

February 28, 2026

Submission on Proposed New Regulation under the *Restricting Public Consumption of Illegal Substances Act, 2025* (RPCISA) to Extend Authorities to Transit Special Constables

Prepared by: Canadian Drug Policy Coalition

Comment:

Thank you for the opportunity to comment on the Proposed New Regulation under the *Restricting Public Consumption of Illegal Substances Act, 2025* (RPCISA) to Extend Authorities to Transit Special Constables.

Last year, CDPC and other civil society organizations submitted to the Ministry during the public comment period on the *Safer Municipalities Act* (“the Act”) which included Schedule 1 titled *Restricting Public Consumption of Illegal Substances Act*, where we expressed our serious concern that implementation of the Act as proposed would lead to death, serious injury, and psychological harm. We identified populations that would be disproportionately impacted, namely, people who lack housing and face socioeconomic difficulties, and Indigenous people, who face disproportionately high rates of housing precarity and toxic drug poisoning due to the impacts of colonization and discrimination. These risks remain in place and are applicable to the current proposed regulation. We reiterate our serious concern with the current legislative and proposed regulatory framework.

The proposed regulation under the RPCISA is an extension of the same criminalizing approach in the Act that increases risk of death, serious injury, and discrimination for people who use drugs who are housing insecure. This population already faces lower life expectancy and other marginalization including poverty, unmet healthcare needs, and poor healthcare access. We urge the Ministry to withdraw the current proposed regulation and repeal the Act.

We are particularly alarmed at coverage in the Toronto Star dated February 26, 2026 “Doug Ford wants TTC officers to crack down on drug users. Why some say that’s a bad idea”,¹ where Sarah Kennedy, head of the Ontario Special Constable Association,

¹ https://www.thestar.com/news/gta/doug-ford-wants-ttc-officers-to-crack-down-on-drug-users-why-some-say-thats/article_84c0f69a-09d5-4a61-b7c6-09c075b2cb74.html

in discussing the proposed regulation is quoted stating that the Association would require additional tools such as tasers, for “enforcement-oriented interactions between special constables and people under the influence of drugs.” Taser use has been found by Ontario’s top pathologist as a contributing factor in the death of Aron Firman in 2010², and should not be prioritized as a way to engage with people who are consuming or perceived to have consumed drugs.

As noted in our previous submission, the criminalization of drug use in public spaces will increase mortality and serious injury amongst people who use drugs. Our previous submission on the Act also noted the significant risk of disproportionate impacts to people living in poverty and unhoused people with no choice but to carry out activities of daily living, including drug consumption, in public space. These concerns are reiterated with the current proposed regulation that is an extension of this criminalizing approach.

The proposed regulation will create additional health and safety risks by further incentivizing lone and physically isolated substance use due to fear of criminalization including harassment, displacement, fines, and imprisonment. Given consumption of the unregulated drug supply leads to significant risk of drug toxicity due to its volatility, contamination, and potency, there is significant risk that lone and isolated drug use could lead to death and injury.

Public health guidance states that in order to prevent death and injury, people should not consume drugs from the unregulated supply while alone and isolated. The Chief Medical Officer of Health for Ontario has stated that “criminalization of simple possession for personal use increases the risk of people using drugs alone, and overdosing and dying.”³ The proposed regulation under this Act would incentivize behaviour that is in direct contradiction to public health guidance.

In 2021, people experiencing homelessness accounted for one in six fatal overdose deaths in Ontario, a rate that has more than doubled from 2017 to 2021.⁴ This staggering mortality rate is directly related to drug criminalization and related enforcement. The health care needs of people who use drugs who experience housing precarity must be supported through health-based, rather than criminal, interventions including the provision of access to shelter, affordable housing, voluntary healthcare services, and supervised consumption services.

² <https://www.ontario.ca/page/siu-directors-report-case-10-pcd-111>

³ <https://www.ontario.ca/page/chief-medical-officer-health-2023-annual-report>

⁴ <https://pubmed.ncbi.nlm.nih.gov/37845790/>

As noted in our previous submission, the Act will cause disproportionate harms to Indigenous people. Due to the ongoing systemic impacts of colonization and the attendant discrimination in the medical and criminal legal systems, Indigenous people are overrepresented in the population experiencing harms from the intersection of drug criminalization, the toxic unregulated drug supply, and housing precarity.⁵ This concern is reiterated with respect to the current proposed regulation, as it is an extension of the same criminalizing approach.

In our previous submission, we indicated that under the Act, there is risk of violation of the inherent rights of Indigenous people due to disproportionate displacement and criminalization. Further, there is risk that increased criminalization will lead to more instances of isolated drug consumption that increase risk of death and serious injury. These concerns remain in place with the current proposed regulation. In 2021, the opioid toxicity mortality rate was more than seven times greater among First Nations people compared to non-First Nations people, and this rate nearly tripled between 2019 and 2021.⁶ We urge the Ministry to consider the risk of disproportionate harms to Indigenous people in the proposed regulation and under the Act.

As noted in our previous submission, the Act is an inefficient and poor use of public funds, particularly when the costs of criminalization (surveillance, arrests, incarceration, courts) are contrasted with the cost of public health services such as affordable housing. In addition, fear of criminalization is demonstrated to result in rushed or unsafe drug consumption practices (e.g. the reuse or sharing of needles), representing increased costs to the health care system due to increased transmission of bloodborne infections. These concerns remain in place with the current proposed regulation as it is an extension of the same criminalizing approach.

The Auditor General has found that the average cost of providing social housing to one household is about \$613 per month and the cost of one shelter bed is \$2,100 per month, while the cost of one correctional facility bed is \$4,300 per month, or approximately seven times more expensive than the cost of social housing.⁷ This demonstrates the importance of investment of public funds into upstream investments that better support positive social determinants of health rather than criminalizing approaches that increase health care costs and result in poorer health outcomes.

⁵ <https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2025/2025-01-08-EndingChronicHomelessnessinOntario.pdf>

⁶ <https://chiefs-of-ontario.org/wp-content/uploads/2024/11/Opioid-Use-Related-Harms-and-Access-to-Treatment-among-First-Nations-in-Ontario-Annual-Update-2013-2023.pdf>

⁷ https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_314en17.pdf

Services such as supervised consumption services that would help reduce public drug use are more cost-efficient to the public health care system. Every \$1 spent on supervised consumption services is associated with more than \$5 in public health care system cost savings, including the cost savings associated with the prevention of HIV and Hepatitis C.⁸ Yet the Ontario government has closed more than half of the province's supervised consumption sites.

Lastly, as noted in our previous submission, under the Act there is an increased risk of psychological harm to health and social service workers and bystanders. We reiterate these concerns with the proposed regulation. Further, transit workers may also experience increased risk of psychological harm. Our submission has described how increased criminalization of people who use drugs in public space, including transit agency and related properties, is likely to result in increased risk of drug toxicity injury and death. Health and social service workers are likely to experience distress and psychological harm due to the preventable deaths of their clients due to increased criminalization of people who use drugs. There is also increased risk of distress and psychological harm to transit workers and bystanders who witness and respond to people who have died due to consuming drugs while isolated and hidden in public spaces.

Once again, we reiterate our serious concerns with the proposed regulation and the Act. We strongly recommend that the current proposed regulation be withdrawn and the Act repealed.

References

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2. <https://www.ontario.ca/page/siu-directors-report-case-10-pcd-111>
3. <https://www.ontario.ca/page/chief-medical-officer-health-2023-annual-report>
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7. https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_314en17.pdf
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