

Attachment 1: Toronto Public Health Actions to Seek Alternatives to Drug Criminalization

Since 2018, the Board of Health has recommended that the Federal Minister of Health develop a national framework to permit the simple possession of all drugs for personal use, alongside the scale-up of prevention, harm reduction, and treatment services. The Board of Health further directed the Medical Officer of Health in December 2021 to submit an exemption request to Health Canada under the *Controlled Drugs and Substances Act* (CDSA) to allow for possession of drugs for personal use in Toronto.

Decriminalizing the personal possession of drugs is expected to reduce stigma and discrimination against people who use drugs, which negatively impacts both their quality of life and the quality of care they are provided in health care settings. Decriminalization also aims to reduce the number of criminal charges laid against people who use drugs. This policy change is expected to reduce the interactions with the criminal justice system which can be traumatic, disruptive, and costly. With fewer interactions with the criminal justice system, there may be more opportunities for individuals to seek support from the health and social service sector, including enhanced access to harm reduction services and treatment.

If or when individuals access health or social support for their substance use, it is important that:

- a range of high-quality, low-barrier services are available to meet their unique and frequently complex needs;
- caregivers, communities, or family members are included when desired by the individual seeking health or social support; and,
- the health and social systems work together to improve overall health and wellbeing.

Refining the Toronto Model: Decriminalization Engagement

Starting in February 2022, Toronto Public Health launched a series of focused working groups to refine the proposed Toronto model and provide further detail to Health Canada on the initial exemption request submitted on January 4, 2022. Toronto Public Health also hosts a reference table, made up of over 35 health and social organizations and individuals representing people who use drugs.

The following is a summary of the progress made by these working groups by the end of May 2022.

The **Quantities Working Group** reviewed and analysed four potential models of decriminalization against a co-developed set of principles. The four models considered were:

- **A Quantity-Per-Drug Model** similar to the approach put forward by the City of Vancouver, where a specific quantity of each drug is identified as a threshold for personal possession, which means that unless there are indicators of trafficking, anyone with an amount of drugs below the threshold would no longer be charged under Section 4 (1) (possession of a controlled substance) of the CDSA.

- **A Cumulative Quantity Model** similar to the approach put forward by the Province of British Columbia, where a total amount of all drugs is identified as a threshold for personal possession, which means that unless there are indicators of trafficking, anyone with an amount of drugs below the threshold would no longer be charged under Section 4 (1) (possession of a controlled substance) of the CDSA.
- **A Personal Possession Model**, which means that there is no set-amount or specific quantity of drugs listed to determine whether someone can be charged under Section 4 (1) (possession of a controlled substance) of the CDSA. Under this model, Section 4 (1) would no longer exist as a potential charge in the City of Toronto. However, individuals could still be charged with trafficking if the existing indicators of trafficking (e.g., large amount of drugs, baggies, scales, debt lists) are found.
- **A Quantity-by-Use Model**, which means that rather than setting an amount of drugs by quantity, the threshold would be determined by a specific number of days of supply. Under this model, Section 4 (1) (possession of a controlled substance) of the CDSA would only apply to individuals carrying more than their individual use pattern would require.

The **Health and Social Supports Working Group** is building on discussions initiated in the fall to identify the critical supports and services needed to support a successful implementation of decriminalization in Toronto.

This group focused on the range of needs, and the diversity of people who use drugs in Toronto. In addition to working towards reducing and repairing the history and ongoing harms experienced by people who use drugs, this group identified critical services that should be available. These included immediate and long-term housing and shelter, post-incarceration reintegration supports, peer supports and programs, and evidence-based treatment and harm reduction services, including mental health and substance use services leveraging a range of medical, non-medical, and harm-reduction interventions.

Medical, non-medical and harm-reduction interventions could include increased access to safer supply, additional injectable opioid agonist treatment (iOAT), opioid agonist treatment (OAT) and rapid access addiction medicine (RAAM) clinics, more support for medically-supervised withdrawal management, enhanced services in emergency departments, residential day services, overdose prevention and supervised consumption sites that include safe inhalation spaces, continued distribution of naloxone and sterile supplies and drug checking. These services could be co-located in shelters, and in other community spaces across the city. They could also include referrals to other services such as employment and training opportunities that increase pathways to income opportunities that will contribute to the overall health and wellbeing of people who use drugs.

Toronto Public Health is also facilitating an **African, Caribbean and Black (ACB) Working Group** that was implemented based on a request from other working group members. Members of the African, Caribbean and Black community have stated that there is limited access to culturally-safe health and social support for their community. Therefore, this group is exploring the disproportionate impact of criminalization on ACB communities in Toronto and contributing to the creation of an equitable Toronto Model of decriminalization that specifically addresses the needs of the ACB community.

Toronto Public Health is also committed to ongoing engagement and relationship building with Indigenous communities on a range of topics related to drug policy. Toronto Public Health worked with members of Indigenous health and social organizations to launch an **Indigenous-Developed Pathway Working Group**. Toronto Public Health is working to better understand and learn about the unique implications of drug policies within Indigenous communities. Due to the ongoing impacts of colonization, Indigenous Peoples in Toronto continue to experience inequities across a number of health outcomes. Toronto Public Health is committed to improving health outcomes, reducing health disparities, and supporting strong and vibrant Indigenous communities.

Roundtables with People Who Use Drugs

Toronto Public Health is convening a series of roundtables with people who use drugs. As of June 15, three roundtables have been held downtown and in Scarborough, including groups focused on women who use drugs and people who were recently incarcerated. It is anticipated that additional roundtables will take place over time, as TPH continues to partner with community organizations.

Input from the working groups and roundtables will inform the final written submission to Health Canada from the Medical Officer of Health on a made-in-Toronto model of decriminalization.