



# Toronto's Model of Decriminalizing Drugs for Personal Use





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March 24, 2023

Dear Minister Bennett,

Thank you for your ongoing collaboration and commitment to improving health outcomes across Canada, and for understanding the importance of taking a public health approach to drug policy.

As we continue to work with you on an alternative to criminalizing the possession of drugs for personal use in the City of Toronto, we appreciate and acknowledge the steps you have taken with partners in British Columbia to reduce harms associated with drug possession charges under the *Controlled Drugs and Substances Act* (CDSA).

While this work involves a significant change to the status quo, we are confident that the right model of decriminalizing the possession of drugs for personal use will lead to a safer environment for everyone.

Since our initial submission in January 2022, we have spent over a year convening experts, listening to people with lived and living experience of drug use, and hearing personal stories from family, friends, first responders, and frontline harm reduction workers – many of whom have experienced significant loss and grief due to preventable overdose deaths. There is support for a made-in-Toronto model of decriminalization.

We would like to take this opportunity to thank the members of our reference group, working groups, and each Torontonian who continues to volunteer their time and share input on how to design a model of decriminalization that addresses the health and wellbeing of multiple populations in the city. This includes the members of the African, Caribbean, and Black communities and the members of Indigenous communities who continue to work with us on culturally-specific considerations.

As you know, the evidence demonstrates that criminalizing the possession of drugs for personal use leads to discrimination and stigma, and contributes to people hiding their drug use from their physicians, friends, family, colleagues, and community. Being criminalized has negative mental and physical health impacts, and a criminal record can prevent access to meaningful employment, secure housing, and full access to the social determinants of health, including fair treatment in healthcare settings. We understand that policing and justice system resources may be more effective when targeted at preventing the production and trafficking of illicit substances, rather than possession for personal use.

After a year of extensive community engagement and partnership building, we recommend the following model, designed to balance the public health and public safety needs of all Torontonians.

We look forward to your continued collaboration,

Dr. Eileen de Villa  
Medical Officer of Health

Paul Johnson  
City Manager

Myron Demkiw  
Chief of Police

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## Introduction

In 2021, the Toronto Board of Health directed the Medical Officer of Health to begin a process with Health Canada to decriminalize the possession of controlled drugs and substances for personal use within the City of Toronto.

As outlined in the [initial submission to Health Canada](#) on January 4, 2022, the goal of decriminalization is to reduce the mental, physical and social harms associated with criminalizing people for possessing drugs for their personal use, and it has the potential to meaningfully improve the health and wellbeing of all Torontonians.

After over a year of further community discussions and partnership building with a diverse range of stakeholders, including people with lived and living experience of drug use, service providers and first responders, Toronto Public Health recommends a Toronto model of decriminalization that includes voluntary referrals to services and creates an exemption to Section 4(1) of the *Controlled Drugs and Substances Act* (i.e. simple possession) for:

- All controlled drugs and substances in possession for personal use;
- The whole City of Toronto, with specific exclusions; and,
- All people in Toronto, including youth.

The mandate of Toronto Public Health is to reduce health inequities and improve the health of the whole population. In addition to recommending the decriminalization of possession of controlled drugs and substances for personal use, Toronto Public Health continues to call on federal and provincial government partners to provide additional funding for a range of mental health and substance use services to improve the health and wellbeing of everyone living in the city.

## Decriminalization and the Continuum of Care

Decriminalization is an upstream population health response to the drug toxicity crisis that will be accompanied by a full continuum of downstream mental health, harm reduction, and treatment services. In partnership with community providers, Toronto is taking a data-driven approach to providing critical health services in hotspot areas – places in the city where overdoses are most likely to occur, and where services are needed to save lives.

Toronto intends to have several new health and treatment services in place by the time decriminalization is implemented, including: at least one location in the downtown core offering 24/7 health and social supports, to serve as an effective alternative to emergency departments; and, an expanded Community Crisis Service, the four crisis response services for Toronto residents staffed by health and social service providers and peers. Toronto is leading the way with innovative service delivery, including the recently announced historic partnership to provide supervised consumption services in collaboration with acute care hospitals.

