIHR is gathering feedback and input from diverse groups and individuals. An online survey was launched in spring 2023 to seek public feedback on this work.
OBJECTIVE 2

EXPAND ACCESS TO INFORMATION ON DRUG USE AND RELATED ISSUES THROUGH THE USE OF SOUND, SYSTEMATIC DATA COLLECTION PRACTICES, SCIENTIFIC RESEARCH, AND STANDARDIZED METHODOLOGIES, ENSURING THAT COUNTRIES HAVE THE INFORMATION NECESSARY TO DEVELOP SOUND DEMAND REDUCTION PROGRAMS AND POLICIES.

**Priority Action 2.1:** Generate information on the incidence, prevalence, and modes of drug use and health impacts of drug use (e.g. non-fatal overdose, fatal overdose, infectious disease transmission), as well as drug use and health impact trends over time using sound, systematic data collection practices, scientific research, and standardized methodologies to monitor use across the general public and in key populations, whenever possible utilizing the Inter-American Drug Use Data System (SIDUC) as the standard methodology for epidemiological surveillance.

Canada has carried out and published the following demand reduction studies:

<table>
<thead>
<tr>
<th>Demand reduction</th>
<th>Studies carried out and published</th>
<th>Year of most recent study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Survey of secondary school students</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>National household surveys (12-64 years)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cross-section survey of patients in treatment centers</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Survey of patients in emergency rooms</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Survey of university students</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Survey of incarcerated individuals</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Studies on drug-related mortality</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Studies on drug-related morbidity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Survey of other target populations: Supervised Consumption Sites</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyzed Drug Report</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Canadian Cannabis Survey</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Priority Action 2.2:** Develop drug treatment information systems that record the number of patients treated, diagnoses, clinical history, and available information on treatment outcomes.

Canada has no national system for the collection of data on the number of patients treated, diagnoses, clinical history, or available information on treatment outcomes.
Priority Action 2.3: Evaluate and monitor the impact and the results of treatment and prevention programs using scientific methodologies and make recommendations to update programs based on findings.

Canada has not carried out studies to evaluate treatment and prevention programs or interventions.

The country has not carried out process or intermediate outcome evaluations of prevention and treatment programs.

Canada has not carried out impact evaluations of its prevention or treatment programs.

The country does not have mechanisms to continually monitor and evaluate the results of care, treatment, rehabilitation, or recovery and social integration programs and services in the public health or social protection network.
**Priority Action 3.1:** Generate information on illicit drug production, trafficking, drug markets, and related issues, using systematic data collection practices, scientific research, and wherever possible applying comparable methodologies.

Canada has mechanisms to collect and analyze information related to the illicit supply of drugs. The Royal Canadian Mounted Police (including the Criminal Intelligence Service Canada); Canada Border Services Agency; various provincial and municipal police services; and Health Canada (particularly the Drug Analysis Service) participate in these mechanisms.

The country has the following information related to supply reduction, trafficking, and related crimes:

<table>
<thead>
<tr>
<th>Information</th>
<th>Available information</th>
<th>Year of most recent information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantification of illicit crop cultivation including crops grown indoors</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Number of seizures of illicit drugs and raw materials for their production</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Quantities of illicit drugs and raw materials for their production seized</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Number of seizures of controlled chemical substances (precursors)</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Quantities of seized controlled chemical substances (precursors)</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Number of seizures of pharmaceutical products</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Quantities of seized pharmaceutical products</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Number of persons formally charged with drug use, possession, and trafficking</td>
<td>X</td>
<td>2022 (Police) 2020/2021 (Courts)</td>
</tr>
<tr>
<td>Number of persons convicted of drug use, possession, and trafficking</td>
<td>X</td>
<td>2020/2021 (Courts only)</td>
</tr>
<tr>
<td>Number of laboratories producing illicit plant-based drugs detected and dismantled</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Number of laboratories producing illicit drugs of synthetic origin detected and dismantled</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Chemical composition of seized drugs</td>
<td>X</td>
<td>2022</td>
</tr>
<tr>
<td>Sale price of drugs (for consumers)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Canada does not carry out periodic studies and research on the illicit drug market.

The country carries out the following studies on the medical and scientific use and other legal uses of narcotics or psychotropic substances, subject to international control systems:

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Title of report</th>
<th>Year of publication of research findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical guidance</td>
<td>National Injectable Opioid Agonist Treatment for Opioid Use Disorder Clinical Guideline</td>
<td>2019</td>
</tr>
<tr>
<td>RCT</td>
<td>Flexible Buprenorphine/Naloxone Model of Care for Reducing Opioid Use in Individuals with Prescription-Type Opioid Use Disorder: An Open-Label, Pragmatic, Noninferiority Randomized Controlled Trial</td>
<td>2022</td>
</tr>
</tbody>
</table>

**Priority Action 3.2:** Conduct studies on the price, purity or concentration, and chemical profile of drugs.

Canada collects information for the development of studies on the purity or concentration, and chemical profile of drugs, through publications such as the following:

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Title of report/publication</th>
<th>Year of report/publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of suspected illegal drugs seized by Canadian law enforcement agencies</td>
<td>Analyzed Drug Report</td>
<td>2022</td>
</tr>
</tbody>
</table>

Canada conducts chemical characterizations and tests of purity for substances that may or may not be subject to international control.
The country has mechanisms through which substances that have been identified as not being under international control can be placed under control. Currently, over 300 substances are listed explicitly in the Schedules (i.e., Schedules I-VI) to the Controlled Drugs and Substances Act (CDSA) as controlled substances and precursor chemicals.

