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# Illicit Trade, Law Enforcement, and Community Health: Mapping the Interdependencies

Condensed Version: Literature Review and Case Study on Nicotine and Tobacco in Canada

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# Preface

This document was created to support the work of the Global Law Enforcement and Public Health Association Special Interest Group on Illicit Trade and Public Health.
For more information about IOG's work in this area, please contact Rhonda Moore, Executive Director, Science and Innovation, at rmoore@iog.ca.

# Introduction

Many countries, including Canada, are facing an epidemic of drug use, poisoning, and death characterized by the spread of multiple, increasingly toxic substances, a health crisis rivalling some of the worst of the last century (1,2). This epidemic arose despite a century of criminalization and punitive measures employed to address it, which have since failed to prevent drug abuse, improve safety or health outcomes, and in many instances, have inadvertently made them worse (3–9).

In Canada, the evidence suggests that this failure is specific to drug-related policies and enforcement because drug-related crime remains high while total crime has fallen (3,10). Concurrently, the consequences of drug use continue to worsen. For major classes of drugs (e.g., opioids and stimulants), deaths, hospitalizations, and emergency room visits are all higher than they were a decade ago (3). While the drug crisis and its harms persist, the evidence shows that drug enforcement, punitive laws, and social stigmatization harm people who use drugs, which add to rather than alleviate the damage of drugs and addiction (11–13). These unintended consequences can arise when we fail to account for the interdependencies among trade, law enforcement, and community and public health.

## Key Terms

- **Psychoactive substances:** "substances that, when taken in or administered into one's system, affect mental processes, e.g., perception, consciousness, cognition or mood and emotions" (14). For the purpose of this report, the terms drug and psychoactive substance are synonymous.
- **Drug use:** refers to the consumption (e.g., consumed, inhaled, injected, or otherwise absorbed into the body) of a substance in ways that have the potential for abuse, dependency or other detrimental effects (15). These substances can include legal and illegal substances, legal substances obtained illegally, and new drugs which have yet to be scheduled, acquired through a combination of legal and illegal trade routes.
- **Illicit trade:** the cultivation, manufacture, distribution, and sale of goods in ways that break or circumvent laws. These goods can include legal, illegal, and controlled psychoactive substances (Adapted from 16).
- **Law enforcement:** organized government or social institutional (e.g., police, courts and corrections) activity to uphold a society's governing rules and norms by investigating, deterring, rehabilitating, or punishing those who violate them (17).

- **Public health:** “the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society (18).”
- **Community health:** a multi-sector and multi-disciplinary collaborative enterprise that incorporates diverse culturally appropriate approaches to engage communities, to improve the health and quality of life of all persons in a community or communities (19). Community health is the frontline of healthcare and public health efforts, working in close, trusting relationships with the communities they serve to improve access to, quality of, and cultural competency of health services.

## Trends in Policy Approaches

Countries around the world broadly criminalize the illegal drug trade (20). There is, however, a significant divergence in how jurisdictions treat possession for personal use, ranging from no offence (23%) to a criminal offence (61%) (20). Recently, Canada has created the *Canadian Drugs and Substances Strategy* that combines public and community health initiatives with law enforcement strategies into a more comprehensive approach (21,22). Public and community health organizations have advocated for this type of comprehensive strategy for decades (23). Any comprehensive community-oriented strategy requires cooperation across federal government organizations; Indigenous, provincial, territorial and municipal governments; not-for-profit organizations; and community-led organizations. Additionally, because the illicit drug supply is transnational, coordination must occur between countries and international organizations through information sharing and joint action (24).

