EPISODE 49. FROM CANNABIS TO KUSH: PERSPECTIVES ON SUBSTANCE USE

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Garry Aslanyan [00:00:07] Hello and welcome to the Global Health Matters podcast. I'm your host Garry Aslanyan. In this episode, we bring you a topic proposed by one of our listeners for season 4. We're always grateful to hear from you, so please continue sharing your ideas for future episodes, for our new upcoming season, launching in October 2025. Substance use is a global public health challenge, affecting Northern and Southern countries alike. Yet the response to managing it has been vastly different. So, in this episode I'm joined by Kwame McKenzie. Kwame is the CEO of Wellesley Institute. He is also Director of Health Equity at the Centre for Addiction and Mental Health in Canada. He is also a practicing psychiatrist. Together, we unpack how language shapes policy, explore the impact of the pandemic on substance use, and discuss lessons from different national approaches to addressing this complex issue. Hi Kwame, welcome to the show, how are you today?

Kwame McKenzie [00:01:25] Hi Garry, I'm fine, thank you so much for having me.

Garry Aslanyan [00:01:28] Great. I'm looking forward to this conversation. To start us off, maybe I'd like to ensure that we're aligned on the evolving language surrounding this topic we're going to dive into. What are the terms used in Canada, Kwame, when it comes to substance abuse? And how does that influence thinking and policy on substance use?

Kwame McKenzie [00:01:53] I think that's a really good question because these are things that change all of the time. So, say for instance, when you did the introduction, you talked about substance abuse. But at the moment in Canada, people tend to talk about substance use, not abuse, use. And that is the term that's used in general for everyone who uses substances. It includes people who are using alcohol, which is our most commonly used legal substance, you know, whether it's alcohol, tobacco, cannabis, and there are substances which are used legally, but it also includes substances which are used illegally, such as cocaine and heroin. And the reason people talk about substance use is because when they're talking about people who are using a lot of substances who might get a diagnosis, they're called substance use disorders. And then other people from a public health perspective say it's important to talk about substance use in general, substance use disorders, when we're talking about people who attract a diagnosis because when we are thinking about the health impacts, we can then talk about substance use health, which is an overall term that encompasses people who are using substances which they think is in a healthy way, as well as people who using substances in a potentially harmful way or problematic use. And it's a useful term because it focuses on health rather than illness, which is important. And some people say, well, it's all very confusing and then I say, "oh well just a second", most people who drink alcohol don't think they have a problem. They won't get a diagnosis of an alcohol problem. They don't think that their use is harmful, and they don't they have a substance use problem. However, there's no level at which drinking alcohol is healthy. And so, when you're thinking about substance use health rather than illness, you can start talking to people who don't identify that they've got a problem, but you can point out how they can change what they're doing to become more healthy. And that's the way that we've been evolving over time to try and focus on what we're going to do about it and how we can get the terminology in line with public health thinking, prevention, and promotion rather than just illness.

Garry Aslanyan [00:04:54] Wow, so my slip of a tongue really created a lot of diving into this conversation with definitions, but I'm really pleased that we did that because I'm sure our listeners are

going to have a better understanding of the terminology, which, as you say, is super important. And Kwame, currently, what does the landscape of substance use look like in Canada, that's where you are, and what population groups are most affected.

Kwame McKenzie [00:05:26] So, I mean, I think it's good that we talked a little bit about the terminology to start off with. So, 50% of people in Canada, at some time in their life, are going to use a substance, not just let's forget about alcohol and tobacco, let's include, say for instance, cannabis, heroin, other things like that. 50% percent of people in Canada will have used one of those substances in their lifetime. And only about 4% of them will say they've had a problem. So, most people, over 90% of people who are using a substance, any sort of substance that might affect their health in Canada have a problem with it. And that's one of our biggest issues, that most people who are using substances don't have a program, but we focus only on the people who have a problem. That's one of the big things when we're talking about the landscape. If we're taking about substance use that leads to a problem, the biggest problem in Canada is heavy drinking. That's about 16% of the population. The next biggest problem is smoking. That's 12% of the population. The next biggest problem is regular cannabis use, which would be at least five times a week. That's 5% of the population. And then when you put together all of the illegal drugs, cocaine, crack, speed, meth, hallucinogens, heroin, you put them all together, that's 3%. So heavy drinking, 16%, put together all of the illegal drug at 3%, and there are different dynamics that go with the different substances. Alcohol is different than everything else. Heavy drinking increases with wealth. The more wealthy the people are, the more likely they are to drink heavily. For men and for everything else, men are more likely to use than women. Everything else is the other way around with regards to the social class, so that substance use increases as social class decreases. We know that we have heavy drinking in some subpopulations, such as Indigenous populations, and we also have substance use problems which are higher in Indigenous populations, Black populations, and low-income populations in Canada.