The substances are listed as individual substances or as a class of substances. The listings for individual substances and classes of substances often include one or more terms such as "salt," "isomer," "derivative," "preparation," "analogue," "alkaloid," and "intermediate." These additional terms broaden the scope of a listing and capture many structurally and pharmacologically related substances.

For identified substances that are not under national or international control, Health Canada will first conduct a risk assessment, if required. Once the assessment is complete and depending on the results, Health Canada may recommend various risk mitigation measures, including control of the substance under the CDSA. If scheduling under the CDSA is recommended, then a regulatory process is implemented to do so. A similar process is followed for substances that are being scheduled under one of the United Nations drug control conventions.

**Priority Action 3.3:** Establish and strengthen the relationship between the NDOs, or similar technical offices, and national, and when applicable, local, or sub-national forensic laboratories to bolster the collection of data on the chemical composition of substances and precursors seized.

In Canada, the Drug Analysis Service (DAS) of Health Canada is responsible for analyzing chemical substances, precursors, and pharmaceutical products, including new psychoactive substances, and is part of the national early warning system (EWS).

The country implements and participates in the following periodic training programs for personnel involved in the analysis of chemical substances, precursors, and pharmaceutical products, including new psychoactive substances:

<table>
<thead>
<tr>
<th>Implants or participates in the program</th>
<th>Type of Training</th>
<th>Targeted institutions</th>
<th>Year when training was last done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements and participates</td>
<td>Intelligence Analysis, which includes numerous trainings on all aspects involved in the intelligence continuum (open-source research, enhanced writing skills, etc.)</td>
<td>Public and Private institutes in Canada including internal CBSA developed training.</td>
<td>2022</td>
</tr>
</tbody>
</table>

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2 At the CICAD seventy-fourth regular session, December 11 - 14, 2023, Canada indicated that Health Canada's Drug Analysis Service (DAS) operates laboratories that analyze suspected illicit substances including precursors and new psychoactive substances (not including products from the formal pharmaceutical industry), seized by Canadian law enforcement agencies and submitted by public health partners.
| Implements and participates | Clandestine chemists are trained through the Clandestine Laboratory of Investigating Chemists (CLIC). The laboratories also have NMR capabilities and novel, or unusual compounds can be systematically analyzed or elucidated using these methodologies. Sample training is also commodity based (drug – type and related substances) and continual training occurs as an analyst matures and handles more complicated sample composition. | Drug Analysis Labs (Training is commodity based (drug – type and related substances) and continual training occurs as an analyst matures and handles more complicated sample composition. The laboratory program uses a categorizing technique of analytical requirements for positive analysis and this list is updated by a science committee and the analysts are informed on the new entries or changes in requirements. Same applies for targeted methods employed such as LC-QTOF or LC-MS/MS analyses.) | 2022 |

**Priority Action 3.4:** Strengthen drug information networks in member states by improving the mechanisms used to gather and analyze data to inform the development of public policies that control the illicit supply of drugs.

Not applicable.
PARTICIPATE IN AND STRENGTHEN THE MULTILATERAL EVALUATION MECHANISM (MEM) PROCESS, CONSIDERING ITS RECOMMENDATIONS.

**Priority Action 4.1:** Regularly collect information and data to evaluate implementation of the Hemispheric Plan of Action.

For the eighth round of evaluation of the Multilateral Evaluation Mechanism (MEM), Canada collected information on the implementation of the Hemispheric Plan of Action on Drugs 2021-2025 and submitted it in a timely manner for evaluation by the Group of Governmental Experts (GEG) in the following thematic areas:

- Measures of Prevention, Treatment, and Recovery Support (2021)
- Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences (2022)
- Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation (2023)

**Priority Action 4.2:** Support and facilitate active and timely participation in each of the MEM activities agreed to by member states.

For the eighth evaluation round of the MEM, Canada designated delegates for the following MEM groups, actively participating and contributing to the evaluation process:

<table>
<thead>
<tr>
<th>Thematic evaluation</th>
<th>National Coordinating Entities (NCEs)</th>
<th>Governmental Expert Group (GEG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures of Prevention, Treatment, and Recovery Support (2021)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences (2022)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation (2023)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Priority Action 4.3:** Disseminate MEM evaluation reports by member states among national stakeholders, other pertinent organizations, and the general public.

