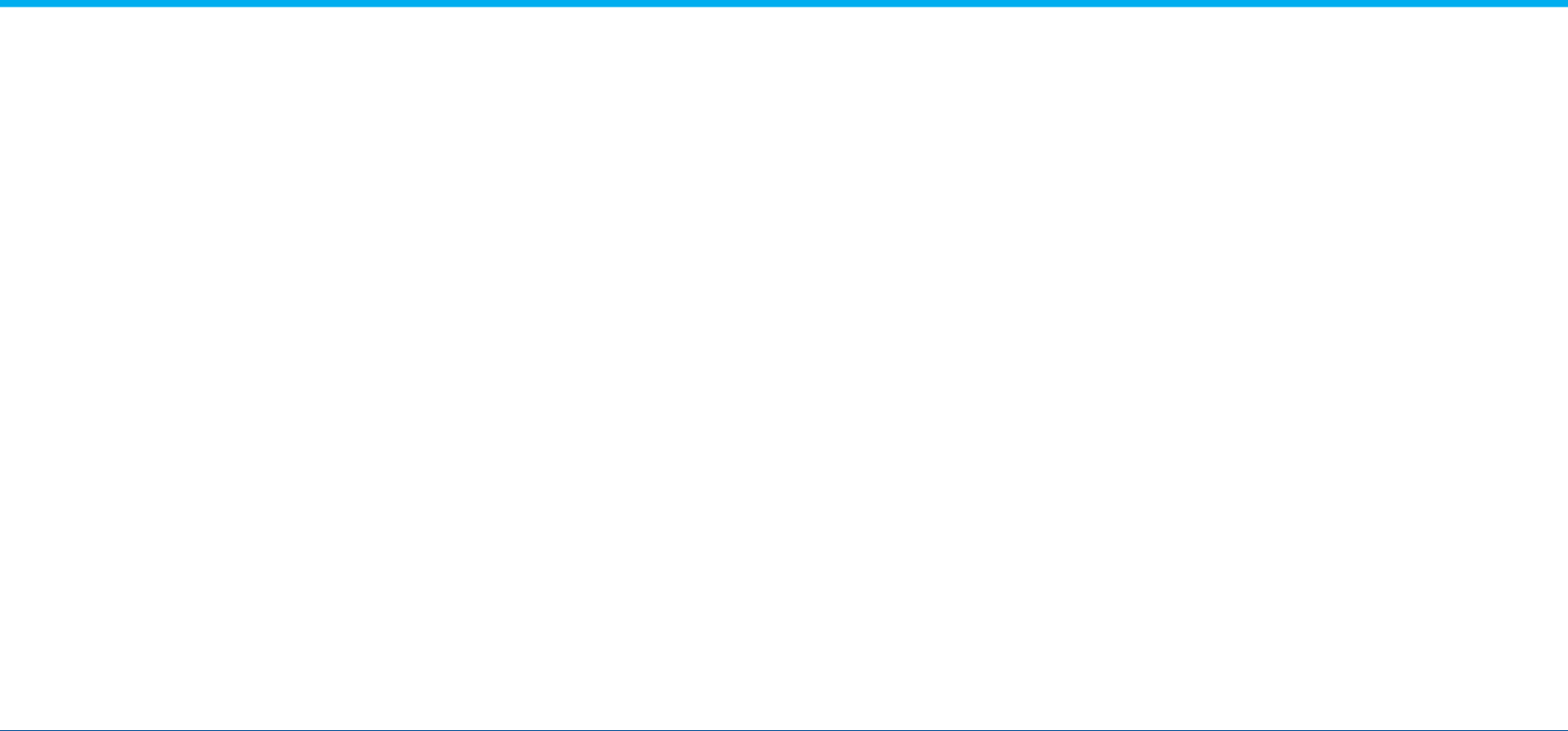


Toronto Exemption Request Frequently Asked Questions



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1. What does a public health approach to drugs mean?

A public health approach to drugs shifts addressing substance use away from the criminal justice system. A public health approach enhances policies and laws that prevent, reduce and respond to the potential health harms associated with substances, while promoting overall well-being and respecting human rights. Principles of a public health approach to drugs include evidence-informed policy and practice, a commitment to social justice and human rights, and addressing the social determinants of health while ensuring public safety. Strategies include health promotion and protection, prevention, harm reduction and treatment.