## State of the Drug Supply and Trade

According to the World Drug Report, more than 300 million people used drugs worldwide in 2023, an increase over the past decade, generating hundreds of billions of dollars a year for organized crime (20). Despite efforts to address the availability of psychoactive substances, use and toxicity are increasing in Canada and around the world (25–28). In Canada, the most consumed psychoactive substances are legal (e.g., alcohol, tobacco, and cannabis) (29). In 2023, approximately 2.5 million people in Canada used illicit substances, with the largest market segment consisting of illicit-market versions of otherwise legal substances — alcohol, tobacco, and cannabis (29,30). Opioids and amphetamines have seen particularly concerning usage growth and corresponding health consequences in recent years (20,31,32). Legally produced medicines (e.g., codeine, ketamine, and fentanyl) diverted from legal markets comprise an additional market segment (33), creating their own enforcement and health issues.

International trade and globalization have created many more trade routes, making trafficking of drugs faster, cheaper, and more difficult to detect (33–36). Among the most concerning trends is that the drug trade has adapted to trade enforcement efforts by trafficking more potent drugs. This strategy lowers operating costs, reduces barriers to production, and allows for production closer to the point of sale, all of which decreases the likelihood of detection, interdiction, and prosecution (20,37).

Drug enforcement policies can be broadly conceptualized into two categories: those designed to address illegal trade and those focused on possession and use. Law enforcement efforts

targeting illegal trade focus on traffickers, organized crime, and drug seizures, working toward the goal of removing drug supply from the market. Possession and use-focused laws criminalize possessing drug quantities typical for personal use, subjecting people to arrest, charge, and punishment.

Illicit markets respond to enforcement policies like other market forces, adapting to disruptions and reacting to government regulations in their continued attempt to meet demand (38). Prohibition and illicit-supply-level enforcement are based on the supposition that decreased supply will raise prices sufficiently to reduce demand and, in turn, drug use (39,40). However, there is currently limited evidence for the long-term effectiveness of supply disruptions (39,40). Historically, supply disruptions were short-lived, as demand was met by other drug suppliers, and any decrease in supply was weathered by the people who use drugs (34,37,41–43). These adaptations have often limited the effectiveness of enforcement and produced a host of community health harms.

Acknowledging and understanding the interactions between enforcement policies and community health is essential for crafting evidence-based policing and addressing the unintended consequences of drugs and drug enforcement (44,45). This review examines the existing evidence for how illicit trade, law enforcement, and community health affect one another. After examining the interactions between a pair of actors, a question invites the third actor into the discussion to help identify the types of cooperation that could lead to better substance use-related outcomes. The appendix features a case study on nicotine and tobacco to illustrate the interdependencies between trade, law enforcement, and community and public health. Forthcoming work will also examine new approaches to community policing that seek to mitigate the unintended consequences of these interdependences.

# Law Enforcement and Illicit Drug Trade

Law enforcement and illicit drug markets influence one another in complex ways that go beyond counting seizures, arrests, or prosecutions. Instead, the evidence indicates an adaptive relationship where markets react to enforcement by changing production, substituting substances, altering distribution strategies, and adjusting prices (46,47). The United Nations Office on Drugs and Crime (UNODC) has acknowledged that one unintended consequence of the international drug control system is that it has created a lucrative illegal drug market (48).

## Unintended Consequences: Law Enforcement and Illicit Trade Enforcement

### *Enforcement pressure drives market adaptation*

Drug suppliers have proven resilient, constantly adapting to new law enforcement measures, severely limiting any persistent reduction in drug availability and subsequent improvement in health outcomes (33,43,46,49,50). The market adapts in several ways:

- When one supplier is shut down, market prices will rise, and other suppliers will enter the market, incentivized to meet demand. This is called the *balloon effect* (37).

- If the international supplier is reduced, local production emerges to compensate, as seen in Canada after the 2019 Chinese fentanyl crackdown (8).
- When the supply of one drug becomes limited because of seizures, people who use drugs will switch to another drug, a process called *substance displacement* (37).
- Trafficking enforcement can push the supply toward increasingly potent substances, because smaller quantities are easier to traffic (27,51).
- To avoid prosecution, drug dealing moves to less visible locations and harder-to-track distribution channels, such as private venues or online distribution (46,52).
- Enforcement broadly increases violence as the reduced supply raises prices, increasing the market's value, making it more desirable for new criminal organizations to fight for control. That violence becomes the responsibility of the police (53,54).