Canada has not carried out periodic activities to promote and raise awareness of the MEM Drug Policy Evaluation Reports aimed at national institutions.
**Priority Action 4.4:** Promote use of the MEM’s findings to identify technical assistance needs.

Canada has not promoted the analysis of the findings of MEM Evaluation Reports on Drug Policies for national institutions to identify areas where technical assistance is needed to improve national drug-related policies and programs.

**Priority Action 4.5:** Increase hemispheric cooperation and partnerships among member states and sharing of best practices and lessons learned.

Canada has not reviewed the MEM Evaluation Reports on Drug Policies or identified opportunities to increase cooperation and partnerships with other member states or share best practices and lessons learned (horizontal cooperation).
INTERNATIONAL COOPERATION
**Objective 1**

**Promote and Strengthen Cooperation and Coordination Mechanisms to Foster Technical Assistance, Improve Exchange of Information and Experiences, and Share Best Practices and Lessons Learned on Drug Policies.**

**Priority Action 1.1:** Develop and implement a plan for promoting and strengthening technical assistance and horizontal cooperation among member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations, and related initiatives and programs.

Canada develops and implements a plan for the promotion and strengthening of technical assistance and horizontal cooperation among member states and with states outside the Western Hemisphere, as well as with relevant international and regional organizations, and related initiatives and programs. In this sense, Canada’s Anti-Crime Capacity Building Program (ACCBP) logic model places top priority on reducing security threats from transnational organized crime and terrorism for Canadians, and affected populations, particularly women and girls, in countries where Canada engages. Canada works in several international forums to strengthen cooperation and assistance both within the hemisphere and beyond, including at the Organization of American States, the United Nations Commission on Narcotic Drugs, the North American Drug Dialogue (NADD), the G7, and the G20.

In addition to the projects listed throughout this document, regular donor meetings take place with regards to UNODC projects such as the Container Control Program and Smart Lab, including coordination of an Americas regional meeting on synthetic drugs and new psychoactive substances (NPS). Canada holds regular programming coordination meetings with counterparts to avoid duplication of efforts. The country also attends donor meetings, including on the margins of the Inter-American Drug Abuse Control Commission (CICAD), to discuss potential areas of focus and to hear feedback from program participants and the Organization of American States (OAS) officials on where resources can best be allocated.

Canada has established secure communication channels for the exchange of intelligence information on drug interdiction and control through the Canada Border Services Agency (CBSA), which has information gathering mechanisms to exchange intelligence information, at a domestic, regional, and international level, for the exchange of intelligence information in support of identifying routes and methods used by drug trafficking criminal organizations. This is done through encrypted emails or shared secure websites to upload intelligence and information, working groups at the local, regional, and national level on a variety of intelligence topics, and bi-weekly, monthly, and semi-annual focused discussions on intelligence topics of key concern.

Canada promotes the exchange, with member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations, of best practices on training, specialization, and professional development of the staff responsible for implementing
the national drug policies and strategies. In this sense, the Global Affairs Canada’s ACCBP funds a number of projects in the region aimed at sharing best practices with those responsible for implementing national drug policies. One such project, now in its second phase, delivers training to drug policymakers in 20 countries in Latin America and the Caribbean on how to draft National Drug Strategies (NDS) and National Plans of Action (NPA), including drafting monitoring and evaluation frameworks. This training has allowed participants to improve their access to vital information and data needed to draft NDS and NPA, as well as increase the general knowledge and skills of drug policymakers, including better comprehension of gender-related information and statistics.

The CICAD Inter-American Program for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies (GENLEA) also aims to strengthen law enforcement’s internal and operational capacity to counter drug trafficking, by increasing gender mainstreaming and achieving more inclusive and gender equitable law enforcement agencies. GENLEA training has led to the increased knowledge and skills of female drug law enforcement officers on specialized techniques related to the development and analysis of strategic, operational, and prospective intelligence to investigate drug trafficking networks operating in the Americas. Regional trainings have been carried out on operational counterdrug intelligence for female law enforcement officers including trainings on identification and control of precursor chemicals. Training opportunities include: one regional training on operational counterdrug intelligence for female law enforcement officers through the Regional Counterdrug Intelligence School of the Americas (ERCAIAD); one regional training on operational counterdrug intelligence for female law enforcement officers through the Caribbean Counterdrug Intelligence Training School (CCITS); and two regional trainings on the identification and control of precursor chemicals, NPS, and synthetic opioids.

The Gender in the Criminal Justice System project aims to strengthen gender equality and understanding of the social inequalities which may force women and transgendered individuals into drug-related crime. This is done through providing research and education to support the implementation of gender sensitive alternatives for drug-related offenders in targeted OAS member states. Baseline data is then generated which allows drug authorities to improve their ability to track and report sentencing outcomes and recidivism rates for drug-related offences while enhancing their ability to disaggregate data by gender. This type of data would contribute to the development of effective drug policies and programs that are gender sensitive and address drug problems without contributing to gender inequality.

