Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

Submission to the House of Commons Standing Committee on Public Safety and National Security (SECU)

Re: Bill C-12 – An Act respecting certain measures relating to the security of Canada's borders and the integrity of the Canadian immigration system

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OUTLINE

1. Summary

The Canadian Drug Policy Coalition (CDPC)[i] respectfully submits this brief to the House of Commons Standing Committee on Public Safety and National Security (SECU) regarding Bill C-12.

We urge the immediate withdrawal of Bill C-12, which reproduces harmful elements of Bill C-2. In addition to the numerous civil liberties, migrant rights and privacy concerns expressed by hundreds of civil liberties and human rights groups[ii], we are particularly concerned about parts of Bill C-12 that would expand the federal government's capacity to criminalize, surveil, and militarize Canada's approach to drug use.

- Bill C-12 will *not* meaningfully disrupt organized crime or reduce drug deaths; it extends a failed model that has driven the diversification and toxicity of the unregulated drug supply, incentivized innovations in organized crime, and complicated law enforcement efforts.
- It creates new powers (accelerated scheduling; expanded Coast Guard security mandate; information sharing) with no evidence of effectiveness and no proper fiscal, environmental, or human-rights assessments.
- It may disproportionately harm migrants, racialized communities and workers, who may unknowingly become criminalized.
- It locks Canada further into militarized, United States-aligned drug enforcement, at odds with domestic and UN expert advice.
- It risks violating Canada's domestic and international human-rights obligations and law.

<u>Recommendation:</u> SECU should recommend withdrawing Bill C-12 and instead call for a comprehensive, evidence-based review of drug laws and border policy.

When coupled with Canada's existing Border Plan and 2025 Budget, Bill C-12 represents a significant entrenchment of drug policies that are demonstrably failing to protect public health or public safety.

We also note that the Minister of Health is the designated Minister leading oversight of the health and regulatory aspects of the *Controlled Drugs and Substances Act* (*CDSA*), not the Minister of Public Safety. This legislation and its referral to SECU appears to improperly place responsibility for amendments to the *CDSA* and related enforcement legislation under public safety to the exclusion of public health considerations.

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2. Overview of key drug policy provisions in Bill C-12

PART 2, in part, amends the *CDSA* to create a new temporary accelerated scheduling pathway that allows the Minister of Health to add precursor chemicals to Schedule V of the *CDSA*, meaning these chemicals become prohibited and subject to production, trafficking, import and export offences and punishments outlined in ss. 5-7 of the *CDSA*. It also makes related amendments to the *Precursor Control Regulations (PCR)*. Relevant C-12, PART 2 clauses:

- ***Amendments to the CDSA:*** *clauses 6-10, 20, 21*
- ***Related Amendments:*** *clause 11 CDSA (Police Enforcement) Regulations; clauses 12-19 Precursor Control Regulations*

2.1 Changes to scheduling implications: Increasing illegal drug market volatility

The government is repurposing the "empty" Schedule V to become a temporary scheduling tool that allows the Minister of Health to rapidly place new precursors or emerging substances under control before going through the full regulatory process (Canadian Gazette / civil society input) required to list them in Schedules I–IV or VI. The new Schedule V (under Bill C-12) proposes two parts (Part 1 and Part 2). Bill C-12 would introduce these new subdivisions to facilitate the temporary accelerated scheduling of precursors.

The government's rationale is to "stay ahead of organized crime" by tightening chemical controls. However, decades of domestic and international evidence demonstrate that drug and precursor scheduling does not reduce the supply of drugs. Instead, prohibition stimulates constant adaptation in illegal drug markets, resulting in the production of ever-more unpredictable substances.

The government's own communication regarding Bill C-12, "Understanding Strengthening Canada's Immigration System and Borders Act, Bill C-12"[iii] notes: *"While Canada strictly controls synthetic drugs and the precursor chemicals used to produce them, the illegal drug market is constantly evolving in an attempt to evade these controls".*

Ongoing scheduling and law enforcement interventions **drive the market toward novel, often more toxic substances** - a dynamic acknowledged by the United Nations Office on Drugs and Crime[iv;v]. A **2021 Public Safety Canada–funded review**[vi] concluded: *"Prohibiting certain commodities and services, and thereby making some markets illegal, unavoidably creates very lucrative business opportunities for organized crime… These prohibitions also lead to unrealistic public expectations about the role of law enforcement."*

Enforcement-first measures have not reduced drug demand or supply, but have entrenched a volatile, profit-driven unregulated market. As well, they **do not address the social determinants of health** (e.g., housing; drug treatment; mental health; employment), which are the biggest predictors of drug consumption and associated risks[vii;viii;ix]. Increasing consensus is that prohibition has failed (see Section 4 for greater detail).