2. What is decriminalization under the proposed Toronto Model?

Decriminalization is the removal of the criminal offence for the possession of drugs for personal use.

There are many models of decriminalization used in other jurisdictions (e.g., models that use administrative penalties, fines, or involuntary treatment to replace criminalization). Toronto's model of decriminalization does not replace criminalization with any alternative penalties.

3. What would change with the proposed Toronto Model of decriminalization?

If approved by Health Canada, decriminalization would mean that s. 4(1) of the *Controlled Drugs and Substances Act* related to the possession of drugs for personal use would not apply to persons in Toronto. People could no longer be arrested or charged for personal possession of drugs under the *Controlled Drugs and Substances Act*, subject to certain limitations.

4. What are controlled drugs and substances?

Controlled drugs and substances are regulated under the [Controlled Drugs and Substances Act](#).¹ This includes a range of substances from illicit drugs to prescription medications, such as cocaine, opioids, benzodiazepines, morphine, methamphetamine, among others.

5. What drugs would be included in the proposed Toronto Model?

The proposed model of decriminalization would apply to all unregulated drugs listed in the *Controlled Drugs and Substances Act*. Toronto Public Health's Decriminalization Working Group, and consultations with additional experts and people with lived and living experience provided advice that Toronto's model should apply to all drugs and substances listed in the *Controlled Drugs and Substances Act*. This approach would account for varying drug use patterns and the unpredictability of the toxic and contaminated supply, especially for those individuals who are most vulnerable to the harms of criminalization.

6. What is the difference between decriminalization and legalization?

Decriminalization is not the same as legalization. Under the proposed Toronto model of decriminalization, criminal offences for the possession of drugs for personal use would no

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longer apply. Certain activities such as trafficking and the production of drugs will remain illegal.

Decriminalization does not mean that substances will be produced and legally available for purchase and regulated like alcohol, tobacco or cannabis.

Decriminalization does not address the contamination of drugs in the unregulated market and therefore will be accompanied by improved access to services, such as supervised consumption services, safer supply and treatment to address the drug toxicity crisis.

7. How does decriminalization impact trafficking/production/exporting?

All activities associated with drug trafficking, exporting and production, including possession of drugs for those purposes, would remain illegal and subject to existing criminal penalties.

8. What will decriminalization achieve?

Decriminalization would eliminate personal drug possession charges and arrests for people who use drugs in Toronto. This will reduce the harmful impacts of criminal justice involvement on people's lives, including the negative impacts of having a criminal record when trying to obtain housing and employment.

Decriminalization will also reduce the stigma against people who use drugs, and remove barriers to accessing health and social services. Reducing stigma will likely have the greatest positive impact on public health and public safety and that is why establishing a robust continuum of care is one of the important components of this plan.

9. How will Toronto benefit from decriminalization?

Decades of stigma related to drug use has led to an assumption that decriminalization might have a negative impact on community safety. However, possessing drugs for personal use does not directly cause harm to others. The proposed Toronto model reflects a balance of public health and public safety considerations, advances equity for those most impacted by the harms of criminalization, and is fully endorsed by Toronto Public Health and the Toronto Police Service. Within the model, the Toronto Police Service maintains the other legal tools they need to ensure community safety for everyone in the city.

10. What other jurisdictions have implemented decriminalization?

There are different models of decriminalization used around the world applied to some or all drugs. Examples of places that have implemented some form of drug decriminalization include Portugal, Czech Republic, Colombia, Argentina, Germany, Spain, Netherlands, Uruguay, some jurisdictions in the United States (e.g. Oregon), and British Columbia.²

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11. What evidence/research exists to support decriminalization?

Countries and jurisdictions that have decriminalized the possession of drugs for personal use and invested in public health interventions have seen positive results, including reductions in drug use among certain populations, increases in the number of people accessing treatment, decreases in HIV transmission and drug-related deaths, financial savings to the criminal justice system, and improved community relationships.^{3,4}

12. Will decriminalization lead to an increase in drug use?

Available evidence on the impact of decriminalization on drug use patterns is mixed. A systematic review of evaluations of decriminalization and legalization in other jurisdictions published in 2020 found that in the majority of jurisdictions that implemented decriminalization or legalization, drug use trends did not change and drug use did not increase.⁵ Other evidence shows that decriminalization does not significantly increase drug use. Following decriminalization, Portugal reported small increases in drug use among adults, but also reductions in problematic use and drug use among adolescents.^{6,7}

13. How will Toronto Public Health address youth substance use?

In addition to specific referral options for youth, Toronto Public Health will continue to work with schools and children's mental health and addictions service providers to offer a wide range of substance use education and programming, including substance use prevention, delaying the onset of drug use, and harm reduction.

