

*November 29, 2021*

**By email:** [boh@toronto.ca](mailto:boh@toronto.ca)

**To:** Toronto Board of Health

**Re:** The City of Toronto's submission to Health Canada for an exemption to the Controlled Drugs and Substances Act under Section 56(1)

The Ontario Harm Reduction Network (OHRN), funded through the Ontario Ministry of Health, supports harm reduction efforts in Ontario by offering knowledge exchange and networking opportunities to service providers and agencies and responding to their information requests. We bring together harm reduction workers from across the province through The Outreach Network – a network of 120 frontline service providers at 45 community-based agencies in Ontario. OHRN works at reducing individual, organizational and structural stigma and barriers to care.

Drug-related stigma is created by drug laws based on colonial, racist, and classist social ideas and policy – drug prohibition and criminalization were never rooted in evidence. These laws are disproportionately applied to, and disproportionately affect, Black, Indigenous, low-income, and other marginalized peoples and communities. OHRN recognizes the need for fundamental systems and policy changes related to our drug laws. We cannot adapt, or build, programs and services in a system that continues to criminalize people for using drugs, that continues to allocate resources in problematic and ineffective ways, that drives a deadly illicit supply, and continues to perpetuate colonial, racist, and classist policy.

Decriminalizing drug use and creating a regulated drug supply could shift public thinking and reduce stigma, could reallocate resources to programs and services that address social determinants of health (e.g., low-threshold harm reduction programs, housing, mental health), could reduce crime, and people will not die from toxic illegal drugs.

What the model for decriminalization and regulation will look like is not yet clear, but OHRN cannot comment on specific recommendations in the Toronto Public Health (TPH) model as we have yet to see the full proposal. OHRN appreciated TPH's invitation to participate in the working group, but we have been concerned with the process, specifically the hurried nature of the discussions and, most importantly, that it has not centered people most directly affected by criminalization and prohibition.

The meaningful and equitable involvement of people who use drugs, particularly those from Black, Indigenous, and criminalized communities, has not been prioritized. OHRN would like a commitment that further work on the model will involve these perspectives and experiences, and that these voices will be included in ideas and decision making. Without the expertise of people who use drugs, there is a significant danger of unintended consequences of poorly considered decriminalization such as: broadened criminalization (trafficking over possession charges); fines, coercive, or forced treatment and other health services, as a substitute to criminal charges; and the wrong measures of success being tracked, which could undermine decriminalization efforts.

OHRN has concerns about models for decriminalization that medicalize drug use, or are too focused on health outcomes. Drug decriminalization needs to be rooted in human rights and social justice, not simply linked to health outcomes. In earlier drafts of the TPH model, we were concerned about this.

We were worried about elements of the evaluation framework and what outcomes were, or were not, to be measured. Interactions with law enforcement and charges laid, for example, would be meaningful measures of decriminalization, but were not part of initial evaluation discussions. We were also concerned that using overdose data as a measure of success could be hurtful to efforts, as decriminalization on its own will not have a significant impact on overdose numbers, without providing a regulated supply of non-toxic drugs.

The prohibition of drugs has created an increasingly volatile and toxic illicit drug supply which has killed thousands, increased people's tolerances (making withdrawal and treatment even harder), leads to people's involvement in survival-criminal-behaviour to afford their drugs (e.g., shoplifting; sex work), and increases gang and gun violence as criminal organizations control the illegal drug trade. We encourage TPH to think beyond decriminalization, to work with people who used drugs to conceptualize what a legal and regulated supply of drugs could look like, and to call on all levels of government to work on this.

We also are not clear what policies the police will have to follow (e.g., when police can stop, search, and investigate a person; confiscating people's drug use equipment; whether they attend overdose calls; what role they will play in making referrals).

We are also questioning how the model will be supported - scaling up of social and health supports will not happen without significant investments or reallocations of resources.

There is still much to consider to develop a realistic, effective and positively impactful model for decriminalization and regulation. We, once again, strongly urge Toronto Public Health to support a working group that centres diverse voices of people most impacted by criminalized drug use, and the organizations who work with them, to develop further iterations of any model.

Sincerely,



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**Cc:**

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