Garry Aslanyan [00:08:19] So we looked it up and looks like before COVID in 2018, Canada averaged 11th daily death from opioid toxicity. And then by 2022, this number increased to more than 21 deaths daily. What contributed to this significant rise?

Kwame McKenzie [00:08:41] Well, I think many different things. We know that substance use increased in general in the early part of the pandemic. We also know that increased substance use was associated with increased mental health problems and concerns. And we also know that the public health measures increased substance use. But as you said, the deaths were linked to toxic supply and so it wasn't just because more people were using substances, it's that the substances they were using were less safe and the toxic supply would happen for a number of reasons. There is some evidence that the old supply chains that came mainly from the USA were disrupted during COVID, and newer, less reliable suppliers came into the market. This led to more volatile and more toxic and less reliable supply, so people didn't know what they were getting. So, people would be using what they thought was exactly the same amount of drug that they'd used before, but it could be 10 times more powerful, and if that's the case, that could kill them. The people, and we found this when we started looking at who was dying, it wasn't predictable, it wasn't regular users. Often it was people who weren't regular users. It wasn't people who are in contact with services. Often, it was people who were not in contact services because they only used drugs every now and then. And we had this perfect storm with more people using, less reliable, sometimes toxic supply, and the people who are at greatest risks, often being the people who were less connected with services, and so it wasn't possible to prevent the death by using Naloxone. There are all of these different things happening, which led to increased deaths. We got to a point where substance use in the death room, Opioids were rivalling the deaths from car accidents. It was so common.

Garry Aslanyan [00:11:13] Can we look a little bit at this whole drug criminalisation business and let's start with Canada. We looked it up and it goes back to the early 20th century with what was called the Opium Act. How has the pendulum swung between the more punitive versus rehabilitative approaches, you already touched upon some of these over years, and particularly around the criminalisation, non-decriminalisation.

Kwame McKenzie [00:11:51] There's a lot of history, as you've gone all the way back and there's a lot of his history. I think it's reasonable to say that Canada's history has reflected changes in a number of high-income countries. So high-income countries focused on abstinence. We even had the American alcohol illegal during prohibition. And then we had measures that penalise people with substance use. It was abstinence and if you were using it was a moral failure and so therefore, we needed abstinence, and that was the only way forward. And we needed a war on drugs to stop drugs getting to you. And of course, over a period of time, people could see a couple of things. One, that the war on drugs didn't really work. It didn't stop people getting drugs, and also abstinence and making people give up drugs or simply trying to make people give up drugs wasn't working very well. So, of course that was replaced by medical approaches such as public health approaches like harm minimisation. Medical approaches where they were focusing much more on substance use and problematic substance use as an illness rather than a moral failing. I think this was important because part of these approaches, this sort of harm minimisation approaches were, do we want to focus on stopping people from using substances, or do we want to focus on trying to keep people alive? Do we want to minimise the harms by focusing on what's important, because you can only get into treatment if you're alive. And so those sorts of harm minimization approaches really had taken off. The exact policies in Canada differed from province to province, but the big change recently in Canada has been more disturbing and we have seen a return to non-evidence based political arguments which are again trying to say that substance use is a moral failing, that abstinence is the only way forward, that harm minimisation isn't working and is actually increasing the number of people who are taking substances. This is what's coming back into health and policy in Canada.

Garry Aslanyan [00:14:52] Has there been a public perception about criminalisation, decriminalisation, like has there been a change in that perception going from sort of public health and human rights-based approach to more controlled kind of approach. Has there been change in public's perception?

