

## **Submission prepared by the Canadian Drug Policy Coalition regarding the Special Rapporteur on contemporary form of racism's visit to Canada**

### **Executive Summary**

In Canada, the criminalization of drugs, punitive approaches to homelessness, and related enforcement patterns intersect to function as a mechanism for racial oppression and diminish Canada's ability to uphold fundamental civil, political, economic, social, and cultural rights. Of all racial groups, Indigenous and Black people in Canada are the most impacted, experiencing disproportionate rates of incarceration, surveillance, and engagements with police. Further, the criminalized status of drugs leads to disproportionate health harms for Black and Indigenous people. **Canadian jurisdictions are increasingly passing legislation that targets socioeconomically marginalized groups, within which Indigenous, Black and racialized people are overrepresented. These collectively, and urgently, impact the rights to life, liberty, security, equality, and non-discrimination, the rights to be free from arbitrary detention and cruel, inhuman and degrading treatment including nonconsensual medical experimentation, and the right to the highest attainable standard of health.** Federal drug control laws, and provincial laws and municipal bylaws that regulate people in public space, including through involuntary addiction treatment and protective detention, and the imposition of undue restrictions on evidence-based health initiatives that reduce death, injury, and disease transmission, intersect to worsen inequalities and systemic race-based discrimination in Canada.

The Canadian Drug Policy Coalition would welcome the opportunity to meet with the Rapporteur in Ottawa, should she wish to discuss our submission further. We further recommend that the Special Rapporteur visit Saskatoon, Saskatchewan to speak with Prairie Harm Reduction which serves a high proportion of Indigenous service users. Further, we would like to draw the Rapporteur's attention to the First Nations Health Authority, who have [criticized](#) the B.C. government's turn away from its drug decriminalization policy, noting disproportionate impacts to Indigenous people.

### **Racialized drug-related enforcement, incarceration, and criminal-legal involvement**

Enforcement of the *Controlled Drugs and Substances Act* (CDSA), the federal drug control law, contributes to significant race-based disparities in rates of criminal-legal involvement. CDSA enforcement is [frequently the mechanism](#) through which multiple forms of criminalization occur. The presence or suspicion of drug-related activity is used

to justify practices such as street searches and “carding” which may lead to other kinds of criminal charges, [disproportionately impacting](#) racialized and Indigenous peoples.

The incarceration rate for Indigenous adults in 2023/2024 in six provinces was 10 times higher than non-Indigenous adults, representing 33.2% of the custodial population despite only representing 4.3% of the adult population. In Saskatchewan, this figure is 19 times greater, the highest of all reporting provinces. Indigenous women were incarcerated at a rate 18 times higher, and in federal institutions account for a staggering [49% of female admissions](#) in 2022/2023. Black people are also [overrepresented](#) by a factor of three in four reporting provinces, with the greatest overrepresentation in Nova Scotia. Over a 10-year period, Black people comprised [48% of convictions](#) for import/export offences under the CDSA despite only representing about 4% of the adult population.

Even where a substance has been decriminalized, these disparities persist. Both Black and Indigenous peoples are [approximately three times](#) more likely to have been convicted of a cannabis-related offence since non-medical cannabis was legalized.

### **Disproportionate racialized criminalization in public space at the intersection of drug law enforcement and poverty**

In addition to federal drug law enforcement, provincial laws and municipal bylaws shape racialized policing in Canada through the regulation of public space. In Canada, municipal bylaws and other provincial, territorial or federal land use legislation frequently criminalize activities related to drug use that occur at the intersection of poverty and homelessness. People without housing can be fined, displaced, detained, or have property seized due to such activities – measures that force people who use drugs (PWUD) into isolated areas where overdose risk increases because emergency response is unavailable. The [British Columbia](#) and [Ontario](#) Supreme Courts have ruled that this could amount to deprivation of the right to life, liberty, and the security of the person under Canada’s *Charter of Rights and Freedoms*.

Simultaneously, race-based inequities regarding socioeconomic status render racialized and Indigenous groups more susceptible to punitive approaches to poverty and substance use. As of 2023, Indigenous households were almost three times as likely to have experienced some form of homelessness compared to the total population. Point-in-time counts of homeless shelters nation-wide have found that [35% of respondents](#) identify as Indigenous. Despite Canada’s stated commitment to upholding the rights of First Nations, Inuit, and Métis peoples via the Truth and Reconciliation Commission (2015), the National Inquiry into Missing and Murdered Indigenous Women and Girls

(2019) and the United Nations Declaration on the Rights of Indigenous Peoples Act (2021), Canadian jurisdictions continue to pass legislation that directly targets socioeconomically marginalized Indigenous peoples who consume *or who are suspected of consuming* criminalized substances.