14. Why is Toronto's proposed model different than British Columbia?

Toronto is a diverse city with its own local context around substance use, including the types of drugs used, patterns of use, and purchasing patterns. The proposed model of decriminalization was informed by extensive consultations reflecting Toronto's local context and aims to have the largest impact in eliminating the harms associated with criminalization for the most people. Prior to the implementation of the proposed Toronto model, Toronto Public Health and the Toronto Police Service will be visiting key jurisdictions in British Columbia to ensure that we benefit from the lessons learned in that jurisdiction with a view to ensuring effective implementation.

15. Who did Toronto Public Health consult to develop the proposed Toronto model?

Toronto Public Health convened a reference group and a number of working groups to help inform the details of the Toronto model. Membership included a diverse range of partners such as people with lived and living experience of drug use, community organizations, academic researchers, service providers, harm reduction workers, first responders, Indigenous and African, Caribbean and Black community members. Toronto Public Health also conducted a number of roundtables and a community survey with approximately 6,000 responses to gather input.

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16. In the proposed Toronto Model, will people who use drugs be connected to supports (e.g. harm reduction, treatment, etc.)?

First responders will provide people with a referral card with information about organizations that will help make connections to a range of voluntary health and social supports. There will be a range of supports available, including harm reduction services and treatment options.

Specific referral supports for youth will be available through partners like the Youth Wellness Hubs to ensure that youth and their families receive connections to youth-specific services as an alternative to criminalization.

Toronto Public Health will continue to work with Indigenous partners to support Indigenous-led referral options, and seek additional funding for Indigenous-specific harm reduction and healthcare services.

Toronto Public Health will also continue to call on federal and provincial government partners for additional funding for a range of mental health and substance use services to improve the health and well-being of everyone living in the city.

17. What health and social services should be enhanced to support the implementation of decriminalization?

A full continuum of health and social services is needed to adequately meet the diverse needs of people who use drugs. Toronto Public Health's Decriminalization Reference Group and the Health and Social Supports Working Group identified critical supports and services needed to ensure a successful implementation of decriminalization in Toronto. 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. There is also a need to expand access to culturally safe services for Indigenous and African, Caribbean and Black communities.

Additional investment from all orders of government will be needed to enhance, expand and integrate services in the city.

18. How many charges are there currently in Toronto, in a year, for personal possession?

Toronto Police Service data demonstrate that charges for possession for personal use have declined since 2019.⁸ Data from the Toronto Police Service indicates that in 2021 there were 617 charges laid for possession under s. 4(1) of the *Controlled Drugs and Substances Act*. In 36 of these cases, possession was the only charge. In 581 of these cases, a possession charge was in addition to other *Controlled Drugs and Substances Act* charges.

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19. Why is Toronto Public Health taking a municipal approach to decriminalization?

Toronto Public Health supports and advocates for a national approach to decriminalization. At this time, Toronto Public Health is utilizing the tools currently available at the municipal level to address the harms of criminalization and advance a public health approach to drugs aimed at improving the health and well-being of people in the city.

20. What other models did you consider?

The Toronto Public Health Decriminalization Working Group and 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.
- **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.
- **A Personal Possession Model:** Which means that there is no set-amount or specific quantity of drugs listed.
- **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.

21. What would happen to individuals with prior criminal records for possession of drugs for personal use?

If approved by Health Canada, decriminalization would not impact past charges for possession under the *Controlled Drugs and Substances Act*.

In November 2022, Bill C-5 was put forward by the federal government and made amendments to the *Criminal Code* and the *Controlled Drugs and Substances Acts*. Amendments included automatic sequestration of past criminal records for simple possession within a two year period.⁹ This means that past and future criminal records for simple possession will be sealed and kept separate from other criminal records.¹⁰

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