The future of mental health and substance use services will offer a full range of programs and health

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interventions to individuals, and improve the health and wellbeing of the Toronto population. This will create the downstream foundational supports to effectively implement upstream population health responses, including decriminalization.

## **Decriminalization: What is it and what does it mean for community safety?**

Decriminalization has the potential to reduce stigma and discrimination against people who use drugs. It will make it easier for people to ask for and access a range of health and social supports, while eliminating the fear and harms of criminalization.

Although decriminalization alone will not fully improve the social determinants of health, such as access to housing, or make the unregulated drug supply safer, it will reduce the negative impact of criminalization. Without a criminal record, it will be easier for people who use drugs to find a job and a safe place to live.

Decriminalization is not legalization. It does not mean that all drugs will be legally available, which is the case with alcohol and cannabis. If Toronto's exemption request is approved by Health Canada, the simple possession provision of the *Controlled Drugs and Substances Act* prohibiting the possession of controlled drugs and substances would not apply to persons in Toronto. It would no longer be criminal to possess controlled drugs and substances in Toronto for personal use — instead, individuals will be offered a voluntary referral to a range of health and social supports.

Decriminalizing the possession of drugs for personal use requires a cultural transformation in our thinking: shifting drug use from an issue of criminal behaviour to an opportunity to advance health and human rights. Decades of stigma about 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. Available evidence on the impact of decriminalization on drug use patterns is mixed; however, a 2020 systematic review of evaluations of decriminalization and legalization in other jurisdictions found that in the majority of jurisdictions that have implemented decriminalization or legalization, drug use trends did not change and drug use did not increase.<sup>1</sup>

Toronto Public Health is working closely with community service providers and the Toronto Police Service, and will monitor a range of indicators together to ensure safety for everyone throughout the implementation of the Toronto model. We plan to establish key performance measures to allow for continuous assessment on the status of the model, since the main goal of the exemption request is to improve public health and preserve public safety.

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## Guiding Principles for the Toronto Model of Decriminalization

Members of Toronto's Decriminalization Working Groups co-developed a set of principles to guide discussions on the details and goals of a Toronto model of decriminalization. There was consensus that the model and the process should:

- Centre local experience;
- Be informed by people who use drugs and who are vulnerable to criminalization;
- Recognize that the unregulated drug market is dynamic and potentially toxic;
- Reduce criminalization of people who use drugs;
- Reduce stigma and discrimination associated with drug use;
- Be clear, implementable, and measurable;
- Be easy to communicate to those in the justice system, people who use drugs, and the broader community;
- Promote equity for people who have been marginalized by criminalization;
- Ensure that decriminalization is equitably applied;
- Reduce and improve interactions between first responders and all people who use drugs in all areas of the City of Toronto;
- Be accompanied by wraparound health and social supports; and,
- Minimize unintended consequences.

## Proposed Approach: Toronto Model of Decriminalization

### All drugs and substances listed in the *Controlled Drugs and Substances Act*

In a city as diverse as Toronto, with many different patterns of drug use and communities, the model of decriminalization should apply to all drugs. Consistent rules for all unregulated drugs creates a fair legal environment and ensures that all communities and people who use drugs are equitably protected from criminal charges, regardless of which drug they use. In addition to equity considerations, a model that includes all drugs will be easier to implement and for everyone to understand.

In Toronto, the unregulated drug supply is extremely toxic, unpredictable, and dynamic – it changes all the time. Laboratory results from Toronto's Drug Checking Service and investigations from the Office of the Chief Coroner for Ontario reveal that the unregulated drug supply continues to be more contaminated since the beginning of the drug toxicity crisis.<sup>2</sup> Different types of drugs are often mixed together, and it is difficult for people who use drugs, the police, and healthcare providers to immediately know what is in a particular substance at any given time. Decriminalizing the personal possession of all drugs provides clarity for people who use drugs and makes it easier for law enforcement to do their jobs.