Kwame McKenzie [00:15:12] I think it's very difficult to know. Say for instance, when the Trudeau government, the previous government of Canada, decided to legalise cannabis, there was general public support for legalising cannabis. About four years ago when a poll was done of decriminalisation of sort of personal use, amounts of substances which were just for personal use. There's about 80% support in the public in general, from polls in Canada for decriminalisation. They didn't think that people should be criminalised for what was seen as an illness. Now, as in many parts of the world, there has been a conservative with a small c, so not part of political conservative, but there's been a conservative backlash and pushback and people, there are people, there are more people who are concerned about decriminalisation, are concerned about the medicalisation and who are making their voices heard. I don't know, I doubt this is a majority, but I'm sure this is a loud minority who, as we've seen across the world in various ways are having their voices heard through social media and certain type parts of the media and who have been led by certain social influences to have this rhetoric allowed. And governments, they often don't form bandwagons, but they often jump on bandwagon, and so there are political parties who are jumping on this bandwagon as a problem of the woke elite leading to social decay. And you've to be careful about your children because these guys aren't going to protect your children, you can see how things move.

Garry Aslanyan [00:17:34] I hear you so well, as many, many, many public health issues, the P for public health are seen to P for political. Can we also look at another country, Portugal, which I think people have heard is quite well recognised as an example where they had really a drug decriminalisation, removed all the criminal penalties for possession up to 10 days supply of illegal drugs really, including cocaine, heroin, ecstasy, et cetera. How does that approach kind of compare to what's happening in Canada, but also what has been the outcome of that approach?

Kwame McKenzie [00:18:18] The Portuguese approach, the Portugal approach, I think is interesting. They were very focused on trying to improve outcomes for people who were using substances. And these were all health outcomes, they were rates of HIV, rates of hepatitis and other physical health and as well as mental health outcomes, they also wanted to improve social outcomes because victimisation by the police or incarceration has a whole host of social outcomes for an individual as well as for their family. So, they said, well, instead of giving people a criminal record, if they are caught in possession with a certain amount of substances, and it's not the first time, it's the second time or the third time, we need to intervene. And what we want to do is instead of saying, hey, we're going to give you a sentence and send you to prison. Instead of saying we're to give a caution, which is a criminal record, we will be saying to you, you should go to drug treatment. And that's what we're suggesting and if you go to a drug treatment, you don't get the criminal record and so that was idea. So, it decriminalised substance use, and there's lots of evidence to show that, it increased the number of people going into rehabilitation. Some of those physical health aspects decreased and of course it decreased the psychological and the mental health impacts because there was less negative interactions with the police and people were not being incarcerated and fined and all of the other things. In many ways it has been a success. Has it decreased the number of people who are taking substances? Well, no, as far as I can work out. But that wasn't the intention, the intention wasn't to decrease substance use, the intension was to decrease the harm of substance use, and there's quite a lot of evidence to show it has done that. One of the criticisms is that it's coercive, so, you know, yes, you still have an interaction with the police, and yes, you still do go to a court. However, you know you have choices, and you go into a drug rehabilitation, but you still have the police involved, and you have a limited number of choices, right? Some people say it is decriminalisation, potentially, as long as you choose the path that takes you to rehab and drug treatment, but the police are still involved and therefore it's partial decriminalisation.

Garry Aslanyan [00:21:35] It's not complete.

Kwame McKenzie [00:21:36] I think the Portugal experiment, which is more than an experiment now, it's been going so long, is often put up as being a sort of an important way forward. There was a change in the law and now we're in a situation where in BC their experiment has been modified rather than decriminalising substance use and the possession of substances anywhere. This has now moved to only in very strict areas. So if you're in a drug treatment, if you are in a shelter, which houses people with, that houses people who are houseless or with mental health problems, those are the places where you can freely use substances or if you were in a treatment, a sort of supervised treatment area. Other than that, no, that decriminalisation has really stopped. So yes, to a certain extent, the experiment worked well from a public health perspective, it seems, looked like it was evidence-based, but you know how they say, culture eats policy. Well, in this case, people had great ideas, but the culture and society and people in BC were saying, I don't think so. We're not doing this.

Garry Aslanyan [00:23:19] Okay. If we were to continue kind of the tour in terms of globally what's happening in some of the countries in the South, in Africa, in Sierra Leone, there's also been an explosion, a sort of explosion of the substance use. Notably they use what is called Kush in younger populations. I don't know if you've heard about it. And their president in Sierra Leone has gone as far as describing

substance use as an existential threat to the country and appointed a special task force to deal with it. So, if you were to look at this based on Canada's journey in addressing substance use, what kind of replicable lessons or guidance would you give to other countries?