<u>Recommendation:</u> withdraw the accelerated scheduling pathway and consider models of responsible legal regulation of currently controlled drugs.

2.2 Changes to scheduling implications: Reduced Regulatory Oversight

2.2.1 Bill C-12 (PART 2, clause 8) increases the role of the Minister of Public Safety and Emergency Preparedness in making scheduling decisions based on "relevant information" without safeguards ensuring the reliability of information or regulatory oversight.

2.2.2 Bill C-12 (PART 2, clause 9) grants the Minister of Health new powers to rapidly add substances to Schedule VI of the *CDSA* and to designate new classes of "precursor" devices **without full regulatory analysis or public consultation.**

Granting the Minister of Health new powers **circumvents public service analysis and parliamentary and civil society scrutiny** of Canada's drug-policy direction, embedding enforcement powers within border-security legislation rather than through transparent health-policy reform. It is unclear what frameworks the Minister of Public Safety and Emergency Preparedness or the Minister of Health would use to determine "relevant information". Without proper transparency and oversight, it is unclear what consideration of human rights, scientific evidence, reliability of information, analysis of health and environmental impacts, or fiscal costs, would be used.

Recommendation: establish transparent parliamentary oversight and meaningful civil society input over *CDSA*-related scheduling.

2.3 Changes to the Ocean Act implications: Militarization of The Coast Guard

PART 4, clause 25(2) expands the mandate of the Coast Guard to include security patrols and the collection, analysis and disclosure of information or intelligence. **Clause 26** allows any Minister to be designated authority to collect, analyze and disclose such information; thus allowing intelligence-related Coast Guard activities to be controlled by Ministries such as Public Safety and National Defence.

The stated intention of these provisions is to "enhance" the Canadian Coast Guard's mandate by formally including security-related responsibilities[x]. When considered together with the information-sharing parts of Bill C-12 (Part 5) which amends the *Department of Citizenship and Immigration Act* and the *Immigration and Refugee Protection Act* to increase the sharing and disclosure of personal information, it signals a broader trend: enhanced data sharing among federal agencies, potentially including immigration/border, coast guard and law enforcement, and with other jurisdictions such as the United States.

In September 2025, the Department of National Defence (DND), after a June 2025 Order in Council[xi], announced the integration of the Canadian Coast Guard (CCG) into the DND[xii]. DND noted, "Through this integration, the CCG, DND, and the Canadian Armed Forces will be able to work more closely than ever, sharing information and coordinating operations to meet emerging challenges."

The convergence of these expansions to maritime surveillance with other border security, immigration and drug enforcement powers increase both surveillance powers and intelligence and data sharing without appropriate privacy and information quality protections and fail to ensure Canada's compliance with international humanitarian law (see Section 5.2) or consider unintended harms to marginalized communities, specifically migrant communities (as outlined in Section 6 of this submission).

<u>Recommendation:</u> In addition to withdrawal of Bill C-12, suspend operations and information sharing with US-led drug enforcement activities until a full human rights assessment is completed.

3. Context: The Toxic Unregulated Drug Crisis and Policy Failures

Canada is experiencing an "unrelenting crisis of premature deaths related to the toxic, unregulated drug supply"[xiii]. Twenty people are killed each day from opioid drug toxicity, and a further 11 from stimulants[xiv]. Between 2016-2024, an estimated 786,660 people[xv] may have acquired a preventable chronic brain injury due to unregulated drug poisoning. While **rates of drug use[xvi] and substance use disorders[xvii] have not increased over the last decade**, drug-related fatalities and hospitalizations have skyrocketed.