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Additional information about the drugs included in the model can be found in the Frequently Asked Questions (FAQ) section.

## City-wide, with some exclusions

To avoid creating unfair rules based on where someone may live or work in the city, the Toronto model should apply to all areas of the city, except for the entire premises of following locations:

- Child Care Facilities
- K-12 Schools
- Airports

The exclusion of child care facilities and schools is intended to maintain alignment with provincial legislation intended to prevent alcohol, cannabis, and unregulated drug use in these settings. Airports are excluded because they fall under federal laws.

## All drugs for personal use, but not for trafficking, or production

Drug use and purchasing patterns in Toronto are exceptionally diverse. Drugs in possession for personal use can vary considerably depending on the type of drugs being used, or an individual's tolerance to a substance. For the anticipated benefits of decriminalization to be available to all Torontonians, the model should apply to all drugs in possession if they are for personal use.

Under the made-in-Toronto model, Section 4(1) of the *Controlled Drugs and Substances Act*, which states that no one shall possess a controlled drug or substance, would not apply to those possessing those substances in Toronto and therefore could not result in a criminal charge. However, individuals will still be investigated for and charged with trafficking and/or possession for the purpose of trafficking, exporting, or producing a controlled substance where there are reasonable grounds for any such charge.

The proposed Toronto model is expected to eliminate the harms of drug criminalization for the greatest number of people and centre the experience of people who use drugs. Toronto Police Service data demonstrates that charges for personal possession have declined since 2019, and under the Toronto model, they would drop to zero.

Toronto Public Health is working closely with partners, including the Toronto Police Service to further examine the issues associated with confiscating controlled drugs and substances from exempted persons, unless there is evidence of trafficking or another offence captured under the *CDSA*, such as production. Confiscating drugs increases a range of substantial health risks for people who use drugs. For example, people may go into withdrawal if their drugs are taken from them. Withdrawal can lead to a higher risk of overdose when people use drugs again, and can pose serious danger to health on its own depending on the drug, such as an increased pulse rate, bone and joint aches, discomfort, or risk of death.



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Evidence further demonstrates that confiscating drugs does not lead people to stop using drugs, but encourages them to replace those drugs – often in less safe ways such as buying new drugs from an unknown supplier, which can also increase the risk of overdose.<sup>3</sup> Ensuring everyone's health and safety is of upmost importance, and Toronto Public Health and the Toronto Police Service will continue to work through the considerations relating to confiscation with partners.

## All people in Toronto, including youth

Criminalization does not effectively deter youth substance use. The data show that youth in Toronto between the ages of 12 and 17 use unregulated drugs and are vulnerable to the same harms associated with criminalization as adults. In 2019, one in five (22.9%) Toronto students (grade 9-12) reported use of one or more of the following drugs in the past 12 months: heroin, fentanyl, ecstasy (MDMA), non-medical use of tranquilizers/sedatives, prescription opioids, ADHD drugs, cough/cold medicine, LSD, cocaine, mushrooms/mescaline, and methamphetamine.<sup>4</sup> Sadly, there were eight accidental opioid toxicity deaths in the 12-17 age group from 2019-2021 in Toronto.<sup>5</sup>

There is limited evidence available to suggest that decriminalization leads to an increase in drug use behaviours, but there is substantial evidence that tells us that youth in Toronto are using unregulated drugs.<sup>6</sup> The Toronto model of decriminalization should remove the harms associated with criminalization for as many people as possible, which includes youth.

## Connecting People with the Support They Need

Many people use drugs without experiencing health-related harms or developing a substance use disorder. For those at risk of drug overdose, or in need of social services, evidence-based harm reduction services or treatment, the criminalization of drugs discourages them from seeking the support they may need due to fear, and reduces the quality of care they receive in the healthcare system.

The Toronto model proposes replacing criminal charges for the possession of drugs for personal use with voluntary referrals through the offer of a referral card. The referral card will contain information for adults and youth to help connect them to a range of health and social supports, and these multiple touch points will help to ensure that individuals are both aware and able to take advantage of all of the services available.