Kwame McKenzie [00:24:16] It's interesting. I think it's quite difficult to take experiences in one country and then transport them to another country. I do not know why Kush and the use of Kush is increasing. I do not know why particularly in youth that the use is increasing, and clearly it's important to understand the drivers of an issue if you're going to produce solutions that are going to sustain. And so, the only advice I would give is figure out what's happening and if you can figure out what's happened, you might be able to create policy that will deal with it. But clearly, it may be that legalisation in education is useful. It may be that decriminalisation is the path to go. It may be that you need to think about other things, so if you look in places like Australia or New Zealand, they've got tough on vaping and made it impossible to get tobacco if you're young. And made it illegal for people under a certain age to be using tobacco at all, right? There are loads of different approaches that people can use. I would suggest that the only big news that we have out of Canada is that criminalising substance use has not been very successful and that if you want to create cartels that make a lot of money and an ingrained substance use problem that just gets worse and worse and ends up with people dying from concentrated doses of a particular substance, then have a war against Kush. It will not work. And it will lead to casualties like any war. If you want to do that, go for it, but there's no evidence that that works. The only evidence that is, is it produces worse substance use, worse social impacts, and a lot of money for traffickers who become cleverer and cleverer and sometimes become more and more desperate and more dangerous. So, it doesn't work.

Garry Aslanyan [00:27:14] So it's interesting. Substance use, really, this issue is so multi-layered. I mean, look at what we've touched upon during this conversation, in terms of culture and legal and perception and criminalisation, really complex. So, indulge me at the end of this conversation, and see how you think the relevance of this conversation, is there any, to broader global health landscape, to other complex health challenges that we have. And if you think lessons learned in addressing substance use in Canada or the countries you know, can be applied to other health issues.

Kwame McKenzie [00:28:08] Whoa, so yes, I mean, you go for the easy questions at end Garry.

Garry Aslanyan [00:28:17] Yeah, this is Global Health Matters, you know?

Kwame McKenzie [00:28:18] The thing I would suggest is that we have a tendency to pull on a rope when we don't know what's on the other end of it. It is a bit like if you've got a thread on your jumper or sweater, and that thread sticks out, and you think, oh, I'll just pull that, right? And you don't how far it's going to unravel. But you start off with a small thread and you end up pulling it and you end up with a big hole. We pull on things without knowing necessarily what's on the end of it. We do sometimes small, sometimes politically charged and definitely culturally charged pieces of analysis and we then jump to conclusions. Then once we've got those conclusions, we get a whole group of policy people behind them, and we pull, and we think we're going to create a solution for all. And the evidence we've had so far with substance use is that science is interesting. Science plus trying to understand culture and society is really interesting. But then trying to add emotions, mental health, and time into this becomes quite complex. And we tend to do better when we focus on what's important, when we open up our minds to things that sometimes seem counter intuitive. But then we evaluate over a period of time what actually happens. And we don't only look at outcomes, we look at processes so that we understand more about what's happening. So, we need less sloganising and more multi-level analysis over time to try and really understand how things work. I think if we can do that, not just see a thread and pull it, but really

stop and say if we do that, what happens here? What's the end of that? Where would that go? What could the possible outcomes be, that we're in a bit of a better place? That was a long rambling answer because there are no simple, easy solutions. And usually, if you see a simple solution for a complex problem, it's wrong.

Garry Aslanyan [00:31:22] Okay, maybe that's a good conclusion. Yes, it's in a good way perhaps for us to end.

Kwame McKenzie [00:31:33] I did want to say one thing before you end up.

Garry Aslanyan [00:31:34] Okay, say it.