The current policy regime has not decreased the availability, nor use of, illegal drugs *and* has created a variable and volatile drug market[xviii;xix] that poses imminent risk to all people who consume unregulated drugs, including those who consume episodically.

Canada's own evaluation of the Canadian Drugs and Substances Strategy showed that 58% of spending between 2017-2022 went to "enforcement" (comparatively: prevention - 18%; treatment - 13%; harm reduction - 8%)[xx]. Data is lacking on the impact of enforcement efforts: while investigations, complex prosecutions and drug seizures may be seen as indicators of efficacy – these metrics do not reflect whether enforcement policies benefit public health and safety. Data do, however, indicate that increased interdiction and scheduling of novel substances *increases* the volatility of the drug supply[xxi;xxii] and that police enforcement[xxiii] and incarceration[xxiv] are **correlated with increased overdose**, while deterring people from accessing healthcare[xxv].

According to UN experts, this approach: *"undermines health and social wellbeing and wastes public resources while failing to eradicate the demand for illegal drugs and the illegal drug market"*[xxvi]. Intensified drug law enforcement, combined with insufficient investment in healthcare, will lead to greater health and social harms[xxvii]. Notably, the demand for frontline services and healthcare burden due to preventable drug-related injuries would be significantly decreased by displacing the unregulated market with one that is responsibly regulated – as called for by the UN Office of the High Commissioner for Human Rights[xxviii], Health Canada's Expert Task Force[xxix], the BC Coroner Service[xxx], the BC Provincial Health Officer[xxxi], the Ontario Chief Medical Officer of Health[xxxii], and CDPC[xxxiii].

For decades, Canada has relied on prohibition, drug scheduling, and enforcement to address drug use outside of medical and scientific contexts[xxxiv]. Bill C-12 is simply an extension of this failed approach.

4. Enforcement of Supply-Side Prohibition, Market Adaptation and Public Health

Historically, precursor scheduling has led to illegal drug markets adapting with "work-arounds", synthesizing novel or different substances and using new tactics to evade law enforcement, while complicating access to precursors for legal uses. In addition, resources for enforcement take away from resources that could be used to meaningfully address unmet health and social needs that increase substance use and demand (e.g., housing).

Previously, in the "Canada Gazette, Part I, Volume 159, Number 26: Regulations Amending the Precursor Control Regulations (Increased Regulatory Oversight)"[xxxv], the government noted: *"Organized crime groups are continually evolving their illegal drug operations in attempts to evade the strict controls established under the CDSA and its regulations. In response, the Government of Canada must continually take concrete action to adapt its own strategies and approach to address the risks posed to public health and public safety."*

Emphasizing scheduling to the exclusion of meaningfully separating consumers from the unregulated drug supply by making available suitable regulated alternatives with the appropriate controls repeats a cycle that fuels - rather than reduces - public health and safety risks. While the existing web of laws and regulations appears superficially to constitute a nuanced system of control, in reality, they are an overly complex legislative architecture built on a disproven hypothesis that prohibition, coupled with punishment, will eradicate both the demand for and supply of drugs. Decades of evidence show that prohibiting drugs has not eliminated demand nor supply, and is unlikely to do so, while clearly increasing harms that have intensified in the last decade. Instead, this regulatory direction drives innovations in illegal drug markets, production methods, and distribution networks, resulting in an ever-evolving illegal drug supply containing more unpredictable, and often more potent or dangerous, substances.

Data collected by Health Canada's Canadian Drug and Substance Watch (CDSW)[xxxvi] from a total of 450 identifications from January 2023 to December 2024, showed 300 new and emerging unique substances - 43 in drug samples; 189 in wastewater; 218 in web monitoring. Data from Toronto's Drug Checking Services[xxxvii] and reports from the Canadian Centre on Substance Use and Addiction[xxxviii;xxxix;xl]and Health Canada's Drug Analysis Service[xli;xlii] further demonstrate the expansion and diversification of substances in Canada's drug supply under the current interdiction-focused policy framework.

We acknowledge that, even if a legally regulated drug supply was established, an illegal drug market may persist in some form. However, the ability to control the supply and limit poor quality and/or contaminated drugs is not possible under the current legal framework, nor is it improved by the amendments proposed in Bill C-12. A shift towards a regulated market is necessary to decrease the dominance of illegal markets and to focus enforcement efforts on outlier producers and trafficking that pose specific risks to public health and safety – as we do for food, other drugs (alcohol, cannabis, nicotine, pharmaceuticals), and all consumer products (e.g. vehicles, child seats, etc.).