Canada participates in regional coordination activities to prevent crimes related to drug trafficking, such as firearms trafficking, extortion, kidnapping, money laundering, and corruption, among others. In this sense, Canada engages with the U.S. and Mexico under the NADD. The NADD covers various drug policy issues that affect Canada, U.S., and Mexico. NADD covers various law enforcement issues, including production, distribution, and financing of the illegal toxic drug supply crisis.
In the country, there are bilateral mechanisms for coordination and collaboration with other countries, focused on the dismantling of criminal groups linked to drug trafficking and related crimes. Canada and the CBSA have numerous types of information sharing agreements with a significant number of countries. These mechanisms are used daily.

Public Safety Canada and its Portfolio Partners like the Royal Canadian Mounted Police (RCMP) and CBSA, regularly work with international partners to address illegal drug production and trafficking in drugs and precursor chemicals. For instance:

- Canada works closely with the United States through the Joint Action Plan on Opioids and the Cross Border Crime Forum. This builds on existing efforts to address the opioid overdose crisis, and to secure our border.
- Through the NADD, Canada, the United States, and Mexico trilaterally exchange information on drug trends, increase coordination on drug policy, and identify ways our governments can better protect our citizens from harmful illegal drugs. At the most recent North American Leaders’ Summit in January 2023, Prime Minister Trudeau, President Biden, and Mexican President Andrés Manuel López Obrador reiterated their support for continued collaboration through the NADD under an updated strategic framework to address illegal drug threats and strengthen public health approaches to substance use. Also at the January 2023 Leaders’ Summit, the leaders directed the formation of a senior-level Trilateral Fentanyl Committee to guide priority actions to address the illegal fentanyl threat facing North America.
- Canada participates in a number of multilateral forums as well, including CICAD, G7 Roma Lyon Group, the United Nations Commission on Narcotic Drugs (CND), and the newly launched Global Coalition to Address Synthetic Drug Threats.

**Priority Action 1.2:** Promote technology transfers and information sharing among and between member states and international organizations.

Canada has promoted technology transfers among and between OAS member states and international (including regional) organizations. In this sense, the ACCBP Smart Lab project assists law enforcement and forensic personnel in 13 targeted countries in the Americas to improve their capacity to identify, detect and respond to synthetic drugs (SD) and NPS. Canada works with United Nations Office on Drugs and Crime (UNODC) as the implementing partner to strengthen national early warning systems of beneficiary countries, as well as increase their linkages with early warning systems globally; conduct bi-annual tests for beneficiary laboratories through the International Collaborative Exercises program (ICE); and provide technical advice and chemical reference standards to participants. It is expected that this work will lead to increased efficiency in responses by countries to emerging security and public health threats related to the appearance of NPSs, opioids, and other emerging drugs.

The UNODC World Customs Organization (WCO) - International Criminal Police Organization (INTERPOL) Airport Communication Project (AIRCOP), funded in part by Canada, seeks to support the creation of secure and effective international law enforcement networks among
international airports. The operational Joint Airport Interdiction Task Forces (JAITFs) work at airports in source, transit, or destination countries for drugs, and are connected to one another via a secure communication network which facilitates the real-time and reliable exchange and use of data between international counterparts. The vetted JAITF units also provide direct access to INTERPOL’s I-24/7 global police communications system that enables authorized users to access a range of criminal databases and connects law enforcement officers in all INTERPOL member countries, allowing users to share sensitive and urgent police information with their counterparts around the globe in real time.

Canadian authorities such as CBSA and the RCMP have noted that since the implementation of these projects, coordination and cooperation between these countries have been strengthened.

The country has promoted information sharing among and between OAS member states and international (including regional) organizations. In this sense, Canada works in concert with its partners and beneficiary countries to provide information sharing through a variety of projects, such as AIRCOP and Smart Lab.

Additionally, in its Securing Marine and Land-Based Trade and Commercial Cargo in Latin America and the Caribbean project with Inter-American Committee against Terrorism of the OAS (CICTE/OAS), Canada works to strengthen national and regional capacity to secure licit cargo crossings in the Hemisphere’s marine and land borders. Activities include performing assessment visits; tailoring capacity building activities; updating the national training curriculum for operations-level customs and border security officers, while encouraging information sharing and strengthening of cooperation; and promoting of gender equality in border security.

The Container Control Program (CCP) in Latin American and the Caribbean (Phase II) aims to combat transnational organized crime and terrorism in the region, particularly regarding illicit trafficking from, to and within the region. The project supports this goal by improving the capacity of customs and other relevant law enforcement officers to combat illicit trafficking, enhance border security, and facilitate licit trade. This is achieved in part by promoting cooperation, coordination and information sharing between establish Port Control Units (PCU) in regard to general risk profiling and specific thematic areas such as the trafficking of synthetic drugs and precursor chemicals.

