

Drug Use In Canada

[A REVIEW OF A SERIES OF REPORTS, AND HOW TO GET THEM IF YOU WANT TO KNOW MORE]

In May, 1969 the Canadian government thought it was time it seized itself of all there is to know about non-medical drug use and appointed the Commission of Inquiry on the Non-Medical Use of Drugs (also called the LeDain Commission for Gerald LeDain, its chairman).

It had a huge assignment, being charged with: —“Compiling the present fund of knowledge” concerning the medical and non-medical use of sedative, stimulant, tranquilizing, hallucinogenic and other psychotropic drugs and substances, and —reporting on why people use drugs non-medically, the social, economic, educational and philosophical factors involved, and the extent of the phenomenon, and,

—recommending how the federal government, alone or cooperating with other levels of government, can alleviate the problems involved.

The job lent itself to glib answers, but the Commission undertook the task with sensitivity. So far it has put out three reports, causing a good deal of stir in Canada, and in the near future will issue its final report and recommendations for legislation.*

The first was called Interim Report, published in April, 1970 — a 335-page paperback which paid careful attention to the subtleties of definitions, statistics, and scientific methodology, or the lack of it.

Drawing on scientific, street, legal and historical information and opinion gathered in hearings all over Canada and from analyses of virtually every significant medical report on drug use, the Commission reviewed the major drug classifications in terms of their medical use, what happens to them in the body as far as is known, their psychological and physiological effects, tolerance and dependence, and their reactions with other drugs. The report also went into the distribution patterns of drugs and Canadian law on it. A person experienced in drug use could say it was a reasonable compilation.

As far as making recommendations, the Interim Report was tenderfooted. It pointed out that “the identification of the problem does not necessarily indicate what the wise social response

should be. . . . The responses are themselves problems in some cases.”

On balance, the Commission felt that the non-medical use of drugs should be controlled. And it called for more research with federal government support, including a suggestion that the federal government make available standard preparations of cannabis (the plant from which marijuana and hashish come).

THE SECOND REPORT, published in January, 1972, dealt with treatment of some of the most difficult drug areas: speed, opiates, and alcohol. And it noted that there are at least five ways of defining sickness:

1. When structural or chemical alterations tend to reduce life expectancy, such as inflammations, atrophy or poisoning (called the biomedical model).

2. When there are deviations from the general population, such as high blood pressure, myopia, grossly distorted moods — for example, feelings of exaggerated well-being (the actuarial model).

3. A disturbance of function, such as loss of memory, sexual potency, or muscular power (the functional model).

4. Suffering without obvious causes, such as neurotic anxiety, depression, hypochondria (the experiential model).

5. Anti-social behavior — the most controversial since one society's sickness may be another society's health (the social model).

The whole report is a valuable document both for those in health and legal fields as well as anyone seeking a broader understanding of the phenomenon and the bafflement it causes. A wide variety of experiences are summarized, but no miracle cures were discovered.

THE MOST RECENT REPORT (released May, 1972) is on cannabis. It considers distribution, use, the law, and the excesses of prohibition.

Any number of studies are summarized in which marijuana and hashish users make baskets, drive cars, look at bright lights and so on.

In their conclusions and recommendations, three of the Commissioners (two dissented) said that in the short term cannabis doesn't seem as harmful as alcohol, and not enough is known about long-term use to justify conclusions. They said the most serious medical and cultural problem is in its use by adolescents — in the twelve

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* As with all federal commissions, the recommendations will not be binding, and the government can act on them entirely, partly, or not at all. In Canada, however, governments seldom appoint commissions without taking some action on their recommendations.