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

A Literature Review

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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.
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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 (Rawson et al. 2023; Ciccarone 2019). 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 (Public Health Agency of Canada 2019). 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 (Public Health Agency of Canada 2019; Health Canada 2024b, 2024a; Boyd 2021; Jalal et al. 2018; Meyer et al. 2023; Fischer et al. 2020). In Canada, drug-related crime and the subsequent social and health consequences persist despite total crime having fallen, suggesting that this failure is specific to drug-related policies and enforcement (Statistics Canada 2025; Public Health Agency of Canada 2019). While the drug crisis and its harms persist, the evidence shows that drug enforcement, punitive laws, and social stigmatization harm people who use drugs, adding to rather than alleviating the damage of drugs and addiction (Cohen et al. 2024; Carroll et al. 2021; Uggen et al. 2023). This review will examine how these unintended consequences can arise in part from a failure to account for the interdependencies that exist between actors in the system, namely trade and law enforcement, and community and public health.

Key Terms as Used in this Report

- **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" (WHO 2026). 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 (CDC 2024). 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 United Nations Office on Drugs and Crime 2010).

- **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 (*New Law Journal* 1974).
- **Public health:** "the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society (WHO 2018)."
- **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 (Goodman et al. 2014). 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.

The unintended health consequences of drug enforcement have been experienced by millions (Cohen et al. 2024). Absent comprehensive knowledge of the interaction between drug policies and community health, people who use drugs and suffer from addiction will continue to experience harms and be unable to access the resources necessary to live healthy lives (Cohen et al. 2024). Developing this knowledge requires understanding how the spectrum of social determinants of health, from the highest levels (i.e., governance and policy) through the continuum of components of community health (e.g., neighbourhood conditions, education, access to health care, and risk-taking behaviours), is essential to mitigating disparities, creating effective cooperation and policies across domains (Palmer et al. 2019). This strategy is essential for addressing the drug problem for those who are already facing structural challenges such as disinvestment, discrimination, and racism and who have disproportionately been affected by drug enforcement policies, all of which cumulatively erode their social determinants of health (Cohen et al. 2024). The Government of Canada has identified understanding the interactions between enforcement policies and health and the social determinants of health as a priority that is essential to evidence-based policing and improving public and community health (Public Health Agency of Canada 2024; Health Canada 2020).

Policies

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 reducing cultivation, manufacturing, trafficking, and organized crime, 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, charges, and punishment.

Countries around the world broadly criminalize the illegal drug trade (UNODC 2025a). There is, however, a significant divergence in how jurisdictions treat possession for personal use, ranging from no offence (23%) to a criminal offence (61%) (UNODC 2025a). However, based on arrest data, the prosecutorial focus of drug crimes has remained on possession and use rather than trafficking (UNODC 2025a). Approximately two-thirds of interactions with law enforcement,

prosecutions, and convictions are for possession and use rather than trafficking (UNODC 2025a). Around the world, law enforcement efforts have consistently proven to be far less effective and far more costly than expected (Wood et al. 2010; Pietschmann 2013; Wadsworth et al. 2025).

Canadian policy landscape

The Canadian regulatory and legal requirements related to psychoactive substances are complex, involving numerous laws including the Controlled Drugs and Substances Act, Tobacco and Vaping Products Act, Cannabis Act, Customs Act, Good Samaritan Drug Overdose Act, and Criminal Code (Health Canada 2021b). Canada is also a signatory to three UN drug and international crime conventions related to drugs and trafficking (UN 1988, 1975, 1971, 2000). To address the international aspects of the illegal drug supply chain, Canada participates in several cooperation frameworks and joint action plans (Public Safety Canada 2022). The Government of Canada contributes to the international effort to address the import, production, distribution, and ultimately the harms caused by illegal drugs (Public Safety Canada 2022).

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 (Department of Justice Canada 2018b; Health Canada 2023a). Public and community health organizations have advocated for this type of comprehensive strategy for decades (Canadian Public Health Association 2025). The 2018 Evaluation of Canada's National Anti-Drug Strategy recognized the need for greater collaboration between key actors to share information, connect partners, identify priorities, increase efficiency, and develop a broader horizontal approach, which could be facilitated via a governance structure that helps eliminate silos (Department of Justice Canada 2018b). This view is supported by the academic literature, which suggests that coordination between law enforcement and public health organizations can play an important role in producing sustainable improvements in public health outcomes (Watson et al. 2018; Kammersgaard 2019). Collectively, this indicates that success requires a comprehensive community-oriented strategy involving cooperation across all actors.

Canadian Drugs and Substances Strategy illustrates the extent of the cooperation required for meaningful impact, which includes 15 government organizations, including those representing health, law enforcement, and international relations and provides funding to many others, including not-for-profits, community-led organizations, and municipal, provincial, and territorial governments (Health Canada 2023a, 2025b). In addition to horizontal cooperation between federal organizations, illicit trade requires vertical cooperation, because the responsibilities for psychoactive substances span federal, Indigenous, provincial, and municipal governments (Laura Hatt 2022; Griffiths 2020). In Canada, provinces and territories have a particularly important responsibility, as they manage healthcare, public substance use treatment services and programs, and, in some cases, their own police services (Department of Justice Canada 2025, 2018a). Additionally, because the illicit drug supply is transnational, effective governance and coordination must occur between countries and international organizations through information sharing and joint action (Health Canada 2026).

State of the Drug Supply

According to the World Drug Report, more than 300 million people used drugs worldwide in 2023, an increase over the past decade (UNODC 2025b, 2025a). Despite efforts to address the availability of psychoactive substances, use and toxicity are increasing in Canada and around the world (Health Canada 2024d; Government of Canada 2023a; Global Commission on Drug Policy 2018; Canadian Centre on Substance Use and Addiction 2024). In Canada, the most consumed psychoactive substances are legal (e.g., alcohol, tobacco, and cannabis). In 2023:

- 10.6 million people used cannabis
- 26 million consumed alcohol
- 3.9 million people were current tobacco smokers (PHAC 2024).

In 2023, approximately 2.5 million people in Canada have used illicit substances (e.g., cocaine or crack, ecstasy, amphetamines or methamphetamines, dissociatives, nitrous oxide, salvia, inhalants, heroin, illegal fentanyl, or kratom), with the largest market segment consisting of illicit-market versions of otherwise-legal substances — alcohol, tobacco, and cannabis (Government of Canada 2025b; PHAC 2024).

In recent years, opioids and amphetamines have seen particularly concerning growth in both usage and the corresponding health consequences (Health Canada 2021a; UNODC 2025a; Health Canada 2025d). This trend was exacerbated by the COVID-19 pandemic and a rapid increase in the availability of fentanyl and its analogues (Health Canada 2025d). Similarly, there has been a rapid growth of the synthetic drug (e.g., hallucinogens, other opioids, amphetamines) market (UNODC 2025a). Much of this growth has been driven by amphetamines, primarily methamphetamine (UNODC 2025a). Amphetamines are used by over 100,000 people in Canada, and some 31 million people worldwide (Health Canada 2021a; UNODC 2025a). International cocaine cultivation and production have been rising, with cocaine manufacture doubling since 2019 (UNODC 2025a). A similar increase has been observed in Canada, where cocaine was the most commonly identified drug in illegal trafficking incidents, which coincides with increased use, especially among young people (Government of Canada 2023b, 2025a; CCSUA, n.d.). Polysubstance use, when multiple drugs are consumed, is also becoming increasingly common, especially for drugs used in combination with opioids and stimulants (Health Canada 2024d).

Legally produced medicines (i.e., codeine, ketamine, and fentanyl) diverted from legal markets or used in a way that constitutes abuse comprise an additional drug market segment (UNODC 2025b), creating their own enforcement and health concerns. The presence of these drugs on the market is further complicated by “falsified, substandard, unauthorized or illicitly manufactured pharmaceutical preparations” and by the trade of legal drugs from one jurisdiction to another where they are illegal (Health Canada 2025c; UNODC 2025b; EUDA 2025a). According to law enforcement, these sources of drugs are a significant factor in specific Canadian markets (Greco 2025).