Canada’s Early Warning Systems project with OAS-CICAD supports training for Early Warning Systems (EWS) in all OAS member states (except Nicaragua) and furthers the development of EWS and Drug Information Networks (DINs) in targeted countries. This project intends to develop a regional EWS for the Americas (SATA). In addition, the project will perform regional analysis and inform countries of potential new threats and increase communication and strengthen collaboration between countries. The project will produce analytical reports, provide national and regional training, develop manuals and standard protocols, and ensure collaboration with other international agencies.
All of these have increased information sharing between beneficiary agencies and Canadian authorities such as the RCMP and CBSA, which has led to important seizures in Canada and abroad.

**Priority Action 1.3: Promote the dissemination of good practices and exchange of successful research experiences among and between member states and international organizations.**

Canada promotes the dissemination of good practices and the exchange of successful research experiences among and between member states and international organizations on drug policies. In this sense, all ACCBP projects are developed with a gender-responsive lens and with human rights components integrated into their creation. This aligns with Canada’s Feminist International Assistance Policy as well as our commitment to the global women, peace, and security agenda.

Through the GENLEA Phase II project, valued at more than CAD $2.3M, Canada aims to strengthen law enforcement’s internal and operational capacity to counter drug trafficking by increasing gender mainstreaming and achieving more inclusive and gender equitable law enforcement agencies. Canada believes it is important that security institutions are accountable, transparent, and representative of the populations they serve. As such, the Government of Canada supports OAS member states as they strengthen gender equality in counterdrug law enforcement agencies, as this process is essential to enhancing internal and operational effectiveness of counter drug investigations.

These efforts lead to increased knowledge and skills for female drug law enforcement officers on specialized techniques related to the development and analysis of strategic, operational, and prospective intelligence to investigate drug trafficking networks operating in the Americas, including GENLEA Handbook recommendations on gender-sensitive trainings (such as awareness on gender equality, non-discrimination, human rights, sexual harassment, among others). Outcomes also include increased knowledge and skills of female drug and chemical control officers on the techniques and tools for the identification, analysis, and control of the diversion of precursor chemicals, NPS, and synthetic opioids, including fentanyl and its analogues, and the GENLEA Handbook recommendations on gender-sensitive trainings (such as awareness on gender equality, non-discrimination, human rights, sexual harassment, among others).

Following on the successes of the Gender in the Criminal Justice System project, the Establishing Monitoring and Evaluation (M&E) Mechanisms for Impact: Evaluation of the Drug Treatment Court Model project with CICAD/OAS was developed. Where the first project aimed to improve delivery of alternatives to incarceration that are responsive to gender inequalities and to push for wider acceptance and application of alternatives to incarceration strategies that are gender-sensitive in their approach, the M&E project then further supported the efforts of Executive Secretariat of CICAD to create monitoring and evaluation mechanisms for drug treatment courts (DTC) throughout the Americas and jump-start their development and growth. Through efforts such as the adaptation of manuals, analysis of existing resources and programs, in-country
meetings with stakeholders and training on M&E, beneficiaries are expected to have strengthened DTC programs through better DTC data collection practices and analysis that complement M&E activities, including gender and human rights indicators; increased decision-making capacity for policymakers and civil society in participating member states, through data and information distribution; and DTC operators, policymakers, and civil society members should be able to produce DTC project evaluations leading to DTC operations aligned with evidence-based practices, including best practices related to gender and human rights.
### Priority Action 2.1: Strengthen regional and international cooperation by competent authorities to investigate and prosecute criminals on drug-related offenses.

The competent authorities in Canada carry out cooperative activities at the regional and international levels to investigate and prosecute criminals for drug-related offenses. In the context of criminal investigations and prosecutions, information and evidence are shared through police-to-police cooperation, requests made under mutual legal assistance in criminal matters treaties, non-treaty requests and letters rogatory. Canada’s bilateral Mutual Legal Assistance (MLA) treaties cover drug-related offences. Assistance is also available under multilateral treaties, such as the Inter-American Convention on Mutual Assistance in Criminal Matters and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The country takes human rights into account when carrying out these activities. Canada’s competent authorities engage with protocols and policies that address risks associated with human rights concerns pursuant to domestic legislation including the Canadian Charter of Rights and Freedoms. These authorities assess matters on a case-by-case basis and where necessary, consult with government departments and agencies. Further, certain Government of Canada departments are bound by the Avoiding Complicity in Mistreatment by Foreign Entities Act, which seeks to prevent the mistreatment of any individual as a result of information exchanged between a Government of Canada department and a foreign entity.

### Priority Action 2.2: Strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses.

Canada carries out activities to strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses. In this sense, to enhance international cooperation, Canada has established an operational central authority that assists both domestic and international partners in seeking/obtaining the appropriate assistance. Through its publicly accessible web site, Canada offers reference materials on international cooperation, including links to relevant legislation and significant agreements ratified by Canada. To improve knowledge in relation to MLA matters, Canada’s central authority regularly provides training on these topics to both domestic and international partners. Canada’s central authority also frequently shares its best practices in extradition and MLA with its international partners during consultation meetings with other
central authorities.