Policies that focus on enforcement prioritize metrics like arrests, charges, convictions, and seizures. These metrics cannot identify market adaptations, so policies may look promising while not actually reducing the drug supply or advancing community health (55,56).

### *The illicit drug trade shapes enforcement*

Illicit markets also influence enforcement and the justice system.

- Intense drug trade can weaken the credibility of justice systems, and expose prosecutors, judges, witnesses, and journalists to intimidation, bribery, or violence (42,57,58). These dynamics reduce institutional legitimacy and the capacity to deliver justice, health protection, and utilize community cooperation (42,58).
- The increasingly toxic supply increases overdoses that police in Canada are often expected to respond to, acting as de facto first responders and adding to the burden of policing (59,60).

**What coordination between Community Health, Law Enforcement and Illicit Drug Trade Enforcement could help address or mitigate the unintended consequences of Law Enforcement and Illicit Drug Trade?**

## Illicit Trade and Community Health

There are many strategies employed to disrupt illicit trade with the ultimate goal of reducing the supply of illicit substances, including identifying and seizing money and contraband, undercover operations, arresting and convicting traffickers, information sharing, and community outreach (46,61). One goal of this strategy is to decrease supply, thereby raising prices sufficiently to reduce demand and, in turn, drug use (39,40); however, the evidence suggests that temporary reductions in drug supply and the adaptation of criminal organizations necessary to evade law enforcement worsen community health.

## Unintended Consequences: Illicit Trade Enforcement and Community Health

*Supply-level enforcement harms community health*

When the drug supply is temporarily constrained through enforcement of illicit trade, people will adjust their behaviours and usage to cope with the limited supply by:

- Diluting drugs, which creates unpredictable dosing, increasing overdose risk (12).
- Adopting more dangerous usage patterns, such as sharing needles more frequently, finding new sharing partners, and adopting more dangerous usage methods (e.g., injecting rather than smoking), to avoid withdrawal (62–64).
- Many people who use drugs buy from the same dealer to help ensure a stable and unadulterated supply. Removal of their dealer can push buyers toward an unknown and potentially more dangerous supply (65,66).

Longer-term illicit trade disruptions alter market demand in various ways, including:

- Creating a demand for more powerful drugs, including new drugs (51,67–69).
- Increasing the demand for adulterated and combination products that enhance or prolong highs (8).

The current drug market is becoming increasingly toxic, driven, in part, by adaptations to enforcement measures. Increasing potency, new drugs, and adulterants increase overdose risk and the complexity of their treatment (28,51,70).

A clear unintended harm of illicit trade-level enforcement is the violence witnessed and experienced by communities, as suppliers fight for territory previously occupied by competitors (53,71). This further exacerbates community health outcomes because witnessing violence and arrests makes people more fearful of getting caught and thus more hesitant to access harm reduction and treatment services (72). Fear of arrest also increases risky behaviours like using alone, using unfamiliar substances, and combining substances, and may facilitate the transition to synthetic opioids (72).

**How can Community Health, Law Enforcement, and Illicit Drug Trade Enforcement be brought together to address or mitigate the unintended consequences that arise between Illicit Drug Trade and Community Health?**

# Law Enforcement Approaches and Community Health

Punitive solutions, those that focus on criminalization, punishment and prohibition, generate substantial harm and produce minimal, durable market effects (11,73). Law enforcement leadership, associations, and Public Safety Canada's Law Enforcement Roundtables have all acknowledged that substance use and addiction are public health issues, and that real success would be better measured through improved health outcomes (74–77).