None of the rationale for increased *CDSA* regulation, increased interdiction and "border security" justify how these strategies and expenditures will meet the stated objectives to:

1. **Decrease illegal drug manufacture.** Canada identifies that, under the current framework, organized crime is constantly evolving to evade controls and regulations. Bill C-12's proposed changes add yet more "strict controls" without any indication as to why this additional layer of strict control is predicted to have a different outcome. All evidence to date strongly suggests that Bill C-12 will achieve the opposite.
2. **Mitigate risks to public health and public safety.** Beyond the lack of a results-oriented analysis as to the likely efficacy of the increased regulations, the broadly stated objective to "mitigate risks to public health and public safety" requires contextual analysis. This should include consideration of how the *CDSA* and *PCR*'s efficacy and potential unintended consequences may be exacerbated by other legislation and enforcement initiatives[xliii;xliv]. As well, a rating of the potential health and safety benefits to determine whether to prioritize legislation like Bill C-12 over regulatory reform such as that recommended by Health Canada's Expert Task Force[xlv] should be included.
3. **Reduce risks of misuse or diversion of precursors and devices.** This is inconsistent with the government's acknowledgement that prior enforcement-based approaches have not reduced such activities; rather, they have led to an evolution in tactics to avoid detection.

5. Human-Rights and International-Law Implications

5.1 International discourse

While the three primary international drug control conventions[xlvi] are used to frame existing prohibition-based drug controls, there is there is growing acknowledgement and discourse among UN Member States and agencies that the Conventions are ineffective at achieving their stated purposes. For example:

1. The UN Office of the High Commissioner for Human Rights, A/HRC/54/53[xlvii] calls to move towards a system of responsible regulation of psychoactive substances because an ongoing enforcement-based approach "undermines health and social wellbeing and wastes public resources while failing to eradicate the demand for illegal drugs and the illegal drug market."[xlviii];
2. The historic shift in 2024 and 2025 at the Commission on Narcotic Drugs away from the "Vienna spirit" of passing resolutions by consensus. For the first time in decades, resolutions were passed by vote including:

    a) E/CN.7/2024/L.5/Rev.2: Preventing and responding to drug overdose through prevention, treatment, care, and recovery measures as well as other public health interventions to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach[xlix]
    b) E/CN.7/2025/L.4/Re v.1: Develop recommendations on how to align drug control conventions with UN Guiding Principles on Alternative Development including through development-oriented measures consistent with the 2030 Agenda for Sustainable Development[l]
    c) E/CN.7/2025/L.6/Re v.1: Establish a committee to assess and recommend changes to current drug control conventions[li]
    d) E/CN.7/2025/L.7/Re v.1: Assess environmental impacts of drug-related activities within the context of international drug control treaties[lii]

3. In October 2025, the UN General Assembly adopted Human Rights Council Resolution 60/26[liii], *"The human rights implications of drug policy"*, establishing human rights, not criminalization, as the core framework for international drug cooperation[liv]. The resolution calls on states to integrate harm reduction into public-health policy, respect Indigenous rights, address environmental harms, and protect civil-society actors working on drug reform. **Canada co-sponsored this resolution**.
4. For a more detailed summary of current international discourse, see CDPC's 2024 submission on the Controlled Substances Regulation[lv].

The *CDSA* has dual purposes: public health and public safety. It is not solely a reification of international drug control treaties. As such, any regulations intended to further the fulfillment of "international obligations" must equally consider Canada's compliance with the International Covenant on Economic, Social and Cultural Rights[lvi] (Article 12 right to the "highest attainable standard of physical and mental health: in particular) and the International Covenant on Civil and Political Rights[lvii]. Further, drug control policy must respect domestic human rights legislation. A November 2025 report[lviii] by British Colombia's Human Rights Commissioner highlights that reliance on criminalization-based approaches to drugs and drug use are driving discriminatory harms to marginalized communities and, in particular, Indigenous people.