In addition to known scheduled substances, every year, hundreds of new substances are identified, which will often require scheduling, policies, and strategies to address their harms (UNODC 2026b; Health Canada 2025a). New psychoactive substances can be any category of

drug and are often thought of as a “legal high” by people who use them (UNODC 2024a; Health Canada 2025a). These drugs arise consistently, a fraction of which will eventually find a significant market foothold. For example, in 2024, UN Member States were reporting more new nitazenes than new fentanyl analogues to the United Nations Office on Drugs and Crime (UNODC) (UNODC 2026b, 2025a). Nitazenes made up nearly half of all reported opioid new psychoactive substances. Hundreds of countries around the world monitor new psychoactive substances and share this intel (UNODC 2026b, 2025a). The different statuses of these drugs (e.g., illegal, unscheduled, legal and diverted, and legal) around the world shape the policy, governance, law enforcement, and community health responses to the legal, social, and medical issues associated with each new drug.

An increasingly toxic and deadly drug supply

One of the most important changes in Canadian and world drug supply is its increasing toxicity (Global Commission on Drug Policy 2018; Canadian Centre on Substance Use and Addiction 2024). Fentanyl use has risen steeply since 2016 (Health Canada 2023b). Fentanyl is 50 to 100 times more deadly than heroin and has become one of the world’s most lethal drugs; these effects have been particularly severe in North America (National Institute on Drug Abuse 2021; UNODC 2025b). In Canada in 2023, fentanyl and its analogues were involved in over 10,000 deaths (25 deaths per 100,000) (UNODC 2025a; Government of Canada 2026), and this is expected to rise if fentanyl use continues to increase (Health Canada 2024c). In the US in 2024, it killed an estimated 48,422 people (14 deaths per 100,000) (UNODC 2025a; U.S. Census Bureau 2026)[1]. This increasingly potent supply results from both new, more potent drugs like fentanyl as well as adulterants (Health Canada 2024a, 2023b; Stacey McKenna 2025). This trend is affecting many drugs, including benzodiazepines, opioids, methamphetamine, cannabis, and tobacco (Stacey McKenna 2025; Payer et al. 2020; Global Commission on Drug Policy 2018; Raghu et al., n.d.). In this review, we will examine the evidence for the relationship between enforcement, the increasingly toxic drug supply, and community and public health.

State of the Drug Trade

The drug trade generates hundreds of billions of dollars a year for organized crime organizations that control the production, trafficking and distribution of illegal drugs (UNODC 2025b). International trade and globalization have enabled this market by creating many more trade routes, making trafficking of drugs faster, cheaper, and more difficult to detect (EUDA 2024a; UNODC 2025b; INTERPOL 2026; OECD 2026). Each drug has unique pathways to market, starting with cultivation and continuing through manufacture, import, and sale. The trade process creates opportunities for adulteration and cutting between manufacture and sale, which becomes an additional source of health concerns (D. C. Black 2020). Because of the unique trade routes, a substance-specific understanding (e.g., geography and transportation routes) is essential for effective trafficking enforcement (D. C. Black 2020).

Illicit markets respond to enforcement policies like other market forces by adapting to disruptions and reacting to government regulations in their continued attempt to meet demand

[1] Definitions, monitoring, and time periods differ between Canada and the US; therefore, these data should not be directly compared.

(Manzi and Calderoni 2024). However, there is currently limited evidence for the long-term effectiveness of supply disruptions (Coyne and Hall 2017; Stein et al. 2023). Historically, supply disruptions were short-lived, as demand was met by other drug suppliers, and any temporary decrease in supply was weathered by the people who use drugs (UNODC 2016, 2024b; UN Office on Drugs and Crime 2008; EUDA 2024a, 2025a). It is these adaptations that have limited the effectiveness of enforcement and have 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 (Public Health Agency of Canada 2024; Health Canada 2020). In this review, we will examine the existing evidence for how illicit trade, law enforcement, and community health affect one another. After examining the interactions between a pair of actors, we include a question that invites the third actor into the discussion to help identify the types of cooperation that could lead to better substance use-related outcomes. Additionally, we will include two case studies — nicotine and new strategies for community policing — to illustrate the interdependencies between trade, law enforcement, and community and public health.

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 (Dandurand 2021; EUDA 2024c). The United Nations Office on Drugs and Crime has acknowledged that an unintended consequence of the international drug control system is that it has created a lucrative illegal drug market (UNODC 2009).

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 (UNODC 2025b; D. C. Black 2020; Dandurand 2021; Magliocca et al. 2021; EUDA 2025a). European Union Drugs Agency (EUDA) reports that the European drug market has shown rising availability, elevated purity, and stable retail prices despite major law-enforcement activity, attributing this to sustained demand and “criminal innovation,” and characterizing illicit markets as “highly resilient and adaptable” (EUDA 2024a, 2025a).

When one supplier is shut down without addressing demand, market prices will rise, incentivizing other suppliers to enter the market to meet demand. This is called the *balloon effect* or *geographical displacement* (UN Office on Drugs and Crime 2008). Historically, any benefits that result from supply disruptions were short-lived, as demand is met by drug suppliers elsewhere, creating a disconnect between seizure statistics and drug availability and therefore community health outcomes (UN Office on Drugs and Crime 2008). This was observed in the

2023 global and Canadian cocaine markets, where, despite an increase in seizures, international supply still increased alongside cocaine related deaths (UNODC 2025b). This adaptation helps explain why, despite a global increase in drug seizures, the total supply continues to increase (UNODC 2025a) and demand is higher than ever (UNODC 2025c; Thakur et al. 2025).

If the international supply is reduced, local production often emerges to compensate (Meyer et al. 2023). A Canadian case illustrates these dynamics concretely: following China's 2019 controls on fentanyl production, regional drug laboratories emerged across North America, domestic fentanyl production expanded, and carfentanil began appearing in Canadian drug seizures more frequently than heroin (Meyer et al. 2023).

When the supply of one drug becomes limited because of seizures, people who use drugs can switch to another drug, a process called *substance displacement* (UN Office on Drugs and Crime 2008). This was observed when access to coca bush, the raw material needed to manufacture cocaine, was cut off, reducing the cocaine supply, and resulting in people being driven to use amphetamines, which could be made locally from accessible precursors (UN Office on Drugs and Crime 2008).

Entering a new or recently vacated illicit market is not a peaceful process. Market vacancies resulting from successful enforcement become valuable commodities that criminal organizations will fight over. This process, like other forms of adaptation, follows the principles of supply and demand; supply-level enforcement decreases drug availability without addressing demand. This raises the price of in-demand drugs, which increases the market's value, making it more desirable, causing new criminal organizations to compete violently for market control (Werb et al. 2011). This violence then becomes the responsibility of the police and spills over into communities (Werb et al. 2011; Castillo et al. 2020).

To avoid prosecution, drug dealing moves to less visible and harder-to-track distribution channels, such as private venues or online distribution (UNODC 2016, 2024b; Dandurand 2021; Europol 2026). Dandurand’s review of 326 articles identifies displacement as a consistent and recurring response to enforcement, with trafficking activities often displaced as soon as enforcement attempts to disrupt them; local crackdowns may briefly reduce visible dealing by pushing activity into adjacent spaces, private venues, or other distribution channels (Dandurand 2021; Europol 2026).

Supply-level enforcement drives increasing drug toxicity

One of the most concerning unintended consequences of drug trafficking enforcement is that it can push the supply toward increasingly potent substances, because the smaller quantities are easier to conceal, traffic, and sell (Stacey McKenna 2025; Global Commission on Drug Policy 2018). Additionally, this strategy lowers operating costs, reduces barriers to production, decouples production from growing seasons, and allows for production closer to the point of sale, all of which decreases the likelihood of detection, interdiction, and prosecution (UN Office on Drugs and Crime 2008; UNODC 2025a). Data from the 2025 World Drug Report illustrates the relationship between potency and trafficking well; despite making up less than 10% of the opioids seized based on weight, fentanyl and its derivatives constituted 88% of the doses (UNODC 2025b). In the early 2000s, when prescription opioid controls were tightened, without a

corresponding expansion of addiction treatment, the market adapted, resulting in the growth of increasingly potent and toxic drugs, including counterfeit pills, heroin, and eventually fentanyl (Meyer et al. 2023). The same forces that have pushed the market toward fentanyl have created an ancillary complication; fentanyl is a relatively short-acting drug, which has increased the demand for adulterants— benzodiazepines or xylazine—commonly found in fentanyl in Canada, which extends the effects of fentanyl, thus lowering the cost and increasing toxicity (Quijano et al. 2023; Stacey McKenna 2025).