More specifically, in the context of MLA, information and evidence is shared with other countries through police-to-police cooperation, requests made under mutual legal assistance in criminal matters treaties, and non-treaty requests. Canada’s bilateral MLA treaties cover drug-related offences. Assistance is also available under multilateral treaties, such as the Inter-American Convention on Mutual Assistance in Criminal Matters and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Canada’s Central Authority has been an active participant in the Hemispheric Network for Legal Cooperation in Criminal Matters and the OAS Working Group on Legal Cooperation in Criminal Matters. The Working Group is the hemispheric forum created by the Meetings of Ministers of Justice or Other Ministers or Attorneys General of the Americas (REMJA) to strengthen legal cooperation among the OAS member states in this area.

**Priority Action 2.3:** Enact national legislation and/or take administrative actions, as appropriate, to more fully implement the obligations set forth within these legal instruments.

Canada has not enacted or adopted, during the evaluation period (2019-2023), legislative or administrative measures and actions to improve implementation of obligations set forth within international legal instruments related to the world drug problem, respecting human rights and gender equality.

**Priority Action 2.4:** Promote the accession, ratification, and implementation of the international legal instruments related to the world drug problem and related crimes.

Canada has ratified or acceded to the following international legal instruments:

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<tr>
<th>United Nations Conventions</th>
<th>Conventions and Protocols</th>
<th>Yes</th>
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<tr>
<td></td>
<td>Convention against Transnational Organized Crime, 2000</td>
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<td>Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children</td>
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<td>Protocol against the Smuggling of Migrants by Land, Sea, and Air</td>
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<td>Protocol against the Illicit Manufacturing and Trafficking in Firearms, their Parts and Components and Ammunition</td>
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<td>Single Convention on Narcotic Drugs, 1961</td>
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<td>Convention on Psychotropic Substances, 1971</td>
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<td>Convention against Corruption, 2003</td>
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<td>Inter-American Conventions</td>
<td>Convention against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and other Related Materials (CIFTA), 1997</td>
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<td>Convention on Mutual Assistance in Criminal Matters, 1992</td>
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EVALUATIVE SUMMARY

INSTITUTIONAL STRENGTHENING

Objective 1
Establish and/or strengthen national drug authorities, placing them at a high political level and providing them with the necessary capabilities, resources, and competencies to coordinate formulation, implementation, monitoring, and evaluation of national drug policies.

CICAD notes with satisfaction that Canada has national drug policy authorities, which have a legal basis. Moreover, CICAD observes that, in the country, there is an annual budget for the national drug policy authorities, which is independent. CICAD also notes that Canada has an ongoing coordination and collaboration mechanism among agencies and other levels of government (national and subnational) to formulate, implement, monitor, evaluate, and update national drug policies or strategies and that the drug policy authorities coordinate the areas of demand reduction, supply reduction, control measures, drug observatory, international cooperation, and program evaluation.

Objective 2
Formulate, implement, evaluate, and update comprehensive national drug policies and/or strategies that promote balanced, multidisciplinary, and evidence-based approaches, while fully respecting human rights and fundamental freedoms, under the principle of common and shared responsibility, consistent with obligations of parties under international law, and take into account gender, age, community, cultural context, and socially inclusive development.

CICAD notes that Canada collects and uses evidence as a basis for formulating and updating national drug policies and strategies. Additionally, CICAD observes the involvement of relevant actors from the priority areas in the development, implementation, evaluation, and updating of national drug policies and strategies, with the exception of the country’s Interior Ministry, Education Ministry, Regional and/or local governments, and private sector. CICAD notes that Canada has delegated partial responsibilities on drug issues to local/sub-national governments to implement concrete actions related to drug policies and strategies, in coordination with the national drug entities, but does not have in its central structure, an office or operational unit to promote, coordinate, train, or provide technical support to local/sub-national governments or agencies on drug-related issues. Moreover, the national drug entities do not have coordinators, offices, or representatives in the sub-national or local territories, as part of a decentralized operational and coordination structure at the local level to respond to the drug problem. On the other hand, the country has a specific and ongoing mechanism to transfer funds or finance drug initiatives or projects carried out by sub-national or local governments. CICAD observes that Canada engages private sector entities to develop innovative approaches in the implementation of drug policies and exchange information and best practices. CICAD notes that the country does not take into account the OAS 2020 Hemispheric Drug Strategy and its corresponding Plan of
Action to formulate or update national drug policies or strategies. However, these policies and strategies take into account the UN 2030 Agenda for Sustainable Development. CICAD observes that Canada’s national drug policies and strategies take into account the human rights approach, the gender perspective, and the social inclusion approach. Additionally, CICAD notes that the country has the necessary resources to implement drug policies and programs.

