Submission from Colin Johnson, Toronto Harm Reduction Alliance

From:	Toronto Harm Reduction Alliance
To:	Eileen de Villa; Board of Health; peter@masslbp.com
Subject:	THRA Letter of Support for Decriminalization
Date:	November 30, 2021 3:40:44 PM
Attachments:	2021-11-30 Decriminaliation Support Letter THRA.pdf

Dear Dr. de Villa and Toronto Board of Health,

We hope this email finds you well. Thank you again for the opportunity to participate in this working group. Attached is our Letter of Support for Drug Decriminalization.

Our organization is always ready to provide further consultations on this topic and others that relate to our community. We respectfully ask that you involve us in the development of directives (when the time comes) in order to provide people who use drugs a voice in policies that directly affect them.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Toronto Harm Reduction Alliance

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Toronto Harm Reduction Alliance https://www.facebook.com/thralliance/ @NoHarmToronto November 30, 2021

Dr. Eileen de Villa Medical Officer of Health Toronto Public Health 277 Victoria Street, 5th FI Toronto, ON M5B 1W2



Re: City of Toronto's Submission for the Decriminalization of Substances

The Toronto Harm Reduction Alliance (THRA) is a grassroots organization composed of people who use drugs (PWUD), frontline workers, students, researchers, and allies. We would like to thank the Toronto City Council, Toronto Public Health, and Dr. de Villa for convening this working group and placing the city on a path towards a more equitable and just drug policy that decriminalizes the possession of all drugs as part of a larger holistic model.

We are glad to see that the City is recognizing and admitting that drug prohibition and criminalization is rooted in racist, colonial, and classist ideas and stereotypes that are destructive to communities and counterproductive to keeping people and communities safe.

While THRA supports many aspects of the proposed framework, we have serious concerns in regards to its implementation. Additionally, the members of the Working Group were provided with insufficient time to review the final proposal in detail and discuss the proposal with their members. Here we will briefly outline some key measures of the proposal that we support and those that we oppose in regards to drug decriminalization.

We support drug policy based on an anti-racist, anti-oppression, harm reduction, human rights framework that is grounded in de-colonization approaches and policies. We believe that drug decriminalization will reduce stigma, reduce the costs associated with the legal system and incarceration, and improve the lives of PWUD and their families. By decriminalizing drugs, you decriminalize people.

Toronto Harm Reduction Alliance believes that there should be no weight or amount thresholds for any drug. People purchase drugs in different amounts for different reasons. Although THRA opposes the implementation of threshold amounts, if one is to be imposed, we request that the majority of the panel be composed of people who currently use drugs and that the panel reflect the broad range of PWUD. Additionally, we strongly oppose police veto power on said panel.

One of our greatest concerns is in regards to the new directive governing Toronto Police Service (TPS) officers and their rules of engagement for interacting with PWUD. The current TPS model has created strained relationships with PWUD—especially within the Indigenous, African, Caribbean, Black, and 2SLGBTIQ+ communities—which underlines the need for explicit rules of engagement.

Toronto Harm Reduction Alliance (THRA)

We also believe that public drug use should not be considered just cause for approaching PWUD as this stipulation can act as a loophole that can be readily abused by TPS to continue to approach and harass PWUD and diminish the benefits of decriminalization.

Toronto Harm Reduction Alliance also opposes the use of involuntary referrals by TPS. Toronto Police Service officers are not health professionals and therefore unable to adequately evaluate a person's needs. Additionally, involuntary treatment for people who are not interested takes beds away from people actively seeking treatment which we believe is unjust and counterproductive.

We also request that the City create a robust system to evaluate the effects of drug decriminalization. Metrics should include the number of all police interactions and arrests—particularly those related to drugs, drug use, and public disorder—and referrals to support services. Additionally, we do not believe that overdoses are an appropriate metric for evaluating this policy.

In conclusion, THRA supports the City of Toronto's effort to decriminalize the possession of all drugs in principle but the City's actual directives, implementation, and enforcement of the policy will ultimately determine our level of future support.

Sincerely,

Toronto Harm Reduction Alliance