These adaptations don't occur in isolation. This is especially visible in synthetic drug and new psychoactive substance markets, where controlled substances are rapidly replaced by new uncontrolled ones that surface through anonymized online channels or in jurisdictions with weaker legal frameworks, hindering detection and enforcement (UNODC 2016, 2024b). Chemical innovation can outpace formal scheduling and standard detection tools, leaving communities exposed to rapidly changing and poorly monitored toxic supply conditions (UNODC 2026a; EUDA 2024b, 2025b). A longitudinal analysis of Operation Onymous — a major 2014 multinational law enforcement action targeting drug cryptomarkets across 16 countries — found that while the operation produced a short-lived deterrent effect, market activity recovered to pre-operation levels within one to two months, prices did not increase, and participants moved to alternative platforms (Décary-Hétu and Giommoni 2017).

Policies that focus on enforcement prioritize metrics like arrests, charges, convictions, and seizures, cannot identify these market adaptations, and therefore may appear promising while not reducing the drug supply or advancing community and public health (Bretteville-Jensen et al. 2017; Gabor 2005).

The illicit drug trade shapes enforcement

Illicit markets also influence enforcement and the justice system. As the increasingly toxic supply increases overdoses, police in Canada are increasingly expected to act as de facto first responders for health and socioeconomic crises, adding to the burden of policing (Butler et al. 2022; Zakimi et al. 2022). Law enforcement also increasingly contributes to other drug-related work, such as drug prevention and community outreach programs (Department of Justice Canada 2018a; Barry and Chris 2018). In these additional roles, police have noted that they often lack the specific training needed to provide optimal assistance, suggesting either a need for additional training or gaps that ought to be filled by other substance-related community health services (Zakimi et al. 2022). Police working in these more supportive roles in communities can also be an important source of community intelligence and provide the evidence necessary to inform policy (Zakimi et al. 2022).

An intense drug trade weakens investigative capacity, increases impunity, undermines the credibility of justice systems, and exposes prosecutors, judges, witnesses, and journalists to intimidation, bribery, or violence (Felbab-Brown 2013; EUDA 2024b; UNODC 2024b). These dynamics reduce institutional legitimacy and the capacity to deliver justice, health protection, and utilize community cooperation (EUDA 2024b; UNODC 2024b).

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 (Dandurand 2021; INTERPOL, n.d.). These strategies span global, national, regional, and local efforts. One goal of this strategy is to decrease supply, thereby raising prices sufficiently to reduce demand and, in turn, drug use (Coyne and Hall 2017; Stein et al. 2023); however, the evidence suggests that any reductions in the drug supply are temporary and that the adaptation of criminal organizations necessary to evade law enforcement harms 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, dealers and people who use drugs adjust to cope with the limited availability. Supply constraints lead dealers to dilute their supply. Users then respond by purchasing and using higher volumes of these more dilute drugs to achieve their desired high, thereby eliminating any potential short-term benefits of reduced availability. Because this dose is unknown to the person using, its effects are unpredictable; this leads to an increase in overdoses and overdose-related deaths (Carroll et al. 2021). Where supply remains constrained for a short period of time, people who use drugs may experience withdrawal, causing an increase in risky behaviours such as sharing needles, finding new sharing partners, and adopting more dangerous usage methods (i.e., injecting rather than smoking) (Ben Lakhdar and Bastianic 2011; Simpson et al. 2024; Mateu-Gelabert et al. 2010). Another adaptation is switching to a drug that is or becomes available during the supply disruption, which can increase the number of daily injections, exacerbating injection-related health risks. For example, switching from heroin to cathinone, which is short-lived, can lead people to inject up to 30 times a day (United Nations Office on Drugs and Crime 2021). This failure to address injection drug use drives the spread of HIV and hepatitis C, which are leading causes of death among people who use drugs (UNODC 2025a).

Many people who use drugs buy from the same dealer as a risk mitigation strategy that helps ensure a stable and unadulterated supply (Carroll et al. 2020). Some people who use drugs have reported doing this specifically to avoid fentanyl (Carroll et al. 2020). There are several reported reasons people trust their dealer over an unknown supplier: dealers may self-test their supply, have helped in overdose situations, or have a long-standing relationship with their buyers (B. Rhodes et al. 2019; Carroll et al. 2020). As with other supply shocks, arresting a dealer may destabilize supply and increase health risks for their clients (Carroll et al. 2020). The literature is mixed on whether people who use drugs are less likely to test their drugs when they are bought from a trusted dealer, but this could become a source of unintended community health harms and warrants further monitoring (Goldman et al. 2019a; B. Rhodes et al. 2019).

As examined previously, enforcement pushes the market toward supplying more potent and adulterated drugs; at the same time, it increases demand for them. As drugs become scarce,

people will use and become addicted to new, often more harmful drugs. 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 (Quijano et al. 2023; Stacey McKenna 2025; Canadian Centre on Substance Use and Addiction 2024). Past disruptions in the heroin supply (i.e., shortages and impurities) have produced a demand for synthetic opioids like fentanyl, driving the increase in fentanyl related overdoses (Canadian Centre on Substance Use and Addiction 2024; Quijano et al. 2023; Stacey McKenna 2025; Mounteney et al. 2015; Hempstead and Yildirim 2014; Ciccarone 2021). Adulterants like benzodiazepines and xylazine add polysubstance complications to the medical interventions for people who use drugs because, in order to provide effective medical care, both the primary and secondary drugs have to be identified and treated (Quijano et al. 2023; Stacey McKenna 2025; Meyer et al. 2023).

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 (Wadsworth et al. 2025; Werb et al. 2011). In a systematic review of the relationship between violence and drug enforcement, the Urban Health Research Initiative found that increased enforcement targeting supply increased drug market violence (e.g., gun violence and homicide), which they stated was “contrary to [their] primary hypothesis” (Werb et al. 2011). There is strong evidence that these enforcement efforts aimed at disrupting supply increase competition and worsen community health by increasing violence and decreasing drug prices (Wadsworth et al. 2025; Werb et al. 2011). This further exacerbates community health outcomes because witnessing violence and arrests makes people more fearful of arrest and therefore more hesitant to access harm reduction and treatment services (Lechuga et al. 2023). Fear of arrest also increases risky behaviours like using alone, using unfamiliar substances, and combining substances, and may facilitate the transition to synthetic opioids (Lechuga et al. 2023).

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 (Health Canada 2021c; Cohen et al. 2024). 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 (House of Commons Standing Committee on Health Canada 2024; CACP 2020; Public Safety Canada 2022, 2021).

Unintended Consequences: Law Enforcement and Community Health

Fear of arrest and criminalization has 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 because of fear, stigma and degradation of an individual's broader determinants of health.

Stigma and fear of arrest cause people to inject faster and less safely, which increases the risk of overdose; or use alone, which decreases the likelihood that someone is present to intervene during an overdose (T. Rhodes et al. 2007). Using alone is linked to an increase in overdose death. Data from an investigation of overdose deaths from British Columbia found that between 50 and 70 percent of substance-related overdoses occur while people use alone (Coroners Service 2018).

Policing can reduce people's willingness to seek care. Fear of police co-response is the most common barrier to calling emergency services during an overdose (Xavier et al. 2022). Similarly, policing near overdose prevention and drug testing sites deters their use (Goldman et al. 2019b; Xavier et al. 2022; O'Donnell et al. 2021; Byles et al. 2024). More broadly, fear of arrest can increase reluctance toward seeking medical care for drug- and non-drug-related medical needs, driving worse health outcomes (e.g., overdose, psychiatric disorders, infectious diseases, and other chronic health conditions) (Carroll et al. 2021; Ashford et al. 2019; Couto E Cruz et al. 2018; Muncan et al. 2020). Laws like Canada's Good Samaritan law are designed to help alleviate fears of being arrested during an overdose incident; however, there remains substantial ambiguity about the risk to those who call for help, which may limit the community health benefits (Michaud et al. 2025).

Drug arrests fail to achieve the goals of improving 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 (Davidson et al. 2021; Wadsworth et al. 2025). Reducing police interaction for people who use drugs can improve community health by decreasing the incidence of violent and non-violent crimes, such as assault, burglary, larceny theft, and robbery (Davidson et al. 2021). Evidence from Oregon supports this conclusion; their decriminalization did not increase violent or property crime (Neil et al. 2025). Decriminalization and reduced crime have the added benefit of freeing up resources to help address other community concerns (i.e., health or trafficking enforcement) (Gaudreault et al. 2025; Hedden-Clayton et al. 2025). Evidence from British Columbia in the year after the decriminalization of possession of small quantities of drugs suggests that this shift reduces the burden of prosecuting possession without adversely affecting the enforcement of trafficking laws (Gaudreault et al. 2025).