**Objective 3**

*Design and coordinate national drug policies, that can be harmonized across related government policies and/or strategies, that address the fundamental causes and consequences of the drug problem.*

CICAD notes with satisfaction that Canada has interagency and multisectoral policy and technical coordination mechanisms to address the drug problem in a comprehensive, balanced, and multidisciplinary approach, including its causes and consequences. Moreover, CICAD observes that the country has concrete multisectoral plans and programs to address the causes and socioeconomic consequences of the drug problem, which are based on the principles of human rights, public health, and development. Additionally, CICAD notes that Canada participates in international cooperation programs at the bilateral and multilateral levels to strengthen policies, programs, and institutions and their internal processes. Moreover, CICAD observes that the country promotes comprehensive and cross-cutting public policies to reduce and prevent crime, violence, social exclusion, and corruption. Also, CICAD notes that Canada implements measures that foster citizen participation in crime prevention, build community cohesion, increase public safety, and emphasize social inclusion.

**Objective 4**

*Design, adopt, and implement alternatives to incarceration for minor or non-violent drug or drug-related offenses, while taking into account national, constitutional, legal, and administrative systems, and in accordance with relevant international instruments.*

CICAD notes with satisfaction that Canada’s law provides for alternative measures to incarceration for minor or non-violent drug-related offenses, which respect human rights and take into account the gender perspective in accordance with relevant international instruments. Additionally, CICAD observes that the country develops mechanisms to monitor and evaluate these measures, which involve academic, research, and civil society institutions. Moreover, in the country, there are legislative reform initiatives that take into account the implementation of alternative measures to incarceration for minor drug-related offenses. CICAD also notes that the country promotes a common understanding of national legal norms, regulations, and internal procedures for the implementation of alternatives to incarceration.
Objective 5
Promote and implement, as appropriate, in accordance with the policies, laws and needs of each country, comprehensive programs that promote social inclusion, especially to those at-risk populations.

CICAD notes with satisfaction that Canada has inter-agency and multisectoral programs that promote the social inclusion of individuals, families, and communities affected by the drug problem, taking into account the specific needs of vulnerable populations. Moreover, CICAD observes that the country disseminates best practices and lessons learned to improve institutional responses to the needs of people in at-risk situations.

Objective 6
Promote proportionate sentencing for drug-related crimes that provides for penalties commensurate with the relative seriousness of offenses, in line with the international drug conventions and respecting the principles of due process, with gender perspective, age, community, and a human rights approach.

CICAD observes with satisfaction that Canada promotes legislation that provides for proportional legal sentencing for minor drug-related offences, in accordance with domestic law and has special courts for these offenses. Moreover, CICAD notes that the country promotes legal reforms, where appropriate, regarding proportional sentencing for minor drug-related offenses.

RESEARCH, INFORMATION, MONITORING, AND EVALUATION

Objective 1
Establish or strengthen national observatories on drugs, or similar technical offices, strengthening national drug information systems, and foster scientific research to generate, collect, organize, analyze, and disseminate information to inform the development and implementation of evidence-based drug policies and strategies.

CICAD notes that Canada has a technical office that carries out activities that are similar to those of a national drug observatory. This office was not created on a legal basis but has been assigned financial and human resources to carry out its functions. Moreover, CICAD observes that the country has established and maintained working relationships with academic and research institutions and has carried out studies on the drug problem through them. However, CICAD notes that Canada has not developed and adopted quantitative and qualitative methodologies or information-gathering mechanisms that allow for the comparison of data among countries. On the other hand, CICAD observes that the country has conducted studies that use methods that are non-representative of the population to obtain information on drugs that can be shared with other countries that have carried out studies with similar methodologies. CICAD notes that Canada’s Office of Drug Research and Surveillance does not have a national drug information network (DIN) but the country has an early warning system (EWS) to identify NPS or other...
emerging drug-related threats. However, the EWS does not share information, alerts, and reports with the Early Warning System of the Americas (SATA) and does not have a mechanism to share information in real time. Additionally, CICAD notes that the country’s Office of Drug Research and Surveillance does not carry out training sessions with local stakeholders to enhance data collection and management nor convene meetings and other workshops where the results of studies and other information-gathering activities are shared with local stakeholders. On the other hand, CICAD observes that Canada has established forums that allow drug researchers to present their findings to policymakers. Moreover, CICAD notes that the country’s Office of Drug Research and Surveillance promotes and disseminates good practices and the exchange of successful research experiences among member states.

**Objective 2**
Expand access to information on drug use and related issues through the use of sound, systematic data collection practices, scientific research, and standardized methodologies, ensuring that countries have the information necessary to develop sound demand reduction programs and policies.

CICAD notes that Canada has carried out and published eight demand reduction studies during the evaluation period (2019-2023). However, CICAD observes that the country has no national system for the collection of data on the number of patients treated, diagnoses, clinical history, or available information on treatment outcomes. Additionally, CICAD notes that Canada has not conducted studies to evaluate treatment and prevention programs or interventions, and has not carried out process, intermediate outcome, or impact evaluations of its prevention or treatment programs. Also, the country has no mechanisms to continually monitor and evaluate the results of care, treatment, rehabilitation or recovery and social integration programs and services in the public health and/or social protection network.

