

Bill C-15 on Mandatory Minimum Sentences: Organizations and Experts Across the Country Decry a Damaging Step in the Wrong Direction

June 8, 2009, Ottawa - As front-line organizations, researchers and experts who work with people who use drugs, we are opposed to Bill C-15, *an Act to amend the Controlled Drugs and Substances Act and to make consequential amendments to other Acts*.

The Government has characterized Bill C-15 as getting tough on serious drug crimes in order to ensure the safety and security of neighbourhoods and communities. However, mandatory minimum sentences for drug offences represent bad policy for many reasons.

□ *Mandatory minimum sentences don't work*

Evidence shows that imposing mandatory minimum sentences on people for drug-related offences does not reduce the problems associated with drug use. Justice Canada's own review of the evidence in 2002 concluded that mandatory minimum sentences are "least effective in relation to drug offences" and that "drug consumption and drug-related crime seem to be unaffected, in any measurable way, by severe [mandatory minimum sentences]."

□ *Mandatory minimum sentences harm people with addictions, not large-scale traffickers*

Bill C-15 will primarily affect people who are addicted to drugs and involved in small-scale, street-level drug distribution to support their addictions. Studies have shown that of the most vulnerable, street-involved people who use drugs, many are involved only in low-level tasks such as carrying drugs and steering buyers towards dealers. The real profiteers in the drug market distance themselves from visible drug-trafficking activities and are rarely captured by law enforcement efforts. The brunt of mandatory minimum sentences will be borne by people with addictions, not organized crime and gang leaders.

These sentencing provisions are also likely to apply to many young people and students experimenting with drugs, as well as to women who are dependent on drug-involved partners. Contrary to the rhetoric, Bill C-15 will not protect our communities from gangs and organized crime, but will instead put some of the most vulnerable people in our society behind bars, as well as young people with otherwise bright futures and others far removed from any violent or high-profit drug trade activities.

□ *Incarceration doesn't help people with addictions*

Putting people who use drugs in prison does not get them the help they need to deal with the problems that contribute to harmful drug use. For example, research has established that, without treatment, most people with heroin addiction who are incarcerated will return to using heroin following release. Moreover, following a prison sentence, employment prospects are limited and challenges such as inadequate housing and experiences of violence and abuse remain.

□ *More imprisonment of people who use drugs is bad for public health*

Putting more people, including those with addictions, in prison for drug offences is bad for public health. Numerous studies in Canada and elsewhere show that people in prison have much higher levels of HIV and hepatitis C infection. Bill C-15 would mean putting more people who are already vulnerable to HIV and hepatitis C infection in prison. There, they would be exposed to continued drug use, and even higher risks for transmission because of lack of access to clean needles. This makes prisons less safe, not only for prisoners, but also for prison staff. Furthermore, as prisoners are released they will expose their family and communities to increased transmission risks, affecting public health more broadly. As a matter of public health, therefore, we should be keeping people who use drugs *out* of prison, not imposing mandatory prison terms.

□ ***Mandatory minimums waste public resources***

The “aggravating factors” included in Bill C-15 that trigger mandatory prison sentences cast the net so widely as to include a significant number of non-violent offences. The societal, fiscal and health-related costs of imprisonment are much too high to be imposed automatically in every case where a minimum sentence is triggered by factors such as being “near a public place usually frequented by persons under the age of 18 years” or having been previously convicted of another substance offence within the previous 10 years. Judges need flexibility in order to ensure sentences are tailored to the particular offender and the specific offence. With judges’ hands tied, inappropriate and overly harsh sentences are guaranteed to be handed down.

Bill C-15 is a step in the wrong direction

Given the evidence that mandatory prison terms for drug offences have little effect in reducing crime, but impose significant human and societal costs, while undermining public health, Bill C-15 is an inefficient and counter-productive misuse of public funds. It would be better to direct these resources to evidence-based prevention, treatment and harm reduction programs.

We, the undersigned, are strongly opposed to Bill C-15. Unfortunately, a majority of MPs voted for this ill-advised bill, in the face of evidence and reason, even as its proponents have offered no evidence for their claims that such legislation is needed or effective.

History will show that this decision was a step in the wrong direction. Bill C-15 will not likely affect drug use or crime. In practice, it will target the wrong people by disproportionately affecting already marginalized populations, as opposed to targeting large scale traffickers. More people who use drugs will be placed in prison, exacerbating the existing drug situation in correctional institution and contributing to increased transmission of HIV/AIDS and hepatitis C in prisons and ultimately in Canadian communities. It should be abandoned.

We urge the government and all Parliamentarians to refocus on scientifically-proven approaches to addressing drug use and drug-related crime within Canada, approaches that work for people who use drugs and for our communities.

- 30 -

Organizations

- AIDS ACTION NOW!
- AIDS Committee of London
- AIDS Committee of Ottawa
- AIDS Niagara
- AIDS Saint John
- AIDS Thunder Bay
- BC Compassion Club Society
- BC Persons with AIDS Society
- Bureau régional d’action sida — BRAS Outaouais
- Canadian AIDS Society
- Canadian AIDS Treatment Information Exchange
- Canadian Association of Nurses in AIDS Care
- Canadian HIV/AIDS Legal Network
- Canadian Students for Sensible Drug Policy
- Canadians for Safe Access
- Central Toronto Community Health Centres
- Centre for Addiction and Mental Health
- Centre for Addictions Research of BC, University of Victoria
- Dianova Canada
- Elizabeth Fry Society of Manitoba, Inc.
- Eva’s Initiatives
- Fréquence VIH
- Global Network of People living with HIV/AIDS — North America (GNP+NA)
- HIV Edmonton
- John Howard Society of Sudbury

- Living Positive Resource Centre, Okanagan
- Meta d'Ame
- Northern AIDS Connection Society
- Ontario Aboriginal HIV/AIDS Strategy
- Ottawa Coalition on HIV/AIDS
- PASAN (Prisoners with HIV/AIDS Support Action Network)
- Patients Against Ignorance and Discrimination on Cannabis
- Pivot Legal Society
- Regent Park Community Health Centre
- Research and Education for Solutions to Violence and Abuse (RESOLVE)
- Saskatchewan
- South East Toronto Organization (SETo)
- Stella, l'amie de Maimie
- Street Health Community Nursing Foundation
- Streetworks, Edmonton
- The Injection Drug Users Harm Reduction Task Force [of Hastings and Prince Edward Counties — (IDUHRTF)]
- Toronto Harm Reduction Task Force
- Vancouver Island Compassion Society
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- Kimberley Blackmore, RN BN
- Professor Neil Boyd
- Geneviève Brunelle
- Natacha Brunelle, Canada's Research Chair on Drug use Trajectories and Associated Problems, Department of psychoéducation, Université du Québec à Trois-Rivières
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- Yvon Couillard
- Kathleen Cummings
- Jennifer Davis
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- Kate Graham
- Mark Haden
- Michael J. Hamilton
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- Catherine Hardman, Executive Director, Choices for Change: Alcohol, Drug &

Individuals

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- Carrie McCormack
- Charlie McKenzie, Secrétaire, Centre
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- Albert McNutt
- James Meeks
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- Adrienne Pelletier
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- Elinor Whidden
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