The referral card will include navigational support offered through 211. The card will also include information about legal rights, and specific programming for youth, available through partners like the Youth Wellness Hubs to ensure that youth and their families receive support to access youth-specific services as an alternative to criminalization.

## Ongoing Work with Population Groups

African, Caribbean, and Black communities are heterogeneous, have a rich diversity of strengths and are vital to the social, cultural, and economic fabric of the city; but are also disproportionately affected by the criminalization of drugs, which has a range of negative health and social implications. The



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African, Caribbean, and Black Decriminalization Working Group is documenting these disparities in a report that they will soon release. The African, Caribbean & Black Decriminalization Working Group also contributed valuable expertise and perspectives related to population-specific considerations for the proposed Toronto model.

Toronto Public Health is also building relationships with urban Indigenous partners that provide health and social services in the city. This work involves developing a shared understanding of harm reduction and the decriminalization of drugs for personal use. Relationship building is a process that Toronto Public Health will continue to work on with Indigenous partners to support Indigenous-led referral supports, seek additional funding for Indigenous-specific harm reduction and healthcare services, and collectively address the drug toxicity crisis impacting urban Indigenous communities.

Toronto Public Health is also participating in an ongoing dialogue with Treaty partners including the Mississaugas of the Credit First Nation about what decriminalization will mean for their First Nation and the actions required to ensure a meaningful relationship with Toronto Public Health and the city as a whole.

## Next Steps

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.

It reflects extensive stakeholder engagement, with experts on drug use policy, including focused roundtable sessions with people with lived and living experience of drug use. It is informed by available evidence, and aims to remove harms associated with criminalization for the whole population, and specifically those populations who are most vulnerable. Within the model, the Toronto Police Service also maintain the legal tools they need to ensure community safety for everyone.

Toronto Public Health will continue to work with Health Canada on a range of implementation considerations, including a robust monitoring and evaluation framework, and looks forward to continued partnership in this work.

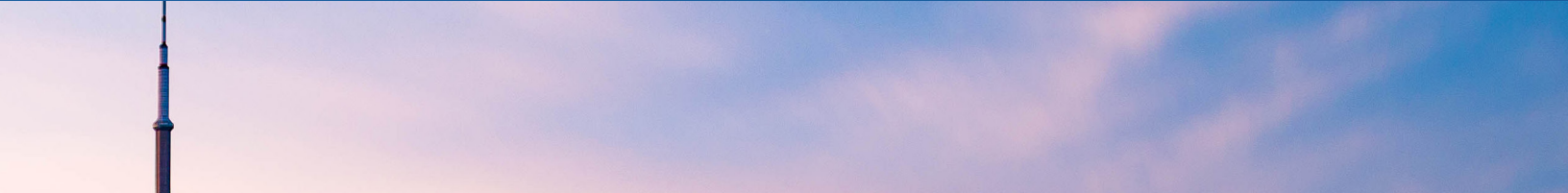
For additional details on the proposed Toronto model, please see the attached FAQs.