5.2 Recent illegal US airstrikes and Canada's complicity

Canada is already deeply intertwined with US-led drug enforcement efforts, particularly in the Caribbean[lix;lx;lxi]. Recent illegal US air strikes against civilian boats in international waters call into question Canada's complicity in these blatant human rights violations that international law and human rights authorities have condemned as illegal[lxii;lxiii] .

While Canada's Department of National Defence insists that its activities are "separate and distinct" from the US air strikes, such distinctions are meaningless without independent oversight. Even if Canada is not directly sharing intelligence in these specific cases, Canada's participation and partnerships with the US supports the surveillance and operations infrastructure that makes these strikes possible[lxiv]. Other countries (e.g., Colombia; The Netherlands and the United Kingdom) have now stopped sharing certain intelligence information with the United States over fears they are contributing to the human rights violations[lxv]. Through participation in partnerships that carry out illegal operations such as US-led strikes in the Caribbean, Canada is abandoning our stated values and risking our international credibility.

6. Intersections with Migration, Immigration and Border Policy

In addition to concerns voiced by experts in immigration policy, including the Canadian Council for Refugees which has called for Bill C-12 (and Bill C-2) to be fully rescinded[lxvi], Bill C-12's drug law enforcement and information provisions present concerning shifts to the treatment of migrants.

By fusing precursor-control powers with immigration enforcement, Bill C-12 creates a legislative bridge between drug policing and border control. The Bill's "information-sharing" provisions, which enable broader data exchange among Health Canada, CBSA, RCMP, Coast Guard and the US, also further erode the distinction between public health matters and criminal-legal ones - the crux of Canada's unregulated drug crisis.

Although these proposed inter-agency frameworks have implications for every person living in Canada, militarized border drug enforcement disproportionately targets racialized and low-income migrants. It is highly likely that the changes proposed will promote racial profiling, arbitrary detention, and erosion of asylum protections, contrary to Articles 9 and 12 of the ICCPR and the 1951 Refugee Convention[lxvii].

We wish to highlight two specific examples of reasonably foreseeable, irreparable harm that Bill C-12 poses to migrant communities:

Under s. 36 of the *Immigration and Refugee Protection Act* (*IRPA*)[lxviii], drug-related convictions can render a person inadmissible or subject to removal. Accelerated precursor scheduling under Bill C-12 means migrants, asylum seekers and temporary workers – many of whom are not aware of their rights, lack access to grievance mechanisms[lxix] and face language and technology barriers - may unwittingly fall afoul of new prohibitions and risk both criminal conviction and removal. Short of conviction, workers with precarious or no immigration status are uniquely at risk as they often have little control over work conditions, may not have up-to-date knowledge of newly scheduled chemicals and face barriers to leaving their employment[lxx]. This includes increased risk of being pressured by employers to handle precursor chemicals without consideration or proper mitigation of potential human and environmental harms and becoming embroiled in criminal investigations for activities they are coerced into; all of which can have serious consequences for a person's health, safety and migration status.

Additionally, information sharing and *Oceans Act* amendment clauses widen the net of migrants who may be implicated in investigations without protections against unlawful enforcement actions, violence in their country of origin, or assurances as to the reliability of underlying information. This is of particular concern as, under s. 37 of the *IRPA*, a person is inadmissible by virtue of being *believed* to be member of an organized crime group. Victims of recent US bombing campaigns (Section 5.2 of this submission) have been described "cartel" members, despite a paucity of supporting evidence and first-hand evidence that several victims were impoverished labourers and fishermen with little or no connection to organized crime[lxxi]. C-12 poses a risk of increasing information sharing risks for targeted communities and increasingly sets Canada on an enforcement path that aligns with US actions that could lead to at-risk migrants being found inadmissible and at risk of targeted violence by other states.