Possession and use-related arrests and punishment drive undesirable health outcomes by eroding the social determinants of health, reducing people's access to housing, education, income, and employment (Cohen et al. 2024). Loss of employment, educational opportunities, and housing in turn compound upon one another, contributing to an increase in drug-related harms like addiction, overdoses and infections (Tice et al. 2017; Reingle Gonzalez et al. 2016; Maynard et al. 2015; Compton et al. 2014; Yamamoto et al. 2019; Pilarinos et al. 2017; Bradford and Bradford 2020).

For younger people specifically, drug violations that lead to expulsions contribute to more future arrests and increase the risk of substance use disorders (Tice et al. 2017; Reingle Gonzalez et al. 2016; Maynard et al. 2015). Drug violations also lock young people out of otherwise protective developmental opportunities. For example, educational attainment decreases the risk of substance use disorders and contributes to an overall healthier life; therefore, exclusion from educational opportunities as a result of arrests is a loss for the individual and their community (Low and Low 2006; Merrin et al. 2020; Tice et al. 2017). Incarceration can have the unintended effect of exposing people to, socializing them into, and normalizing criminal networks where low-risk offenders meet higher-risk peers, increasing recidivism by reinforcing criminal behaviour, which may be especially problematic for young people (Kreager et al. 2016; Moskalewicz et al. 2021).

Health harms of incarceration also arise after release from detention; there is a more than tenfold increase in overdose risk due to lowered tolerance and insufficiently treated addiction (Hartung et al. 2023; Kinner et al. 2021; Fischer et al. 2025). Evidence from drug treatment courts demonstrates that diverting people away from incarceration toward treatment is effective for reducing drug harms and generally cost-saving (Virtanen et al. 2024; CCSUA 2023; Department of Justice Canada 2022).

Reducing prosecutions, redirecting people from criminal justice programs into treatment, and making incarceration more attentive to people's health needs all help reduce the harms associated with drug use-related criminal records and incarceration, including impacts on employment, housing and health risks (Virtanen et al. 2024; CCSUA 2023; Department of Justice Canada 2022; Massoglia and Remster 2019; Uggen et al. 2023; Cato Inst. 2018). Evidence from the implementation of drug courts supports shifting away from a penal strategy. Review of the drug court literature supports their efficacy, cost-effectiveness, and their ability to reduce recidivism and substance use, both of which carry significant independent health risks (Virtanen et al. 2024; CCSUA 2023; Department of Justice Canada 2022).

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

Some unintended consequences are not supported by the data

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. There is then value in understanding which secondary effects, intended or otherwise, are unlikely to occur. Though many express concern about increased crime, visible drug consumption, or discarded needles associated with harm reduction services, evidence suggests that harm reduction and supervised consumption services reduce public consumption and needle litter, without increasing or possibly reducing crime (Kennedy et al. 2017; Canadian Drug Policy Coalition 2025; Canadian Centre on Substance Use and Addiction 2007). Public health measures, such as supervised consumption sites, can simultaneously benefit the community and law enforcement when these programs decrease non-drug crime (Woodward 2024).

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 given priority and funding over another*. Governments have limited resources, and investing in one policy often means not investing in another. The implication of the literature is not that law enforcement is irrelevant, but that enforcement-heavy, output-driven approaches are poorly aligned with community health goals unless they are coordinated with health and social systems.

About the IOG

The Institute on Governance (IOG) is an independent, Canadian, not-for-profit, charitable think tank that was founded in 1990. The IOG exists to advance good governance in the public interest. Governance defines who should have power and why, who should have voice in decision-making, and how account should be rendered.

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.

References

Ashford, Robert D., Austin M. Brown, Brent Canode, Jessica McDaniel, and Brenda Curtis. 2019. “A Mixed-Methods Exploration of the Role and Impact of Stigma and Advocacy on Substance Use Disorder Recovery.” *Alcoholism Treatment Quarterly* 37 (4): 462–80. https://doi.org/10.1080/07347324.2019.1585216.

Barry, Arden R., and Chantal E. Chris. 2018. “Primary Care and the RCMP.” *Canadian Family Physician* 64 (7): 489–90.

Ben Lakhdar, Christian, and Tanja Bastianic. 2011. “Economic Constraint and Modes of Consumption of Addictive Goods.” *The International Journal on Drug Policy* 22 (5): 360–65. https://doi.org/10.1016/j.drugpo.2011.03.004.

Boyd, Susan. 2021. “Heroin and the Illegal Drug Overdose Death Epidemic: A History of Missed Opportunities and Resistance.” *International Journal of Drug Policy* 91 (May): 102938. https://doi.org/10.1016/j.drugpo.2020.102938.

Bradford, Ashley C., and W. David Bradford. 2020. “The Effect of Evictions on Accidental Drug and Alcohol Mortality.” *Health Services Research* 55 (1): 9–17. https://doi.org/10.1111/1475-6773.13256.

Bretteville-Jensen, Anne Line, Sania Mikulic, Pavel Bem, et al. 2017. *Costs and Unintended Consequences of Drug Control Policies.* Report. Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). https://www.drugsandalcohol.ie/28536/.

Butler, Amanda, Naomi Zakimi, and Alissa Greer. 2022. “Total Systems Failure: Police Officers’ Perspectives on the Impacts of the Justice, Health, and Social Service Systems on People Who Use Drugs.” *Harm Reduction Journal* 19 (May): 48. https://doi.org/10.1186/s12954-022-00629-1.

Byles, Hannah, Navid Sedaghat, Nathan Rider, et al. 2024. “Barriers to Calling Emergency Services amongst People Who Use Substances in the Event of Overdose: A Scoping Review.” *International Journal of Drug Policy* 132 (October): 104559. https://doi.org/10.1016/j.drugpo.2024.104559.

CACP, Special Purpose Committee on the Decriminalization of Illicit Drugs. 2020. *Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing*. Findings and recommendations report. https://www.cacp.ca/_Library/resources/20200708132211653496031_decriminalizationreportjuly2020.pdf.

Canadian Centre on Substance Use and Addiction. 2007. “Substance Abuse in Canada: Youth in Focus | Canadian Centre on Substance Use and Addiction.” Canadian Centre on Substance Use and Addiction. https://www.ccsa.ca/en/substance-abuse-canada-youth-focus.

Canadian Centre on Substance Use and Addiction. 2024. “Do Drugs Contain What We Think They Contain? Results from CUSP: The Community Urinalysis and Self-Report Project | Canadian Centre on Substance Use and Addiction.” https://www.ccsa.ca/en/do-drugs-contain-what-we-think-they-contain-results-cusp-community-urinalysis-and-self-report.

Canadian Drug Policy Coalition. 2025. “Evidence and Data.” *Canadian Drug Policy Coalition*. https://drugpolicy.ca/resources/guides/evidence/.

Canadian Public Health Association. 2025. “Public Health Approaches to the Toxic Drug Crisis.” https://www.cpha.ca/toxic-drug-crisis.

Carroll, Jennifer J., Bayla Ostrach, Loftin Wilson, Jesse Lee Dunlap, Reid Getty, and Jesse Bennett. 2021. “Drug Induced Homicide Laws May Worsen Opioid Related Harms: An Example from Rural North Carolina.” *International Journal of Drug Policy* 97 (November): 103406. https://doi.org/10.1016/j.drugpo.2021.103406.

Carroll, Jennifer J., Josiah D. Rich, and Traci C. Green. 2020. “The Protective Effect of Trusted Dealers against Opioid Overdose in the U.S.” *The International Journal on Drug Policy* 78 (April): 102695. https://doi.org/10.1016/j.drugpo.2020.102695.

Castillo, Juan Camilo, Daniel Mejía, and Pascual Restrepo. 2020. “Scarcity without Leviathan: The Violent Effects of Cocaine Supply Shortages in the Mexican Drug War.” *The Review of Economics and Statistics* 102 (2): 269–86. https://doi.org/10.1162/rest_a_00801.

Cato Inst. (Cato Institute). 2018. “The Budgetary Effects of Ending Drug Prohibition.” July 23. https://www.cato.org/tax-budget-bulletin/budgetary-effects-ending-drug-prohibition.

CCSUA. 2023. *Drug Treatment Courts: An Evidence-Based Review with Recommendations for Improvement* |. Canadian Centre on Substance Use and Addiction. https://www.ccsa.ca/en/drug-treatment-courts-evidence-based-review-recommendations-improvement.

CCSUA. n.d. *Canadian Drug Summary: Cocaine*. (2022).

CDC. 2024. “Substance Use.” August 20. https://www.cdc.gov/nchs/hus/sources-definitions/substance-use.htm.