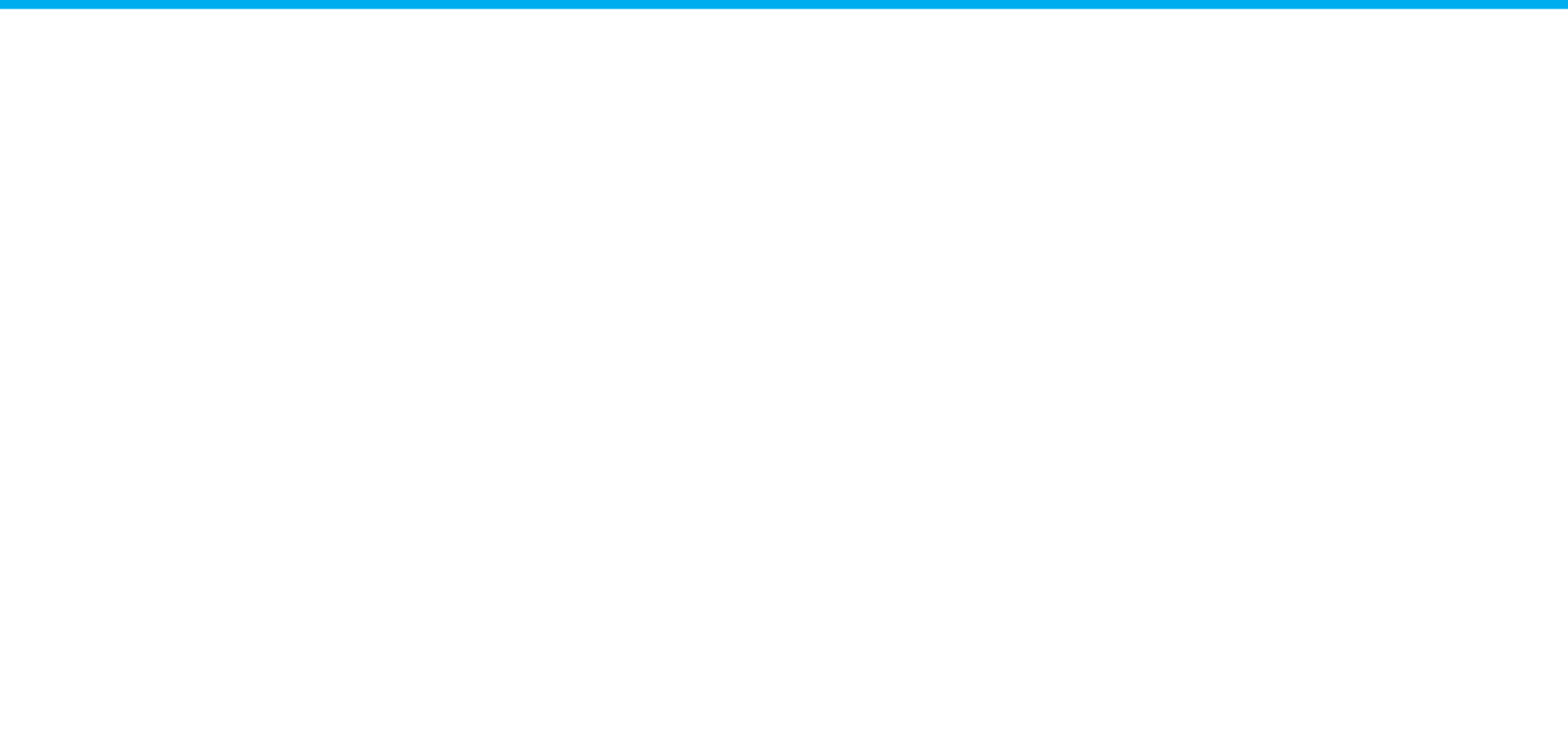
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# Toronto Exemption Request Frequently Asked Questions



# Toronto Exemption Request FAQ

## 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](#).<sup>1</sup> 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.<sup>2</sup>

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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.<sup>3,4</sup>

## 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.<sup>5</sup> 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.<sup>6,7</sup>

## 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.<sup>8</sup> 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.<sup>9</sup> This means that past and future criminal records for simple possession will be sealed and kept separate from other criminal records.<sup>10</sup>

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# Toronto Police Service

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Myron Demkiw  
Chief of Police

File Number: .....

March 22, 2023

The Hon. Carolyn Bennett  
Minister of Mental Health & Addictions  
House of Commons  
Ottawa, ON K1A 0A6

Dear Minister Bennett:

I write as Chief of the Toronto Police Service to share my perspective on areas where our work may be well-aligned, and to outline how we may work together to increase access to evidence-based supports that improve the health, wellbeing, and safety of the diverse communities in Toronto, especially those who use drugs.