For example, in 2023, the British Columbia government attempted to enact a law targeting homeless people who use drugs. [\*The Restricting Public Consumption of Illegal Substances Act\*](#) was ultimately repealed after the Supreme Court of British Columbia issued a [temporary injunction](#) preventing the Act from coming into force, citing the high probability of irreparable harm due to lone drug use. When the legislation was first introduced, the Union of British Columbia Indian Chiefs (UBCIC) [stated](#) “*First Nations people are chronically and drastically overrepresented in housing insecurity, homelessness, and fatal overdoses ... and will be disproportionately harmed by this violent legislation. Despite this, the legislation was not co-developed with title and rights holders and is in clear violation of the United Nations Declaration on the Rights of Indigenous Peoples.*”

Despite the injunction affirming the harms associated with criminalization and isolated drug consumption, in 2026, B.C. ended its drug decriminalization policy. This decision directly contravened the recommendations of [B.C.’s Office of the Human Rights Commissioner](#), who noted that First Nations people died from toxic drugs at a rate 6.7 times greater, and First Nations women died at a rate 11.6 times greater. The Commissioner stated unequivocally that allowing the toxic drug crisis to continue unabated violates the human rights of PWUD, particularly those who are Indigenous.

Canada is increasingly passing punitive legislation at the intersection of drug use, public space, and homelessness, which disproportionately impact Indigenous people due to the intergenerational impacts of colonialism and land theft, as well as Black and other racialized groups due to disproportionate rates of poverty and racialized policing practices. For example, in 2025 Ontario passed the [Safer Municipalities Act](#), whereby anyone who is *suspected* of consuming drugs in a public space can be displaced by police (including if they are living in a tent) and may face a \$10,000 fine and/or imprisonment for six months. Civil society organizations including [Amnesty International](#), [Yellowhead Institute](#), the [Canadian Mental Health Association – Ontario division](#), and the [Canadian Civil Liberties Association](#) have condemned the Act, noting it undermines the right to life and security while raising concerns about discriminatory enforcement for Indigenous, Black and other racialized people. As per the Yellowhead Institute, “[*the Act*] creates heightened threats toward any Indigenous person on the

streets, whether they use drugs or not, to be discriminated against and charged simply for not having anywhere else to go.”

### **Restrictions on health services that impact racialized people who use drugs**

The systematic closure and/or restriction of vital healthcare services for PWUD function to further entrench racial discrimination in Canada. Specifically, harm reduction programs providing sterile drug use equipment to prevent HIV transmission and services such as supervised consumption sites (SCS) are evidence-based interventions that reduce drug-related morbidity and mortality. SCS in Canada were visited 5,394,643 times, reversing more than 65,977 overdoses with zero reported fatalities, and offering other essential health and social services. Data indicate that Indigenous and racialized groups are overrepresented among service users due to the structural conditions enacted and maintained by colonialism, racial discrimination, and resultant gaps in the healthcare system. For instance, Prairie Harm Reduction in Saskatoon, Saskatchewan, estimate that 90% of their clients are Indigenous. Similar patterns are observable across the country, especially in northern, remote, and rural regions.

While Canada has historically been a leader in SCS, over the last two years many have ceased operating. These closures, whether directly through legislation or indirectly through burdensome regulations and defunding, violate the right to life and equitable healthcare. They also perpetuate stigma and discrimination toward service users – especially those who are racialized and Indigenous, given they access these services at elevated rates compared to the general population.

One high-profile case of an SCS closure having outsized impacts on Indigenous peoples occurred in Lethbridge, Alberta, when the provincial government forced the busiest SCS in North America to close in 2020. Indigenous peoples in Alberta are overrepresented among unhoused PWUD. At the time of the closure, the city had one of the highest per capita drug poisoning rates in the province. More recently, the Alberta government has reduced the total number of operational SCS in the province to five and announced plans to close two more.

In addition to directly forcing SCS closures, provinces are compelling sites to close indirectly by introduction onerous restrictions and cutting funding. Legislation passed in 2024 in Ontario prohibits SCS from operating within 200m of schools and daycares. In 2025, Quebec introduced legislation prohibiting their operation within 150m of schools and daycares. At the time of writing, the Ontario government has announced it will halt funding for all provincially-funded sites as of June 2026, raising urgent questions about where PWUD will seek life-saving healthcare.

Many regions in Canada are aggressively restricting services that distribute harm reduction supplies such as sterile syringes and reduce blood-borne illness such as HIV and Hepatitis C, which are concentrated among Indigenous populations. These restrictions will impact the rights to life, equality, and non-discrimination. Indigenous people comprise [65-80% of new cases of HIV](#) despite only representing 16% of the population. Saskatchewan has Canada's highest provincial HIV rate (19.4 per 100,000 in 2023) and disproportionately high Hepatitis C rates (38.3 per 100,000 in 2021), which may be transmitted through the sharing of intravenous drug consumption equipment. In 2024, the Saskatchewan government prohibited third-party organizations from utilizing provincial funding to distribute harm reduction equipment and *information* about reducing disease and other drug-related harms. Simultaneously, even privately-funded SCS are being threatened by members of government: A site operated by Prairie Harm Reduction in Saskatoon, which is frequented by approximately 90% Indigenous clients, is presently the subject of a petition by a Federal Member of Parliament calling for the elimination of SCS.