7. Environmental Consequences

In prior and related Health Canada proposals to amend the *CDSA* or *PCR*[lxxii], there was no environmental impact assessment. It is not clear that any has been done regarding Bill C-12. This is deeply concerning, as there is a growing body of literature examining the impacts of prohibition-based drug policy on the environment[lxxiii]. Indeed, in the 2025 World Drug Report, the UNODC specifically states:

"Environmental harm is not a priority. Drug policy responses are mostly focused on the short term, are reactive in nature and often seem to be disconnected from environmental policies. For example, samples taken at clandestine laboratories and dumping sites are normally only analysed for law enforcement purposes, in other words, to link criminals to the manufacture or dumping sites and – if possible – to recover the clean-up costs involved. No structural assessments are carried out to qualify or quantify the environmental harm."[lxxiv]

The RCMP note the dangers of clandestine synthetic drug labs include numerous environmental contamination hazards[lxxv]. As early as July 2007, a Department of Justice Canada report[lxxvi] noted, "*[Methamphetamine production operations] produce environmental hazards, pose clean-up problems and endanger the lives and health of community residents"*; and that, *"In illicit drug manufacturing, unwanted by-products, most notably sodium hydroxide, are often dumped into the environment, down sinks and drains, into rivers and streams and onto surrounding land."* There are also significant costs to cleaning-up illegal drug production sites[lxxvii;lxxviii].

Bill C-12 seeks to fast-track the prohibition of precursor chemicals and increase surveillance practices – with the likely result of increasing the speed with which new chemicals are introduced into both the drug supply and the environment. Conversely, **taking control of the illegal market would allow governments to introduce responsible production practices and standards that minimize and regulate environmental impacts** rather than encouraging the manufacture of yet more novel chemicals for which the environmental impact is unknown.

8. Economic and Fiscal Accountability

8.1 Law Enforcement Spending

While the Government of Canada purports to taking a public health and public safety approach to drug use, as noted in Section 3, budget and resource allocations to **law enforcement spending on drug policy significantly outweigh spending in other areas.** Bill C-12 further entrenches law enforcement spending while gutting health and social approaches to substance use. Numerous Canadian civil society organizations have expressed concerns[lxxix]. CDPC's 2025 federal pre-budget consultation submission[lxxx] examines in more detail law enforcement spending and outlines concrete steps government can take to both improve health for everyone and spend public money effectively.

As noted above, when law enforcement enacts more complex prohibitions and investigative techniques, transnational and organized crime groups adapt their production and supply methods to evade controls and meet demand – resulting in an endless cycle of "cat and mouse". For example, between 2017-2022 Public Prosecution Services expenditures were 281% above planned due to increasingly complex drug prosecutions; law enforcement agencies across the country have received increased funding for initiatives directly and indirectly linked to drug trafficking, which also contributed to a rise in more complex cases"[lxxxi].

Evaluation of drug policy is furthermore lacking assessment of numerous factors, allowing significant "hidden costs" to persist despite lack of demonstrable positive health and safety outcomes. For example, the Canadian Substance Use Costs and Harms (CSUCH) report states: *"$49.1 billion... that is the cost of harms related to substance use in Canada"* but **the report omits large categories of spending**, such as:

- **International drug interdiction** (RCMP liaison officers abroad, support for UNODC operations, joint US–Canada military and coast guard initiatives).
- **Border security and port inspections** (Canada Border Services Agency, Transport Canada).
- **Specialized police units** (dismantling clandestine labs, chemical clean-ups, conducting wiretaps, or running undercover drug investigations)
- **Financial intelligence investigations** (FINTRAC, CRA, RCMP)

Again, **Bill C-12 will continue to ramp up law enforcement costs and no comprehensive costing of the Bill's implications has been conducted**, thus creating uncertainty as to the full scale of the future cost of the proposed legislative amendments.

8.2 Additional Canadian Coast Guard security costs unknown

At a November 04, 2025 meeting[lxxxii] of the Standing Committee on Public Safety and National Security (SECU) studying Bill C-12, Ryan Tettamanti, Senior Director, Maritime Security Force Development for the Canadian Coast Guard (CCG) said Bill C-12 would allow CCG to *"embark on an enhanced security mandate which will allow the coast Guard to share information with our security partners".* When MP Claude DeBellefeuille questioned Tettamanti about whether there was an additional budget to support "expanded powers and authority", he responded, *"Once this bill passes, then we will be going to the parliamentary process to seek funds... The intent is to seek additional funding to enhance our security mandate."*

