

Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

By: Canadian Drug Policy Coalition

Submitted to: Standing Committee on Finance, Pre-Budget Consultations in Advance of
the 2026 Federal Budget

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May 22, 2026

List of Recommendations

- **Recommendation 1:** That the government allocate \$492 million over three years to fund 24-hour community-based overdose response programs, namely supervised consumption and mobile outreach services.
- **Recommendation 2:** That the government allocate \$15 million over three years to implement a national public education campaign to increase awareness of the public safety benefits associated with harm reduction and supervised consumption services.
- **Recommendation 3:** That the government complete an arms-length, independent review of the impacts and evaluation outcomes of drug law enforcement in Canada and make this review available to the public.
- **Recommendation 4:** That the government complete an arms-length, independent review of drug decriminalization policies and evaluation outcomes from jurisdictions throughout the world, including in B.C., and make this review available to the public.

Canada's Toxic Drug Crisis

The toxic drug crisis continues to take the lives of people in Canada, surpassing 55,000 opioid-related deaths over the past 10 years. Consumption of the unregulated drug supply, which has evolved to contain novel and highly potent substances, is the primary driver of the death rate. People who experience poverty and housing insecurity and Indigenous people are significantly overrepresented in toxic drug deaths. Hypoxic brain injury following consumption of unregulated drugs has also become increasingly common. Building dedicated service capacity for emergency overdose response is a stopgap, yet vital, measure that meets the urgent and immediate need.

Emergency overdose response in Canada has become progressively more complex given that new chemicals are constantly entering the unregulated drug supply. This increased risk landscape is directly associated with the enforcement of federal legislation governing controlled substances. For instance, following the scheduling of the tranquilizer xylazine under the *Controlled Drugs and Substances Act*, a different kind of tranquilizer, medetomidine, emerged in the unregulated supply, causing new, complex and life-threatening forms of overdose and withdrawal symptoms.¹ This phenomenon poses critical questions that warrant rigorous and impartial analysis to assess whether scheduling chemicals is an effective policy mechanism to address public health and safety harms.

The substance use context in North America is distinct compared to other jurisdictions internationally. There is a significantly higher concentration of unregulated synthetic opioids and sedatives in the unregulated drug supply in Canada and the United States compared to other regions such as in the European Union. Policy solutions must be rigorous, data-driven, and tailored to Canada's unique context, while meeting human rights obligations and providing lasting public health benefits.

Recommendation 1: *That the government allocate \$492 million over three years to fund 24-hour community-based overdose response programs, namely supervised consumption and mobile outreach services.*

Community-based overdose response programs such as supervised consumption services and mobile outreach programs provide emergency care in case of toxic drug overdose. In addition, these programs provide mentorship, training, and employment opportunities for often-marginalized people to participate in the workforce as health and social service workers.

Supervised consumption services and mobile outreach services are evidence-based harm reduction services that provide low-barrier emergency overdose response, sterile harm

¹ Canadian Centre on Substance Use and Addiction and Canadian AIDS Treatment Information Exchange. "Medetomidine in Canada's unregulated drug supply." 2026. Retrieved from: <https://www.catie.ca/medetomidine-in-canadas-unregulated-drug-supply>

reduction equipment that reduce disease transmission, and other wraparound health and social supports such as referrals to addictions treatment.

At \$492 million over three years, up to 60 communities (20 supervised consumption services sites and 40 mobile outreach programs) could receive enhanced 24-hour overdose prevention and emergency response services, increased access to health and social services for people who use drugs, and increased opportunities for people who use drugs to participate in the workforce as health and social service workers.

Recommendation 2: *That the government allocate \$15 million over three years to implement a national public education campaign to increase awareness of the public safety benefits associated with harm reduction and supervised consumption services.*

Peer-reviewed research from a range of settings domestically and internationally indicate that supervised consumption services improve public safety and reduce crime.² However, these benefits may not be widely understood by the public. A targeted public education campaign could address misinformation and build awareness among the public regarding the important public safety benefits associated with harm reduction initiatives such as supervised consumption services and harm reduction equipment distribution programs.

Recommendation 3: *That the government complete an arms-length, independent review of the impacts and evaluation outcomes of drug law enforcement in Canada and make this review available to the public.*

Drug law enforcement practices,³ through diverse mechanisms ranging from the scheduling of chemicals that lead to the introduction of novel chemicals that increase the volatility of the unregulated drug supply, to street level policing practices that incentivize risky and isolated drug consumption practices, create additional public health and safety harms such as increased risk of toxic drug overdose. An emerging body of research has found that drug law enforcement practices such as police seizures of drugs are associated with increased rates of overdose.⁴ Evidence also shows that police seizures of drugs are

² Kerr, T. and Werb, D. “Supervised Consumption Sites, Public Safety & Crime: The Evidence.” The B.C. Centre for Substance Use. Retrieved from: <https://www.bccsu.ca/wp-content/uploads/2026/05/Supervised-Consumption-Sites-Brief-26-05-06.pdf>

³ These include enforcement of the *Controlled Drugs and Substances Act*, the *Food and Drug Act* and various associated regulations.