### **Expansion of involuntary addiction treatment**

Increasingly, jurisdictions in Canada are introducing legislation and building facilities for involuntary addiction treatment. Laws for mental health-related detention for exceptional circumstances already exist in Canadian provinces and PWUD are increasingly detained under these laws. However, in the last two years, provinces have increasingly turned towards forced abstinence-based drug treatment, even as voluntary treatment remains largely inaccessible. These policies are associated with increased risk of overdose death and injury, persistent trauma due to experiences in these facilities, and severe violations of bodily autonomy, health and safety. Involuntary treatment legislation directly undermine the rights to life and non-discrimination including in healthcare, the right to be free from cruel and inhuman treatment including non-consensual medical experimentation and arbitrary detention. Racialized and Indigenous peoples, who already encounter barriers to accessing culturally appropriate, voluntary treatment services and who are more likely to experience poverty and overrepresentation in homelessness rates, will experience disproportionate harms.

The Alberta government passed the [Compassionate Intervention Act](#) in 2025, which allows police to involuntarily detain PWUD for forced medical treatment even when they have been deemed to have capacity to make decisions [about their care](#). [Academic ethicists](#) have pointed out that the Act poses risks to the principles of justice, as it *“targets people marginalized by systemic barriers to health and social services [such as] Indigenous patients who are subject to systemic racism within Alberta’s emergency*



*departments, [who] may have misleading chart notations related to substance use that can be used against them under the [Act's] criteria.”*

Similarly, Manitoba passed *The Protective Detention and Care of Intoxicated Persons Act* in 2025, which authorizes police to apprehend individuals in public places who are *perceived* to be intoxicated and who, in the officer’s view, pose a danger or *cause a disturbance*. The Act extends the maximum involuntary detention period to 72 hours through newly created ‘protective care’ centres, where people may be subjected to involuntary medical examinations. Human rights experts have stated the Act necessitates scrutiny under Articles 6, 7, 9, 10, 17, 24, and 26 of the International Covenant on Civil and Political Rights, [noting](#) that “*Indigenous and racialized communities are likely to bear a disproportionate burden, given well documented patterns of racialized policing and discrimination in healthcare and emergency response...The Act also fails to address access to culturally appropriate healing practices.*”

In British Columbia, the government updated regulations under the *Mental Health Act* to clarify that people with co-occurring mental health and substance use disorders, including minors, can be detained and treated involuntarily if they are perceived to pose a risk to themselves or others. It is also building new involuntary detention facilities in carceral settings while extending greater liability protections to healthcare workers who may be accused of human rights violations by involuntarily detained patients. Yet the province’s own Chief Scientific Advisor for Psychiatry, Toxic Drugs, and Concurrent Disorders previously concluded in 2019 that “[s]ystematic literature reviews examining the effectiveness of involuntary care for SUDs are limited and inconclusive,” and that the “*integration of meaningful and appropriate Indigenous models of care are...necessary to improving health care services [for PWUD].*”

Cumulatively, these policy changes across Canada reflect the government’s shift towards punitive approaches to drugs that depart from evidence-based, human rights compliant policy, and Indigenous, Black, and other racialized people experience the greatest harms under this approach.

## **Recommendations**

The Canadian Drug Policy Coalition recommends that the Rapporteur call on Canada to:

1. Complete an arms-length review, led by an independent committee, of the discriminatory practices and effects of drug law enforcement and the impacts of

such enforcement on the volatility of the drug supply.

2. Create a single regulated, public health framework for all psychoactive substances.
3. Complete an arms-length review, led by an independent committee, of existing decriminalization policies throughout the world and craft recommendations to amend section 4 of the CDSA (prohibition of drug possession).
4. Amend federal, provincial and territorial human rights laws to protect people against discrimination on the basis of social status, including housing status.
5. Rescind laws that target PWUD and rely on public spaces for the necessities of life and invest in housing and health and social services to provide dignified alternatives to homelessness and public drug use.
6. Rescind involuntary addictions treatment laws and policies and invest in publicly administered, not-for profit, voluntary addictions treatment that is accessible and culturally responsive.
7. Establish national standards for addictions treatment including client redress mechanisms, quality assurances, mandatory evaluation and reporting of outcomes including deaths and injuries.
8. Sustain and scale up SCS, including by providing adequate funding and ensuring that provincial laws and policies do not prohibit or unreasonably restrict SCS.