Ciccarone, Daniel. 2019. “The Triple Wave Epidemic: Supply and Demand Drivers of the US Opioid Overdose Crisis.” *The International Journal on Drug Policy* 71 (September): 183–88. https://doi.org/10.1016/j.drugpo.2019.01.010.

Ciccarone, Daniel. 2021. “The Rise of Illicit Fentanyls, Stimulants and the Fourth Wave of the Opioid Overdose Crisis.” *Current Opinion in Psychiatry* 34 (4): 344–50. https://doi.org/10.1097/YCO.0000000000000717.

Cohen, Aliza, Sheila P. Vakharia, Julie Netherland, and Kassandra Frederique. 2024. “How the War on Drugs Impacts Social Determinants of Health Beyond the Criminal Legal System.” *Focus* 22 (October): 515–26. https://doi.org/10.1176/appi.focus.24022021.

Compton, Wilson M., Joe Gfroerer, Kevin P. Conway, and Matthew S. Finger. 2014. “Unemployment and Substance Outcomes in the United States 2002-2010.” *Drug and Alcohol Dependence* 0 (September): 350–53. https://doi.org/10.1016/j.drugalcdep.2014.06.012.

Coroners Service. 2018. *Illicit Drug Overdose Deaths in B.C.* Ministry of the Public Safety and Solicitor General.

Couto E Cruz, Camila, Caroline Salom, Joemer Maravilla, and Rosa Alati. 2018. “Mental and Physical Health Correlates of Discrimination Against People Who Inject Drugs: A Systematic Review.” *Journal of Studies on Alcohol and Drugs* 79 (3): 350–60.

Coyne, Christopher J., and Abigail R. Hall. 2017. *Four Decades and Counting: The Continued Failure of the War on Drugs*. SSRN Scholarly Paper No. 2979445. Social Science Research Network. https://papers.ssrn.com/abstract=2979445.

D. C. Black. 2020. *Review of Drugs - Evidence Relating to Drug Use, Supply and Effects, Including Current Trends and Future Risks*. https://assets.publishing.service.gov.uk/media/5eafffedd3bf7f65363e4fda/Review_of_Drugs_Evidence_Pack.pdf.

Dandurand, Yvon. 2021. *Law Enforcement Strategies to Disrupt Illicit Drug Markets*. International Centre for Criminal Law Reform.

Davidson, Peter J., Barrot H. Lambdin, Erica N. Browne, Lynn D. Wenger, and Alex H. Kral. 2021. “Impact of an Unsanctioned Safe Consumption Site on Criminal Activity, 2010–2019.” *Drug and Alcohol Dependence* 220 (March): 108521. https://doi.org/10.1016/j.drugalcdep.2021.108521.

Décary-Hétu, D., and L. Giommoni. 2017. “Do Police Crackdowns Disrupt Drug Cryptomarkets? A Longitudinal Analysis of the Effects of Operation Onymous.” *Crime, Law and Social Change* 67 (1): 55–75. https://doi.org/10.1007/s10611-016-9644-4.

Department of Justice Canada. 2018a. “3. Summary of the Major Findings - Evaluation of the National Anti-Drug Strategy.” March 19. https://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2018/nads-sna/p4.html#fn32.

Department of Justice Canada (Evaluation of the National Anti-Drug Strategy). 2018b. “Evaluation of the National Anti-Drug Strategy.” March 19. https://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2018/nads-sna/p4.html.

Department of Justice Canada. 2022. “Evaluation of the Drug Treatment Court Funding Program.” January 21. https://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2021/drug-drogue/p4.html.

Department of Justice Canada. 2025. “Infosheet: Federal, Provincial and Territorial Responsibilities in Canada’s Criminal Justice System.” October 22. https://www.justice.gc.ca/eng/csj-sjc/pl/c14/infosheet-fiche.html.

EUDA. 2024a. “EU Drug Market: Drivers and Facilitators — Globalisation | The European Union Drugs Agency.” The European Union Drugs Agency. https://www.euda.europa.eu/publications/eu-drug-markets/drivers-and-facilitators/globalisation_en.

EUDA, ed. 2024b. *EU Drug Market: Heroin and Other Opioids: In-Depth Analysis*. The European Union Drugs Agency. Publications Office. https://doi.org/10.2810/217566.

EUDA, ed. 2024c. *EU Drug Markets Analysis 2024: Key Insights for Policy and Practice*. Publications Office. https://doi.org/10.2810/567901.

EUDA. 2025a. “Drug Supply, Production and Precursors – the Current Situation in Europe.” The European Union Drugs Agency. https://www.euda.europa.eu/publications/european-drug-report/2025/drug-supply-production-and-precursors_en.

EUDA. 2025b. “Understanding Europe’s Drug Situation in 2025 – Key Developments.” In *European Drug Report 2025: Trends and Developments*. European Union Drugs Agency. The European Union Drugs Agency. https://www.euda.europa.eu/sites/default/files/pdf/32317_en.pdf?965957.

Europol. 2026. *Diversification in Maritime Cocaine Trafficking Modi Operandi*. Europol Spotlight. Publications Office of the European Union. https://doi.org/10.2813/3901457.

Felbab-Brown, Vanda. 2013. “A State-Building Approach to the Drug Trade Problem.” United Nations, United Nations, August 12. https://www.un.org/en/chronicle/article/state-building-approach-drug-trade-problem.

Fischer, Benedikt, Elnaz Moghimi, Tessa Robinson, and Sara Johnson. 2025. *Substance Use-Related Overdose among Incarceration-Exposed Individuals: A Recent Literature Compilation and Review (with Primary Focus on North America)*. Correctional Service Canada = Service correctionnel Canada. https://publications.gc.ca/collections/collection_2025/scc-csc/PS83-3-486-eng.pdf.

Fischer, Benedikt, Cayley Russell, and Neil Boyd. 2020. “A Century of Cannabis Control in Canada: A Brief Overview of History, Context and Policy Frameworks from Prohibition to Legalization.” In *Legalizing Cannabis*. Routledge.

Gabor, Thomas. 2005. *Assessing the Effectiveness of Organized Crme Control Strategies: A Review of the Literature*. Government of Canada, Department of Justice. https://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr05_5/index.html.

Gaudreault, Adrienne, Maya Gibb, Robert Talarico, Benedikt Fischer, Wayne Hall, and Daniel T. Myran. 2025. “Impact of the First Year of British Columbia’s Decriminalization of Drug Possession for Personal Use on Drug Crime in Canada.” *The International Journal on Drug Policy* 146 (December): 105042. https://doi.org/10.1016/j.drugpo.2025.105042.

Global Commission on Drug Policy. 2018. “Regulation - the Responsible Control of Drugs.” *Global Commission on Drug Policy*. https://globalcommissionondrugs.org/gcdp-reports/regulation-the-responsible-control-of-drugs/.

Goldman, Jacqueline E., Katherine M. Waye, Kobe A. Periera, Maxwell S. Krieger, Jesse L. Yedinak, and Brandon D. L. Marshall. 2019a. “Perspectives on Rapid Fentanyl Test Strips as a Harm Reduction Practice among Young Adults Who Use Drugs: A Qualitative Study.” *Harm Reduction Journal* 16 (1): 3. https://doi.org/10.1186/s12954-018-0276-0.

Goldman, Jacqueline E., Katherine M. Waye, Kobe A. Periera, Maxwell S. Krieger, Jesse L. Yedinak, and Brandon D. L. Marshall. 2019b. “Perspectives on Rapid Fentanyl Test Strips as a Harm Reduction Practice among Young Adults Who Use Drugs: A Qualitative Study.” *Harm Reduction Journal* 16 (1): 3. https://doi.org/10.1186/s12954-018-0276-0.

Goodman, Richard A., Rebecca Bunnell, and Samuel F. Posner. 2014. “What Is ‘Community Health’? Examining the Meaning of an Evolving Field in Public Health.” *Preventive Medicine* 67 (Suppl 1): S58–61. https://doi.org/10.1016/j.ypmed.2014.07.028.

Government of Canada, Statistics Canada. 2023a. “The Daily — Stimulants in the Wastewater of Canadian Cities: Provisional Results, January 2022 to May 2023.” November 1. https://www150.statcan.gc.ca/n1/daily-quotidien/231101/dq231101b-eng.htm.

Government of Canada, Statistics Canada. 2023b. “The Daily — Stimulants in the Wastewater of Canadian Cities: Provisional Results, January 2022 to May 2023.” November 1. https://www150.statcan.gc.ca/n1/daily-quotidien/231101/dq231101b-eng.htm.