## Unintended Consequences: Law Enforcement and Community Health

*Fear of arrest and criminalization have damaged community health*

Policies that focus on criminalization adversely affect community health, starting before any interaction with law enforcement occurs, continuing to life after release from detention. Stigma and fear of arrest:

- Causes people to inject faster, which increases the risk of overdose; or to use alone, which decreases the likelihood that someone is present to intervene during an overdose (78)
- Makes them more reluctant to seek medical care, including calling emergency services, driving worse health outcomes (e.g., psychiatric disorders, infectious diseases, and other chronic health conditions) (12,79–81)
- Deters the use of overdose prevention sites near where policing occurs (82–84)

Drug arrests fail to improve community or individual health. The evidence suggests that drug arrests increase drug-related violence, whereas decriminalization either has no effect on it or may reduce it (71,85). Where decriminalization reduces crime, a positive unintended consequence is that resources not needed for enforcement can be redistributed to other community concerns (e.g., health or trafficking enforcement) (86,87).

Possession and use-related arrests, and punishment drive undesirable health outcomes by eroding the social determinants of health, including housing, education, income, and employment (11). Loss of employment, educational opportunities, and housing compound one another, contributing to direct drug-related harms like addiction, overdoses and infections (88–94). Upon release, there is a more than tenfold increase in overdose risk due to lowered tolerance and insufficiently treated addiction (95–97). Evidence from drug treatment courts demonstrates that diverting people away from incarceration toward treatment is effective and generally cost-saving (98–100).

The repercussions of community health programs are at times assumed but not well supported, which, in the case of public opinion, risks steering law enforcement policies away from evidence-based solutions. Concerns about increased crime, visible drug consumption, or discarded needles associated with harm reduction services are common, but evidence indicates that harm reduction and supervised consumption services reduce public consumption and needle litter, without increasing or possibly reducing crime (101–103).

These unintended consequences constitute a cycle where drug use elicits harsh social and legal repercussions that fail to address or worsen substance use, which in turn drives further interactions with the law and a continued deterioration of community health.

**How can Community Health, Law Enforcement, and Illicit Drug Trade Enforcement be brought together to address or mitigate the unintended consequences that arise between Law Enforcement and Community Health?**

### Resource limitations necessitate identifying the most effective policies

At the policy level, a focus on illicit trade, possession, and use enforcement can lead to unintended consequences through *policy displacement, where one policy is prioritized and funded over another*. Governments have limited resources, and investing in one policy often means not investing in another. The literature does not imply that law enforcement is irrelevant, but that enforcement-heavy, output-driven approaches are poorly aligned with community health goals unless coordinated with health and social systems.

## Case Study: Nicotine and Tobacco in Canada

This case study uses nicotine and tobacco in Canada to illustrate the relationships previously discussed. The mixture of a legal and an illegal market, along with the special legal and cultural position of nicotine and tobacco, captures many of the complexities necessary for understanding illicit drug markets. Despite decades of declining cigarette smoking, extensive regulation and taxation, substantial public-health and enforcement capacity, both a mature legal and an illicit and non-compliant market persist (104–106). Changes in consumer preferences toward newer products such as vapes and nicotine pouches add to the complexity of the market, creating changes that can outpace regulatory categories, enforcement, and information-sharing. Cross-sector governance problems arise at the boundaries between legal and illicit markets. Much of the available evidence on the illicit trade, law enforcement, and community health outcomes of nicotine comes from prohibited drug markets.

The relationship between tobacco and nicotine governance and illicit trade is particularly complex. Taxation, product standards, authorization requirements, and retail rules affect the price, availability, and accessibility of legal products. Much of the authority to regulate tobacco and nicotine rests with each province and territory, each of which has the authority to determine tax, flavour, retail, access, and enforcement arrangements, leading to significant differences in regulations and consumer behaviour. Consumers may reduce use, change products, or find alternate ways to purchase products, including from the illegal market or other jurisdictions. For example, Gruber et al. found that during periods of substantial smuggling, legal cigarette sales overstated reductions in cigarette consumption because some purchases shifted to the illicit market (107). More recent evidence regarding vaping products indicates that product rules affect product choice, interest in alternative purchasing channels, and sales, and, with some evidence of people purchasing across provincial boundaries where market conditions are more favourable (108,109). These effects depend on price, preferences, access, available alternatives, enforcement capacity, supply routes, and place.