**Objective 3**
Expand and enhance the collection and dissemination of information on illicit drug production, trafficking, and related issues, through the use of sound, systematic data collection practices, scientific research, and standardized methodologies.

CICAD notes that Canada has mechanisms to collect and analyze information related to the illicit supply of drugs and has information related to supply reduction, trafficking, and related crimes. However, the country does not carry out periodic studies on the illicit drug market. On the other hand, the country carries out studies on the medical and scientific use and other legal uses of narcotics or psychotropic substances, subject to international control systems. CICAD observes that Canada collects information for the development of studies on the purity or concentration, and chemical profile of drugs, and conducts chemical characterizations and purity tests of substances that may or may not be subject to international control. Moreover, the country has mechanisms through which substances that have been identified as not being under international control can be placed under control. CICAD notes that Canada has an institution
that is responsible for analyzing chemical substances, precursors, and pharmaceutical products,\(^3\) including new psychoactive substances, and is part of the national early warning system (EWS). Additionally, the country implements and participates in periodic training programs for personnel involved in the analysis of these substances.

**Objective 4**

**Participate in and strengthen the Multilateral Evaluation Mechanism (MEM) process, considering its recommendations.**

CICAD notes that, for the eighth round of evaluation of the MEM, Canada collected information on the implementation of the Hemispheric Plan of Action on Drugs 2021-2026 and submitted it in a timely manner for evaluation by the Group of Governmental Experts (GEG). CICAD observes that, for the eighth evaluation round of the MEM, the country designated delegates for all the MEM groups, actively participating and contributing to the evaluation process. However, CICAD notes that Canada has not carried out periodic activities to promote and raise awareness of the MEM Drug Policy Evaluation Reports aimed at national institutions. Moreover, CICAD observes that the country has not promoted the analysis of the findings of MEM Evaluation Reports on Drug Policies for national institutions to identify areas where technical assistance is needed to improve national drug-related policies and programs. Additionally, CICAD notes that Canada has not reviewed the MEM Evaluation Reports on Drug Policies and identified opportunities to increase cooperation and partnerships with other member states or share best practices and lessons learned (horizontal cooperation).

**INTERNATIONAL COOPERATION**

**Objective 1**

**Promote and strengthen cooperation and coordination mechanisms to foster technical assistance, improve exchange of information and experiences, and share best practices and lessons learned on drug policies.**

CICAD notes with satisfaction that Canada develops and implements a plan for the promotion and strengthening of technical assistance and horizontal cooperation among member states and with states outside the Western Hemisphere, as well as with relevant international and regional organizations, and related initiatives and programs. Additionally, the country has established secure communication channels for the exchange of intelligence information on drug interdiction and control. Moreover, Canada promotes the exchange, with member states and with states outside of the Western Hemisphere, and with relevant international and regional organizations,

\(^3\) At the CICAD seventy-fourth regular session, December 11 - 14, 2023, Canada indicated that Health Canada’s Drug Analysis Service (DAS) operates laboratories that analyze suspected illicit substances including precursors and new psychoactive substances (not including products from the formal pharmaceutical industry), seized by Canadian law enforcement agencies and submitted by public health partners.
of best practices on training, specialization, and professional development of the staff responsible for implementing the national drug policies and strategies. Additionally, the country participates in regional coordination activities to prevent crimes related to drug trafficking, such as firearms trafficking, extortion, kidnapping, money laundering, and corruption, among others. Also, Canada has bilateral mechanisms for coordination and collaboration with other countries, focused on the dismantling of criminal groups linked to drug trafficking and related crimes. Moreover, CICAD observes that the country has promoted technology transfers among and between OAS member states and international (including regional) organizations, as well as information sharing among them. Additionally, CICAD notes that Canada promotes the dissemination of good practices and the exchange of successful research experiences among and between member states and international organizations on drug policies.

**Objective 2**

*Strengthen international cooperation as defined in the international legal instruments related to the world drug problem, maintaining respect for human rights.*

CICAD notes that the competent authorities in Canada carry out cooperative activities at the regional and international levels to investigate and prosecute criminals for drug-related offenses. Moreover, CICAD observed that the country carries out activities to strengthen regional and international cooperation to facilitate, where appropriate, mutual legal assistance, extradition, and transfer of proceedings, in accordance with international legal instruments, when investigating and prosecuting criminals on drug-related offenses. On the other hand, CICAD notes that Canada has not enacted or adopted, during the evaluation period (2019-2023), legislative or administrative measures to implement compliance with the obligations established in international legal instruments related to the world drug problem, respecting human rights and gender equality. Also, CICAD observes that the country has ratified or acceded to most of the international legal instruments of the United Nations and most of the OAS Inter-American legal instruments regarding the world drug problem and related crimes.