Government of Canada, Statistics Canada. 2025a. “Illegal Drugs and Trafficking in Canada.” June 25. https://www.statcan.gc.ca/o1/en/plus/8193-illegal-drugs-and-trafficking-canada.

Government of Canada, Statistics Canada. 2025b. “The Daily — The Underground Economy in Canada, 2023.” March 18. https://www150.statcan.gc.ca/n1/daily-quotidien/250318/dq250318c-eng.htm.

Government of Canada, Statistics Canada. 2026. “Population Estimates, Quarterly.” June 27. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901.

Greco, Faith. 2025. “Northern Ontario Police Say Most Drugs Come from the South, Prescription Pills Still Fueling the Crisis.” *CBC News*, December 18. https://www.cbc.ca/news/canada/sudbury/drugs-overdose-northern-ontario-drug-trafficking-9.7018319.

Griffiths, Curt T. 2020. “Neil Dubord: Chief Constable, Delta, British Columbia Police Department, Canada.” In *Trends in Policing*. Routledge.

Hartung, Daniel M., Caitlin M. McCracken, Thuan Nguyen, Katherine Kempany, and Elizabeth Needham Waddell. 2023. “Fatal and Non-Fatal Opioid Overdose Risk Following Release from Prison: A Retrospective Cohort Study Using Linked Administrative Data.” *Journal of Substance Use and Addiction Treatment* 147 (April): 208971. https://doi.org/10.1016/j.josat.2023.208971.

Health Canada. 2020. “Opioid-Related Harms and Mental Disorders in Canada: A Descriptive Analysis of Hospitalization Data.” Datasets. September 15. https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/opioid-related-hospitalizations-mental-disorders.html.

Health Canada. 2021a. “Canadian Alcohol and Drugs Survey (CADS): Summary of Results for 2019.” Surveys. December 20. https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html.

Health Canada. 2021b. “Report 1: Recommendations on Alternatives to Criminal Penalties for Simple Possession of Controlled Substances.” Transparency - other. August 13. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html.

Health Canada. 2023a. “Canadian Drugs and Substances Strategy: Overview.” October 19. https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html.

Health Canada. 2023b. “The Evolution of Fentanyl in Canada over the Past 11 Years.” Research. March 15. https://www.canada.ca/en/health-canada/services/publications/healthy-living/evolution-fentanyl-canada-11-years.html.

Health Canada. 2024a. “Canada’s Overdose Crisis and the Toxic Illegal Drug Supply.” Guidance. March 25. https://www.canada.ca/en/health-canada/services/opioids/overdose-crisis-toxic-illegal-drug-supply.html.

Health Canada. 2024b. “Canadian Alcohol and Drugs Survey (CADS): Summary of Results for 2023.” Surveys. December 27. https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2023-summary.html.

Health Canada. 2024c. “Modelling Apparent Opioid Toxicity Deaths during the Overdose Crisis.” Education and awareness. https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling.html.

Health Canada. 2024d. “Multi-Drug Combinations in National Apparent Opioid and Stimulant Toxicity Deaths: Report.” Research. July 10. https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/multi-drug-combinations-national-opioid-stimulant-toxicity-deaths.html.

Health Canada. 2025a. “At-a-Glance: New Psychoactives Substances in Canada - 2024.” Datasets. August 25. https://www.canada.ca/en/health-canada/services/publications/healthy-living/new-psychoactive-substances-canada-2024.html.

Health Canada. 2025b. “Federal Actions on the Overdose Crisis.” Transparency - other. https://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html.

Health Canada. 2025c. “Government of Canada Acts to Permanently Control Sedative Drug Linked to Illegal Drug Markets.” News releases. November 19. https://www.canada.ca/en/health-canada/news/2025/11/government-of-canada-acts-to-permanently-control-sedative-drug-linked-to-illegal-drug-markets.html.

Health Canada. 2025d. “The Emergence of Opioids in Canada.” Research. August 6. https://www.canada.ca/en/health-canada/services/publications/healthy-living/emergence-opioids-canada.html.

Health Canada. 2026. “The Canadian Drugs and Substances Strategy: The Government of Canada’s Approach to Substance Use Related Harms and the Overdose Crisis.” Policies. March 10. https://www.canada.ca/en/health-canada/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis.html.

Health Canada, (HCETF). 2021c. *Recommendations on the Federal Government’s Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS)*. No. 2. Expert Task Force on Substance Use. https://drugpolicy.ca/wp-

content/uploads/2021/08/Report-2-HC-Expert-Task-Force-on-Substance-Use-Final-1.pdf.

Hedden-Clayton, Bethany, Erin Comartin, Jennifer J. Carroll, et al. 2025. “Journey Mapping Drug Seizures among Police, Public Health and Local Nonprofit Professionals, and Community Members Who Use Drugs.” *International Journal of Drug Policy* 139 (May): 104774. https://doi.org/10.1016/j.drugpo.2025.104774.

Hempstead, Katherine, and Emel O. Yildirim. 2014. “Supply-Side Response to Declining Heroin Purity: Fentanyl Overdose Episode in New Jersey.” *Health Economics* 23 (6): 688–705. https://doi.org/10.1002/hec.2937.

House of Commons Standing Committee on Health Canada. 2024. *Evidence No.110 - 44-1*. With Fiona Wilson and Rachel Huggins. House of Commons Canada. https://www.ourcommons.ca/Content/Committee/441/HESA/Evidence/EV13024131/HESAEV110-E.PDF.

INTERPOL. 2026. “Drugs Projects.” https://www.interpol.int/Crimes/Drug-trafficking/Drugs-projects.

INTERPOL. n.d. “Canada.” Accessed June 5, 2026. https://www.interpol.int/en/Who-we-are/Member-countries/Americas/CANADA.

Jalal, Hawre, Jeanine M. Buchanich, Mark S. Roberts, Lauren C. Balmert, Kun Zhang, and Donald S. Burke. 2018. “Changing Dynamics of the Drug Overdose Epidemic in the United States from 1979 through 2016.” *Science* 361 (6408): eaau1184. https://doi.org/10.1126/science.aau1184.

Kammersgaard, Tobias. 2019. “Harm Reduction Policing: From Drug Law Enforcement to Protection.” *Contemporary Drug Problems* 46 (4): 345–62. https://doi.org/10.1177/0091450919871313.

Kennedy, Mary Clare, Mohammad Karamouzian, and Thomas Kerr. 2017. “Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review.” *Current HIV/AIDS Reports* 14 (5): 161–83. https://doi.org/10.1007/s11904-017-0363-y.

Kinner, Stuart A., Wenqi Gan, and Amanda Slaunwhite. 2021. “Fatal Overdoses after Release from Prison in British Columbia: A Retrospective Data Linkage Study.” Research. *CMAJ Open* 9 (3): E907–14. https://doi.org/10.9778/cmajo.20200243.

Kreager, Derek A., David R. Schaefer, Martin Bouchard, et al. 2016. “Toward a Criminology of Inmate Networks.” *Justice Quarterly* 33 (6): 1000–1028. https://doi.org/10.1080/07418825.2015.1016090.

Laura Hatt. 2022. *The Opioid Crisis in Canada*. 7. Library of Parliament. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/202123E#ftn57.

Lechuga, Julia, Rebeca Ramos, Julia Dickson-Gomez, et al. 2023. “Institutional Violence from Police Militarization and Drug Cartel Wars as a ‘Big Event’ and Its Influence on Drug Use

Harms and HIV Risk in People Who Inject Drugs on the U.S.–Mexico Border." *International Journal of Drug Policy* 119 (September): 104125. https://doi.org/10.1016/j.drugpo.2023.104125.

Low, Barbara J., and M. David Low. 2006. "Education and Education Policy as Social Determinants of Health." *The Virtual Mentor: VM* 8 (11): 756–61. https://doi.org/10.1001/virtualmentor.2006.8.11.pfor1-0611.

Magliocca, Nicholas, Aurora Torres, Jared Margulies, et al. 2021. "Comparative Analysis of Illicit Supply Network Structure and Operations: Cocaine, Wildlife, and Sand." *Journal of Illicit Economies and Development* 3 (1). https://doi.org/10.31389/jied.76.

Manzi, Deborah, and Francesco Calderoni. 2024. "The Resilience of Drug Trafficking Organizations: Simulating the Impact of Police Arresting Key Roles." *Journal of Criminal Justice* 91 (March): 102165. https://doi.org/10.1016/j.jcrimjus.2024.102165.