Kwame McKenzie [00:31:37] I just wanted to go back to about being specific and evidence based. When we were talking about decriminalisation in Canada, we were specifically focusing on how to decrease the deaths that we had from opioids. We weren't thinking about how we can get more people into treatment or anything like that. We were saying, hey well, just a second, we've got so many people dying, what do we need to do? First, we need get this out in the open, so we want to make sure that people don't go underground. So, decriminalising it, brings it out into the open, fewer people underground. That's the first thing. Then you know what the problem is. Decriminalising it also means that you have an opportunity to develop safe supply. And remember, our problem was toxic supply. Then you can get into safe supply and decriminalising it also means that you can get people going to places where they can take drugs safely because they're not going to get picked up by the police. When you put those things together, if the decriminalisation can actually decrease the number of people who are dying from opioids. If you're just focusing on that, it's a reasonable thing to do. Once you start saying, we're not just trying to save lives, we are also trying to stop people taking opioids, or we're trying to deal with the traffickers as well. That's not what decriminalisation was about. Decriminalisation was a harm minimisation strategy to save lives. It probably did that, but at the same time there were other negative outcomes. It may be that if we had been clearer on what we trying to do, and if we had a proper discussion and open discussion about the fact that temporarily there may be increased overt drug use in the streets, but that would save lives. It may be that that whole experiment would have continued, but what we did wasn't that clear, it wasn't that coordinated, and we didn't articulate to the public that everything has a cost. Nothing is free. If we go down the route of decriminalisation, there may be temporary negative outcomes that we will have to bear in order to save lives. We didn't have that conversation, and it went wrong. So, back to your other question which was advice. We are in a world where people want simple answers, and they think that you can get stuff free. Often in complex health issues people have to sometimes make sacrifices for the greater good and we have to be courageous when we're asking people to do things, to have that conversation so that we are treating people as adults. That we are saying there are choices here, nothing's perfect, there are no silver bullets that are just going to make everything right. We have to make choices, and we might have to make sacrifices in order to get to where we want to go. We will be open, honest, clear, and we're telling you that it may not go exactly as planned, but we're adults here and we have to move forward. I think the more in complex health that we have those discussions, the difficult discussions, the discussions that you can't have on TikTok, the more you do that, the more you get into the way we have to go, if we want to deal with some of the most difficult issues that are out there.

Garry Aslanyan [00:36:43] Thanks Kwame, for joining me for this fascinating discussion and all the best with your future work.

Kwame McKenzie [00:36:51] Thanks very much Garry, it's been a pleasure. I do hope it's been useful. It's a difficult area, but it's an exciting area because of the amount of stigma that there's been, the amount of suffering that's been, but the potential that we have to do so much better.

Garry Aslanyan [00:37:13] As you just heard, substance use is a deeply complex issue one that sits at the intersection of health, politics, and cultural context. For these kinds of challenges, there are no simple solutions. As Kwame shared, it is essential for public health professionals to communicate openly and honestly about both the risks and potential benefits of any proposed policy or intervention. To maintain the public's trust. I was particularly struck by the role of language and how it shapes not only public perception, but also our collective capacity to respond. The evolving terminology around substance use reflects an effort to foster a more inclusive, health-centred approach that engages people across the spectrum of use. Canada's experience underscores that criminalising drug use often causes more harm, pushing people into the shadows, and increasing the risk of overdose from toxic, unregulated supplies. At the same time, as we've heard from the examples of Canada, Portugal, and Sierra Leone, there are no one size fits all solutions. If you're working on this issue, we'd love to hear how your country is responding and what lessons you're learning along the way. Let's hear from one of our listeners.

Mathias Bonk [00:39:10] This is Mathias Bonk speaking from Germany, I am a professor and the head of the master's program in Global Health at the Akkon University for Human Sciences in Berlin, I'm very pleased to share the Global Health Matters podcast with my students, colleagues and followers. What I especially like about the podcast is the diversity of people interviewed and the great variety of topics presented and discussed. As we who are working in the global health area have been focusing more on communicating between scientific and political stakeholders, while we have not focused enough on the people in general, I would like to encourage you to even more topics and aspects concerning our communication with the general public about global health issues, as each individual actually is a global health actor. I would like to thank Garry and the TDR team for the great input and all the efforts to make the world a better place.

Garry Aslanyan [00:39:56] Thanks a lot for that, Mathias, for being such a fan and for sharing the podcasts with your students and colleagues. And great comment about trying to reach out to public and communicating with public about global health. This is something we can look into, and we are taking that on. To learn more about the topic discussed in this episode, visit the episode's webpage where you will find additional readings, show notes, and translations. Don't forget to get in touch with us via social media, email, or by sharing a voice message and be sure to subscribe or follow us wherever you get your podcasts. Global Health Matters is produced by TDR, a United Nations co-sponsored research programme based at the World Health Organization. Thank you for listening.