8.3 Impacts on Industry

The accelerated scheduling of precursors under Bill C-12 may hurt legally authorized business & research. In particular, small businesses could be at risk. Precursor substances being scheduled with little notice may lead to business or individual employees unknowingly breaching the *CDSA* and risking criminal sanction. Further, many precursors have legal use (e.g., water treatment, pharmaceuticals, agriculture) - Bill C-12 increases the risk of supply chain disruptions when distributors stop carrying newly regulated chemicals. Also, insufficient consideration has been given to the potentially heavy compliance expenditures leading to increased costs for manufacturers and consumers requiring precursor chemicals for legally authorized purposes. Such concerns have previously been raised by industry stakeholders regarding increased regulatory oversight of precursor chemicals[lxxxiii]. As well as harms to business, universities or research institutes may face barriers accessing chemicals - inhibiting research and innovation with regulatory uncertainty.

9. Pathways to Evidence-Based Regulation

The *"progression towards increasingly potent illicit drugs can be curtailed only through evidence-based harm reduction and demand reduction policies that acknowledge the structural determinants of health"*[lxxxiv]. Rather than following a well-trodden but ineffective and potentially harmful path proposed under Bill C-12, Canada can make better policy and budget decisions. Health Canada's Expert Task Force on Substance Use[lxxxv] and the Global Commission on Drug Policy[lxxxvi;lxxxvii] outline clear recommendations, and Canada's cannabis reforms and Bills C-201[lxxxviii] and C-206[lxxxix] provide roadmaps, and lessons, to build a more equitable policy, investment and healthcare system.

Emerging evidence examining Canada's cannabis reforms indicates the potential benefits of adopting a new regulatory direction. Data show a substantial displacement of the illegal cannabis market over the first 5 years of legalization. In 2024, 72% of those who reported consuming cannabis in the past 12 months reported usually purchasing their cannabis from a legal source[xc]. The *Legislative Review of the Cannabis Act: What We Heard Report*[xci], showed a 95% reduction in the number of charges for cannabis possession between 2017 and 2022, reducing the negative impacts of interactions with the criminal justice system. According to the *Canadian Substance Use Costs and Harms 2007-2020* report, criminal justice costs attributable to cannabis decreased 21.4% ($36 in 2007 to $28 per person in 2020). Specifically, costs declined 13.5% between the introduction of the *Cannabis Act* in 2018 and 2020 due to fewer incidents, charges and admissions for cannabis possession[xcii].

Conversely, **Bill C-12 moves Canada away from policy that has the potential to drive similarly positive outcomes as those seen under cannabis reform**. Nor does Bill C-12 provide pathways towards not-for-profit based models of regulating and controlling currently illegal drugs. **Not-for-profit control models have greater potential to decrease the financial motivations of organized crime** than continuing to increase the instability and cost of the illegal drug market through policy reforms such as those proposed in Bill C-12.

10. Recommendations

We strongly encourage SECU to recommend the following to Parliament in relation to the Bill C-12:

1. **Withdraw Bill C-12 in its entirety** and cease efforts to expand emergency scheduling powers.
2. **Suspend operations and information sharing with US**-led drug enforcement activities until a full human rights assessment is completed.
3. **Rebalance federal funding** to meaningfully address the social determinants of health to reduce drug demand, prioritising poverty reduction, affordable housing, and a diversity of accessible health services, including newcomer health supports.
4. **Launch a comprehensive review of the *CDSA*** to align with the Expert Task Force on Substance (2021), UN OHCHR (2023) and the International Guidelines on Human Rights and Drug Policy.
5. **Adopt OHCHR recommendations 68 (a) and (c)** from *A/HRC/54/53*: end drug criminalization and develop regulated legal access to controlled substances through models that promote public health and human rights.
6. **Implement mandatory human rights, international humanitarian law, environmental and fiscal impact assessments** for future *CDSA* reforms.
7. In the absence of significant reform to the *CDSA*, **immediately establish a transparent parliamentary oversight and meaningful civil society input** mechanism for *CDSA*-related scheduling and enforcement reforms.

The Canadian Drug Policy Coalition (CDPC)

The Canadian Drug Policy Coalition (CDPC) is a national, non-partisan organization working to advance drug policy grounded in public health, human rights, and evidence. We collaborate with civil society and human rights organizations across the country, focusing on policy analysis, public education, community engagement, and academic research.

Citations

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