Massoglia, Michael, and Brianna Remster. 2019. "Linkages Between Incarceration and Health." *Public Health Reports*® 134 (1_suppl): 8S-14S. https://doi.org/10.1177/0033354919826563.

Mateu-Gelabert, Pedro, Milagros Sandoval, Peter Meylakhs, Travis Wendel, and Samuel R. Friedman. 2010. "Strategies to Avoid Opiate Withdrawal: Implications for HCV and HIV Risks." *The International Journal on Drug Policy* 21 (3): 179–85. https://doi.org/10.1016/j.drugpo.2009.08.007.

Maynard, Brandy R., Christopher P. Salas-Wright, and Michael G. Vaughn. 2015. "High School Dropouts in Emerging Adulthood: Substance Use, Mental Health Problems, and Crime." *Community Mental Health Journal* 51 (3): 289–99. https://doi.org/10.1007/s10597-014-9760-5.

Merrin, Gabriel J., Megan E. Ames, Clea Sturgess, and Bonnie J. Leadbeater. 2020. "Disruption of Transitions in High-Risk Substance Use from Adolescence to Young Adulthood: School, Employment, and Romantic Relationship Factors." *Substance Use & Misuse* 55 (7): 1129–37. https://doi.org/10.1080/10826084.2020.1729200.

Meyer, Maximilian, Jean N. Westenberg, Kerry L. Jang, et al. 2023. "Shifting Drug Markets in North America - a Global Crisis in the Making?" *International Journal of Mental Health Systems* 17 (1): 36. https://doi.org/10.1186/s13033-023-00601-x.

Michaud, Liam, Emily van der Meulen, Sandra Ka Hon Chu, and Janet Butler-McPhee. 2025. "'The Law Is Too Grey': Liminal Legality and Moral Injury in Encounters with Drug Law Enforcement." *Social & Legal Studies* 34 (1): 110–29. https://doi.org/10.1177/09646639241249074.

Moskalewicz, Jacek, Katarzyna Dąbrowska, Maria Dich Herold, et al. 2021. "Unintended Consequences of Drug Policies Experienced by Young Drug Users in Contact with the Criminal Justice Systems." *Drugs: Education, Prevention and Policy* 28 (1): 36–47. https://doi.org/10.1080/09687637.2020.1823944.

Mounteney, Jane, Isabelle Giraudon, Gleb Denissov, and Paul Griffiths. 2015. “Fentanyls: Are We Missing the Signs? Highly Potent and on the Rise in Europe.” *International Journal of Drug Policy* 26 (7): 626–31. https://doi.org/10.1016/j.drugpo.2015.04.003.

Muncan, Brandon, Suzan M. Walters, Jerel Ezell, and Danielle C. Ompad. 2020. “‘They Look at Us like Junkies’: Influences of Drug Use Stigma on the Healthcare Engagement of People Who Inject Drugs in New York City.” *Harm Reduction Journal* 17 (1): 53. https://doi.org/10.1186/s12954-020-00399-8.

National Institute on Drug Abuse. 2021. “Fentanyl | National Institute on Drug Abuse (NIDA).” December 21. https://nida.nih.gov/research-topics/fentanyl.

Neil, Roland, Bonnie Ghosh Dastidar, Beau Kilmer, Michael W. Robbins, and Kristin Warren. 2025. “The Impact of Drug Possession Decriminalization on Arrests: A Race-Specific Synthetic Control Analysis of Oregon’s Measure 110.” *Journal of Quantitative Criminology*, ahead of print, November 13. https://doi.org/10.1007/s10940-025-09632-8.

New Law Journal. 1974. Butterworth.

O’Donnell, Julie, ScD Lauren J. Tanz, PhD R. Matt Gladden, PhD Nicole L. Davis, and M. S. Jessica Bitting. 2021. “Trends in and Characteristics of Drug Overdose Deaths Involving Illicitly Manufactured Fentanyls — United States, 2019–2020.” *MMWR. Morbidity and Mortality Weekly Report* 70. https://doi.org/10.15585/mmwr.mm7050e3.

OECD. 2026. “How Drug Traffickers Exploit Modern Trade Solutions.” *OECD Policy Briefs*, ahead of print, March 15. https://doi.org/10.1787/00ab8edd-en.

Palmer, Richard C., Deborah Ismond, Erik J. Rodriquez, and Jay S. Kaufman. 2019. “Social Determinants of Health: Future Directions for Health Disparities Research.” *American Journal of Public Health* 109 (S1): S70–71. https://doi.org/10.2105/AJPH.2019.304964.

Payer, Doris E., Matthew M. Young, Bridget Maloney-Hall, C. Mill, Pascale LeClerc, and Jane A. Buxton. 2020. *Adulterants, Contaminants and Co-Occurring Substances in Drugs on the Illegal Market in Canada: An Analysis of Data from Drug Seizures, Drug Checking and Urine Toxicology*. Report. Canadian Centre on Substance Use and Addiction. https://www.drugsandalcohol.ie/32611/.

PHAC. 2024. “General Population - Drug and Alcohol Use in Canada — Canada.Ca.” Datasets;statistics;education and awareness. Public Health Agency of Canada, December 27. https://health-infobase.canada.ca/substance-use/csus/.

Pietschmann, T. 2013. “A Century of International Drug Control.” In *Bulletin on Narcotics, Volume LIX, Nos. 1 and 2, 2007*. United Nations. https://www.un-ilibrary.org/content/books/9789210547543c003.

Pilarinos, Andreas, Mary Clare Kennedy, Ryan McNeil, Huiru Dong, Thomas Kerr, and Kora DeBeck. 2017. “The Association between Residential Eviction and Syringe Sharing among a Prospective Cohort of Street-Involved Youth.” *Harm Reduction Journal* 14 (May): 24. https://doi.org/10.1186/s12954-017-0150-5.

Public Health Agency of Canada. 2019. “Key Findings: Opioid- and Stimulant-Related Harms in Canada — Canada.Ca.” Datasets;statistics;education and awareness. December 11. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/.

Public Health Agency of Canada. 2024. “Joint Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses – Latest National Data on Substance-Related Harms.” Statements. March 27. https://www.canada.ca/en/public-health/news/2024/03/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses--latest-national-data-on-substance-related.html.

Public Safety Canada. 2021. “Fourth Law Enforcement Roundtable on Drugs.” March. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2022-frth-lw-nfrcmnt-rndtbl-drgs/index-en.aspx?wbdisable=true.

Public Safety Canada. 2022. “Illegal Drugs.” May 27. https://www.publicsafety.gc.ca/cnt/cntrng-crm/llgl-drgs/index-en.aspx.

Quijano, Thomas, Jason Crowell, Kathryn Eggert, et al. 2023. “Xylazine in the Drug Supply: Emerging Threats and Lessons Learned in Areas with High Levels of Adulteration.” *International Journal of Drug Policy* 120 (October): 104154. https://doi.org/10.1016/j.drugpo.2023.104154.

Raghu, Rhea, Mohana Sengupta, Karen Lin, Felix Effah, Robert M. Strongin, and Irfan Rahman. n.d. “Toxicity, Chemistry, and Public Health Relevance of Emerging Nicotine Analog Vapes, Pods, and Pouches.” *Chemical Research in Toxicology* 39 (4): 461–75. https://doi.org/10.1021/acs.chemrestox.5c00537.

Rawson, Richard A., Tyler G. Erath, and H. Westley Clark. 2023. “The Fourth Wave of the Overdose Crisis: Examining the Prominent Role of Psychomotor Stimulants with and without Fentanyl.” *Preventive Medicine*, Behavior Series 2023, vol. 176 (November): 107625. https://doi.org/10.1016/j.ypmed.2023.107625.

Reingle Gonzalez, Jennifer M., Christopher P. Salas-Wright, Nadine M. Connell, Katelyn K. Jetelina, Stephen J. Clipper, and Michael S. Businelle. 2016. “The Long-Term Effects of School Dropout and GED Attainment on Substance Use Disorders.” *Drug and Alcohol Dependence* 158 (January): 60–66. https://doi.org/10.1016/j.drugalcdep.2015.11.002.

Rhodes, Blythe, Betsy Costenbader, Loftin Wilson, et al. 2019. “Urban, Individuals of Color Are Impacted by Fentanyl-Contaminated Heroin.” *The International Journal on Drug Policy* 73 (November): 1–6. https://doi.org/10.1016/j.drugpo.2019.07.008.