⁴ Cano, Manuel et al. “A scoping review of law enforcement drug seizures and overdose mortality in the United States.” *The International journal on drug policy* vol. 124 (2024): 104321. doi:10.1016/j.drugpo.2024.104321; Bruzelius, Emilie et al. “Law enforcement fentanyl seizures and overdose mortality in US counties, 2013-2020.” *Drug and alcohol dependence* vol. 262 (2024): 111400. doi:10.1016/j.drugalcdep.2024.111400; Humphrey, Jamie L et al. “Overdose as a complex contagion: modelling the community spread of overdose events following law enforcement efforts to disrupt the drug market.” *Journal of epidemiology and community health* vol. 79,2 147-152. 13 Jan. 2025, doi:10.1136/jech-2024-222263; Kral AH, Humphrey JL, Schwab C, Lambdin BH, Ray B. Law Enforcement Drug Seizures and Opioid-Involved Overdose Mortality. *JAMA Netw Open*. 2025;8(3):e251158. doi:10.1001/jamanetworkopen.2025.1158

associated with increased rates of engagement with the illegal drug market and increased rates of community violence.⁵

Drug law enforcement disproportionately criminalizes people who are Indigenous, Black, racialized and/or experiencing homelessness, leading to poorer health and social outcomes for these populations. A rigorous, evidence-based review of the outcomes of drug law enforcement and associated public health and safety benefits and/or harms is needed.

This review should assess impacts of drug law enforcement on public health and public safety benefits and harms, including the distinct impacts experienced by Indigenous, Black, racialized communities, and people living in poverty, and rates of toxic drug overdose including death and injury, community violence, and re-engagement in criminalized activity. Crucially, the review should develop an independent cost-effectiveness analysis of the public health and public safety outcomes associated with drug law enforcement practices.

Recommendation 4: *That the government complete an arms-length, independent review of drug decriminalization policies and evaluation outcomes from jurisdictions throughout the world, including in B.C., and make this review available to the public.*

Criminalization of drug possession has not materially reduced the availability of or demand for illegal drugs. Rather, the criminalized environment increases the risks associated with drug consumption, such as drug-related stigma suppressing access to healthcare and housing, leading to poorer health and social outcomes for the public, increasing strain to health systems infrastructure, and hindering the enjoyment of fundamental rights.

Rigorous analysis of current policy frameworks and an investigation into alternate models for upstream intervention are needed in order for government to adequately respond to the public health and safety harms associated with the criminalization of drug possession. Such a review should also consider the social and economic costs of the re-entrenchment of socioeconomic barriers associated with experiencing criminalization, particularly for people who are Indigenous, Black, racialized, and/or experiencing homelessness, and consideration of equity-based drug decriminalization frameworks that could improve socioeconomic conditions for people who are Indigenous, Black, racialized and/or experiencing homelessness.

⁵ Hayashi, Kanna et al. “Police seizure of drugs without arrest among people who use drugs in Vancouver, Canada, before provincial ‘decriminalization’ of simple possession: a cohort study.” *Harm reduction journal* vol. 20,1 117. 30 Aug. 2023, doi:10.1186/s12954-023-00833-7; Werb, Daniel et al. “Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver.” *The International journal on drug policy* vol. 19,4 (2008): 332-8. doi:10.1016/j.drugpo.2007.08.004; Werb, Dan, Greg Rowell, Gordon Guyatt, Thomas Kerr, Julio Montaner, and Evan Wood. 2011. “Effect of Drug Law Enforcement on Drug Market Violence: A Systematic Review.” *The International Journal of Drug Policy* 22 (2): 87–94.

Summary of Recommendations

- **Recommendation 1:** That the government allocate \$492 million over three years to fund 24-hour community-based overdose response programs, namely supervised consumption and mobile outreach services.
- **Recommendation 2:** That the government allocate \$15 million over three years to implement a national public education campaign to increase awareness of the public safety benefits associated with harm reduction and supervised consumption services.
- **Recommendations 3 and 4:** That the government complete arms-length, independent reviews of the impacts and evaluation outcomes of drug law enforcement in Canada and the impacts and evaluation outcomes of drug decriminalization policies from jurisdictions throughout the world, including in B.C., and make these reviews available to the public.

The Canadian Drug Policy Coalition (CDPC) is a national, non-partisan civil society organization working to advance evidence-based drug policy grounded in public health principles and human rights. CDPC collaborates with people with lived and living experience of substance use and criminalization, researchers, civil society organizations, Indigenous leadership, health providers, and communities across Canada and internationally. Our work includes policy analysis, legal and human-rights advocacy, knowledge mobilization, and community engagement.