Firstly, I would like to say thank you for your ongoing collaboration as we work towards alternatives to the criminalization of people who use illicit substances. As you are aware through my predecessor, former Chief James Ramer, the Toronto Police Service supports decriminalization as an important component of a comprehensive approach to minimizing the harms of drug use. We are committed to doing our part to improve public safety in Toronto and inextricably linked with that goal is the notion of public health.

Since August 2021, the Service has been working in partnership with Toronto Public Health on a comprehensive and collaborative approach to decriminalization with the goal of preserving public safety, while mitigating the harms associated with drug use. My colleagues have discussed opportunities, risks and risk-mitigation strategies, and together we have developed a proposed model of decriminalization that I believe will strike the right balance between public health and public safety and work for everyone in Toronto. I look forward to continuing this collaborative work with Dr. Eileen de Villa and Toronto Public Health in my new role.

I believe that the proposed Personal Possession Model, where no specific quantity of drugs defines the decriminalization of personal possession, has the best chance of success in Toronto and put us in the best position to effectively enforce the law in respect of those who possess drugs for purposes other than personal use. While we work towards decriminalizing possession of drugs for personal use, I want to be clear

that we will continue to dismantle and disrupt those networks of people who profit off the sale and distribution of these harmful substances.

Under this model, Section 4(1) of the *Controlled Drugs and Substances Act* (CDSA) would no longer apply and could not form the basis of a charge for persons possessing a controlled substance within Toronto, subject to certain limitations. Individuals possessing a controlled substance in Toronto would still be subject to investigation for and charges of trafficking and/or possession for the purpose of trafficking where reasonable grounds for those charges exist.

We believe that a key to the success of this model will be the establishment of treatment, care and counselling options that give the individual the best chance of ceasing their use of unregulated and potentially toxic drugs. We look forward to supporting the access of these individuals to an effective continuum of care that will be established under this model. We also believe that it is important for all of us to continuously monitor the outcomes of this approach to insure we can determine whether it is being implemented effectively.

Toronto has seen initial success under de facto decriminalization, guided by a directive from the Public Prosecution Service of Canada, and direction provided to Service members by former Chief James Ramer to minimize personal possession charges, including real-time consultation by frontline officers with experienced Drug Squad investigators when dealing with simple possession situations. As the Chief of Police, I affirm this direction and look forward to sharing the benefits of decriminalization with my regional colleagues as well.

I am confident that exempting the City of Toronto from Section 4(1) through this proposed approach will not limit the ability of the Service to serve and protect communities with the remaining CDSA and existing charges under the Criminal Code, such as impaired driving.

With your support, the Service will continue to work with the Toronto Police Services Board, Toronto Public Health, the Toronto Police Association, the Police Association of Ontario, and the Ontario Association of Chiefs of Police to consider and address potential risks associated with a decriminalization model that may not permit or contemplate the seizure or confiscation of controlled substances from persons exempted from s. 4(1) of the CDSA.

The Service also remains committed to working closely with Toronto Public Health, City partners, and Health Canada to monitor the implementation of this model of decriminalization, and ensure public safety is maintained throughout the entire process. This will be accomplished with the establishment of key success indicators that will be continuously reviewed to ensure that the desired outcomes are being achieved. This continuous assessment will allow for the adjustment of the model wherever prudent.

I know that decriminalization is only one part of a comprehensive approach to improving health and safety, and would like to emphasize the need for additional supports and services for people who use drugs.

The Service supports increased access to regulated and prescribed safer supply programs, and knows this is an area where the federal government has previously demonstrated leadership and support. Movement in this regard will no doubt assist in the mitigation of risk I refer to above.

I would like to thank you for providing initial funding for safer supply programs in our City, and look forward to finding permanent funding solutions, in addition to your formal approval of our Section 4(1) exemption request.

I am of course available to discuss any of the matters raised in this letter or may be otherwise of interest or concern.

Yours truly,

A handwritten signature in black ink, appearing to read "M. Demkiw". The signature is fluid and cursive, with a large initial "M" and "D".

Myron Demkiw, M.O.M.  
Chief of Police