Where those shifts involve illicit or non-compliant supply, they can create challenges for public safety and enforcement. Unauthorized products and illicit products sold online (including cross-border smuggling) change the relevant laws, authorities, intelligence, and enforcement tools. As supply moves online or across jurisdictions (e.g., in another province), enforcement becomes more dependent on information held by other governments, regulators, couriers, digital platforms, and financial institutions (110). Investigations have seized tobacco and nicotine products alongside drugs, firearms, and cash linked to suspected money laundering, illustrating how parts of the market overlap with other types of illicit trade.

A major limitation preventing a comprehensive understanding of tobacco and nicotine is that there is no reliable comprehensive measure of Canada's illicit and non-compliant nicotine market or how many people use illicit products. Where data do exist, estimates vary substantially because they rely on indirect measures such as tax-paid sales, self-reported consumption, inspections, seizures, discarded-pack and filter studies, and market modelling. National surveillance also does not consistently capture illicit-product use, online purchasing, and movement between legal and non-compliant supply (105,110). The available evidence suggests that illicit and non-compliant supply is significant, but the precise scale or distribution across products, affected populations, and most impacted jurisdictions remain unresolved.

The relationship between enforcement and community health is even more difficult to quantify. Generally, Canada measures inspections, seizures, charges, and compliance more consistently than it measures their effects on end users and their communities. These types of indicators measure enforcement activity, not meaningful reductions in access, dependence, exposure to non-compliant products or improvements in other health outcomes. For example, in 2022, 48.4% of youth aged 15 to 19 who had recently vaped obtained their device through social sources such as friends or family rather than directly from retailers, a significant portion of the vaping population that would have been missed using either market or enforcement indicators (111). Canadian regulation and enforcement also attempt to reflect the rights of Indigenous Peoples. Indigenous Peoples distinguish sacred and ceremonial tobacco from commercial tobacco; First Nations, Inuit, and Métis organizations have called for culturally safe, distinctions-based enforcement approaches (110,112).

Data on community health is captured through surveillance, consultations, complaints, legislative reviews, Indigenous engagement, research, and civil-society advocacy. Though the data is robust, there is a challenge demonstrating a causal impact (positive or negative) of illicit trade and law enforcement on communities. It is easier to demonstrate operational progress (e.g., occurrence of enforcement activities) than to determine if a new policy ultimately altered the market or community health (110).

Nicotine and tobacco are particularly useful to the broader analysis of drug enforcement and community health because, even with legal supply, mature institutions, multiple regulatory regimes, and comparatively extensive data, this analysis has revealed a significant gap that likely exists for all illicit markets, namely that no actor has end-to-end visibility across illicit trade, enforcement, and community health, which limits the understanding of the unintended harms of the products and enforcement, as well as the agility of the responses. The case shows how illicit trade, enforcement, and community health are already deeply connected such that actions in one routinely produce intended and unintended effects in others. The challenge is to understand those relationships well enough to anticipate cross-domain effects, recognize them when they occur, and incorporate that knowledge into subsequent policy, enforcement, and community-health decisions to deliver better outcomes.

## About the IOG

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The Institute has more than 30 years of experience in exploring and developing approaches to responsible and responsive governance in Canada and abroad. The IOG's primary goal is to promote and share good practices, through offering solutions and continuous improvements in the capacity of organizations to deliver on their mission. IOG's work spans public governance, board and organizational governance, science and innovation, international governance, digital governance and learning and leadership.

Effective governance ensures objectives are realized, resources are well managed, and the interests of stakeholders are reflected in decisions. The IOG has worked with a range of public purpose organizations, including public and para-public institutions, self-regulatory bodies, associations and other not-for-profit organizations. To that end, the IOG frames its approach to good governance around a set of core principles for public purpose organizations derived from international standards. Within this framework, we work with our partners to help them determine what governance structure, policies, and processes will serve them best. At the IOG, we constantly strive to link principles with practice. IOG's science and innovation practice takes these considerations one step further to examine the types of evidence that inform decision-making, and the values upon which that evidence is created and based.

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