Rhodes, Tim, Louise Watts, Sarah Davies, et al. 2007. “Risk, Shame and the Public Injector: A Qualitative Study of Drug Injecting in South Wales.” *Social Science & Medicine* 65 (3): 572–85. https://doi.org/10.1016/j.socscimed.2007.03.033.

Simpson, Kelsey A., Maria Bolshakova, Matthew G. Kirkpatrick, et al. 2024. “Characterizing Opioid Withdrawal Experiences and Consequences Among a Community Sample of People Who Use Opioids.” *Substance Use & Misuse* 59 (6): 886–94. https://doi.org/10.1080/10826084.2024.2306221.

Stacey McKenna. 2025. *An Ever-Changing, Increasingly Toxic Drug Supply Makes Harm Reduction Essential*. R Street Institute. https://www.rstreet.org/research/an-ever-changing-increasingly-toxic-drug-supply-makes-harm-reduction-essential/.

Statistics Canada. 2025. “Trends in Police-Reported Drug Crime in Canada.” October 29. https://www150.statcan.gc.ca/n1/pub/75-006-x/2025003/article/00003-eng.htm.

Stein, Bradley D., Beau Kilmer, Jirka Taylor, et al. 2023. *America’s Opioid Ecosystem: How Leveraging System Interactions Can Help Curb Addiction, Overdose, and Other Harms*. https://www.rand.org/pubs/research_reports/RRA604-1.html.

Thakur, Diksha, Neeti Prakash Dubey, and Rajvinder Singh. 2025. “Interpretation of Drug Trafficking Patterns and Utility of Forensic Intelligence.” *Forensic Sciences Research* 10 (4): owaf040. https://doi.org/10.1093/fsr/owaf040.

Tice, Peter, Rachel N. Lipari, and Struther L. Van Horn. 2017. *Substance Use Among 12th Grade Aged Youths, by Dropout Status*. Substance Abuse and Mental Health Services Administration (US). http://www.ncbi.nlm.nih.gov/books/NBK458749/.

Uggen, Christopher, Jason Schnittker, Sarah Shannon, and Michael Massoglia. 2023. “The Contingent Effect of Incarceration on State Health Outcomes.” *SSM - Population Health* 21. https://doi.org/10.1016/j.ssmph.2022.101322.

UN. 1971. “Convention on Psychotropic Substances.” https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=vi-16&chapter=6.

UN. 1975. “Single Convention on Narcotic Drugs, 1961, as Amended by the Protocol Amending the Single Convention on Narcotic Drugs, 1961.” https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-18&chapter=6&clang=_en.

UN. 1988. “United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.” https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-19&chapter=6&clang=_en.

UN. 2000. “United Nations Convention against Transnational Organized Crime.” https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XVIII-12&chapter=18&clang=_en.

UN Office on Drugs and Crime, ed. 2008. *“Making Drug Control ‘Fit for Purpose’: Building on the UNGASS Decade”: Report*. UN. https://digitallibrary.un.org/record/628664.

United Nations Office on Drugs and Crime (United Nations : Office on Drugs and Crime). 2010. “Drug Trafficking.” //www.unodc.org/unodc/en/drug-trafficking/index.html.

United Nations Office on Drugs and Crime (United Nations : Office on Drugs and Crime). 2021. “World Drug Report 2021.” //www.unodc.org/unodc/en/data-and-analysis/wdr2021.html.

UNODC. 2009. “Confronting Unintended Consequences: Drug Control and the Criminal Black Market.” In *World Drug Report 2009*, by UNODC. World Drug Report. UN. https://doi.org/10.18356/e633add1-en.

UNODC. 2016. *New Psychoactive Substances: Overview of Trends, Challenges and Legal Approaches*. Commission on Narcotic Drugs. United Nations Office on Drugs and Crime. https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP2_V1601405.pdf.

UNODC (United Nations : Office on Drugs and Crime). 2024a. “The Challenge of New Psychoactive Substances.” //www.unodc.org/unodc/en/scientists/the-challenge-of-new-psychoactive-substances.html.

UNODC. 2024b. *World Drug Report 2024*. United Nations publication. https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Contemporary_issues.pdf.

UNODC. 2025a. *World Drug Report 2025*. United Nations. https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html.

UNODC (United Nations : Office on Drugs and Crime). 2025b. “World Drug Report 2025 - Key Findings.” //www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025-key-findings.html.

UNODC. 2025c. *World Drug Report 2025 - Special Points of Interest*. //www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025-special-points-of-interest.html.

UNODC. 2026a. “News: February 2026 - Increasing Nitazene and Orphine Analogues (Synthetic Opioids) and the Implications for the Use of Test Strips.” UNODC Early Warning Advisory on New Psychoactive Substances, February 26. https://www.unodc.org/LSS/Announcement/Details/e69b2ff5-5b91-4eea-8e1f-802ca7ad5080.

UNODC. 2026b. “UNODC Early Warning Advisory on NPS, Data Visualisations - Public.” https://app.powerbi.com/view?r=eyJrIjoiZGFlMjY0NmEtMGRjMS00YWI5LTgwMTYtZmFjOTc1ZGM2ZThkIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9.

U.S. Census Bureau (U.S. and World Population Clock). 2026. “Population Clock.” https://www.census.gov/popclock/.

Virtanen, Suvi, Mikko Aaltonen, Antti Latvala, Mats Forsman, Paul Lichtenstein, and Zheng Chang. 2024. “Effectiveness of Substance Use Disorder Treatment as an Alternative to Imprisonment.” *BMC Psychiatry* 24 (April): 260. https://doi.org/10.1186/s12888-024-05734-y.

Wadsworth, Elle, Mafalda Pardal, Lucy Strang, et al. 2025. *The Impact of Drug-Related Law Enforcement Activity on Serious Violence and Homicide: A Systematic Review*. https://www.rand.org/pubs/external_publications/EP70906.html.

Watson, Tara Marie, Ahmed M. Bayoumi, Shaun Hopkins, et al. 2018. “Creating and Sustaining Cooperative Relationships between Supervised Injection Services and Police: A Qualitative Interview Study of International Stakeholders.” *The International Journal on Drug Policy* 61 (November): 1–6. https://doi.org/10.1016/j.drugpo.2018.08.001.

Werb, Dan, Greg Rowell, Gordon Guyatt, Thomas Kerr, Julio Montaner, and Evan Wood. 2011. “Effect of Drug Law Enforcement on Drug Market Violence: A Systematic Review.” *The International Journal on Drug Policy* 22 (2): 87–94. https://doi.org/10.1016/j.drugpo.2011.02.002.

WHO. 2018. *Advancing Public Health for Sustainable Development in the WHO European Region*. World Health Organization. https://iris.who.int/items/bb078900-73cb-43c3-bebc-ec3267799d83.

WHO. 2026. “Drugs.” https://www.who.int/health-topics/drugs-psychoactive.

Wood, Evan, Dan Werb, Michel Kazatchkine, et al. 2010. “Vienna Declaration: A Call for Evidence-Based Drug Policies.” *The Lancet* 376 (9738): 310–12. https://doi.org/10.1016/S0140-6736(10)60958-0.

Woodward, Jon (CTVNews). 2024. “Toronto Neighbourhoods with Drug Consumption Sites Saw Many Types of Crime Drop: Data.” August 27. https://www.ctvnews.ca/toronto/article/toronto-neighbourhoods-with-drug-consumption-sites-saw-many-types-of-crime-drop-data/.

Xavier, Jessica, Alissa Greer, Bernadette Pauly, et al. 2022. “‘There Are Solutions and I Think We’re Still Working in the Problem’: The Limitations of Decriminalization under the Good Samaritan Drug Overdose Act and Lessons from an Evaluation in British Columbia, Canada.” *International Journal of Drug Policy* 105 (July): 103714. https://doi.org/10.1016/j.drugpo.2022.103714.

Yamamoto, Ayae, Jack Needleman, Lillian Gelberg, Gerald Kominski, Steven Shoptaw, and Yusuke Tsugawa. 2019. “Association between Homelessness and Opioid Overdose and Opioid-Related Hospital Admissions/Emergency Department Visits.” *Social Science & Medicine (1982)* 242 (December): 112585. https://doi.org/10.1016/j.socscimed.2019.112585.

Zakimi, Naomi, Alissa Greer, and Amanda Butler. 2022. “Too Many Hats? The Role of Police Officers in Drug Enforcement and the Community.” *Policing: A Journal of Policy and Practice* 16 (4): 615–29. https://doi.org/10.1093/police/paab082.