

Beyond Emergency Declarations: Charting Ontario's Course Through the Substance Use and Overdose Crisis

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Overview

Several Ontario municipalities have declared states of emergency due to the escalating substance use and overdose crisis. This Ontario Chamber of Commerce policy primer unpacks the crisis' wide-ranging impacts on Ontario businesses and communities and highlights different intervention approaches. The OCC's goal is to frame the ongoing conversation about addiction management by simplifying the complex narrative surrounding substance use, bridging the knowledge gap among stakeholders and emphasizing the need for evidence-based, community-informed solutions that prioritize public health principles, prevent mortality, and improve recovery outcomes.

Context and Drivers

Ontario's substance use crisis has escalated in recent years, paralleling a national trend yet exhibiting unique local dynamics. The crisis, rooted in the 1990s with the surge in opioid prescriptions such as OxyContin, intensified with the contamination of the illegal drug supply with potent opioids such as fentanyl since 2016, causing a spike in overdose deaths (see Figure 1).

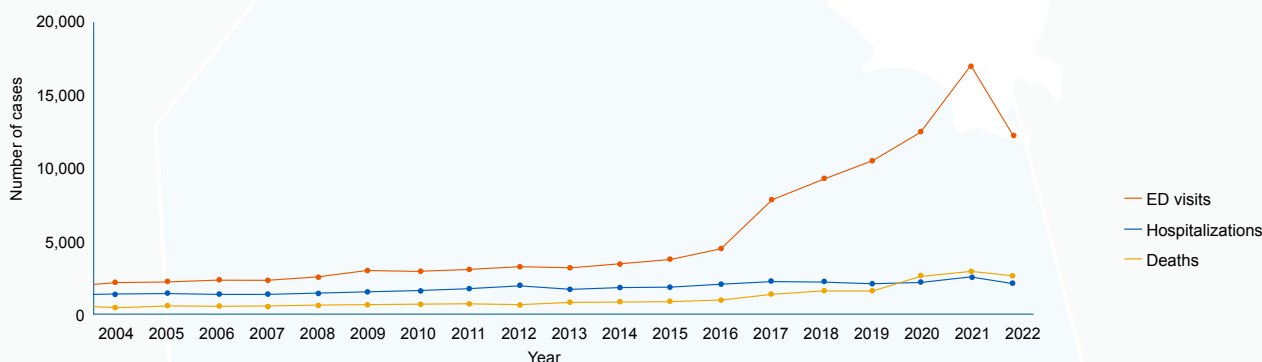


Figure 1: Cases of opioid-related morbidity and mortality, Ontario (2003-2022)ⁱⁱ

In recent years, the crisis has exhibited complex patterns of multiple-drug use, with a vast majority of overdose deaths involving combinations of opioids, stimulants, and alcohol. Between 2018 and 2021, toxic drugs and alcohol caused 8,767 accidental deaths in Ontario, with the number of deaths in 2021 nearly doubling from 2018.ⁱⁱⁱ

There are several key drivers of the crisis. First, pervasive stigma within healthcare settings and beyond, which makes it challenging for affected people to access treatment. Second, the COVID-19 pandemic worsened mental health challenges for those with pre-existing barriers to accessing social services; the ensuing [mental health “echo pandemic”](#) further strained support systems, exacerbating substance use risks and challenges by increasing isolation, anxiety, and economic distress, contributing to a “tsunami of overdoses.”^{iv}

The third major driver of the crisis has been the increased toxicity of the drug supply. Recent detections of drugs laced with lethal substances suggest that each use is potentially deadly, leading to complicated addictions that require nuanced treatments.^{v, vi} These substances have contributed to a rise in multi-substance deaths, as they do not respond to naloxone (a standard treatment for opioid overdoses).

Impact on Ontario Businesses and Communities

Substance dependency is a complex issue. Individual challenges are often intertwined with mental health, homelessness, and other social determinants of health.

Ontario's local businesses, many of them small and medium-sized enterprises, have been placed at the frontlines of an addiction crisis that they are not equipped to address. As a result, this has created much frustration. Local chambers of commerce and boards of trade have reported increased incidents of trespassing and disruptions to business operations from people experiencing mental health challenges and substance dependencies.

Specifically, businesses with proximity to supervised consumption sites,¹ have noted reduced customer traffic and closures due to public drug use.^{vii} Similar trends have been observed in peer jurisdictions, with businesses in overdose-prone areas in British Columbia reporting higher insurance premiums and liability, along with additional expenses for improved security measures such as surveillance and hiring of specially trained personnel to handle on-site incidents.^{viii, ix}

BB We are in an unfortunate location between two drug clinics, so the problem surrounds us closely. There are folks battling substance use passed out on the sidewalk or leaving drug paraphernalia on the premises. My front doorway was being used so often for drug use that I had to go to the hassle of installing a permanent gate to keep them out. Security cameras and signage were no deterrent. My back doorways are also being used for drug use, so I will have to barricade them as well."

– Local business in downtown Brantford, Ontario

BB The costs to business go far beyond a lost counter sale – especially for those who aren't even located in a downtown core. Businesses are fined for removing trees that shelter an encampment because the occupants of that space continually come to the back of the store, leave drug paraphernalia, and threaten staff's sense of safety. Businesses are forced to hire additional security to protect their parking lots during shift changes at night, so employees feel safe enough to walk to their cars."

– Belleville Chamber of Commerce

The substance use and overdose crisis has also manifested within certain “high-risk” economic sectors like construction, forestry, mining, and hospitality.^x

¹ Known in Ontario as Consumption and Treatment Services (CTS), these are health service facilities where individuals can use pre-obtained drugs in a safe, hygienic environment under the supervision of trained personnel. These sites are a critical component of harm reduction strategies, aiming to prevent overdose deaths and improve access to addiction treatment and other social and health services.

Substance Dependency in the Construction Industry

Canada's construction industry is grappling with a serious mental health and substance dependency crisis. A 2021 study that examined opioid-related fatalities by profession in Ontario found that 31 percent of these deaths occurred among individuals employed in the construction sector.^{xi} This can be attributed to several industry-specific stressors, including the precarious and seasonal nature of construction work, the physical demands of the job, and a higher propensity for work-related injuries.^{xii} The heavy reliance on opioids for pain management, combined with the stigma around mental health and lack of access to appropriate care, compounds the risk of dependency and overdose.

The COVID-19 pandemic intensified these mental health challenges. Substance use among construction workers has increased by 31 percent since the pandemic began, higher than the 25 percent uptick across other business sectors.^{xiii} Assessments of the overdose crisis within the sector concluded that prescription opioids were not the sole driving factor of the crisis. Consistent with the multiple substance use trends seen across communities, most deaths involved a combination of opioids with other drugs and alcohol.^{xiv}

A closer examination of the crisis reveals a critical tension between competing narratives sparking debates in local communities, from large urban centres to small towns. In a matter of a year and a half, several Ontario municipalities, including Belleville, Hamilton, Kingston, and Niagara, have declared states of emergency due to the overdose crisis and related challenges such as mental health and homelessness.

Ontario's Northern, remote and rural communities have been hit particularly hard. In First Nations communities, the crisis is magnified by the enduring effects of colonization and the residential school system, inadequate housing and poor access to clean water, with opioid-related toxicity deaths in First Nations communities nearly tripling between 2019 and 2021.^{xv}

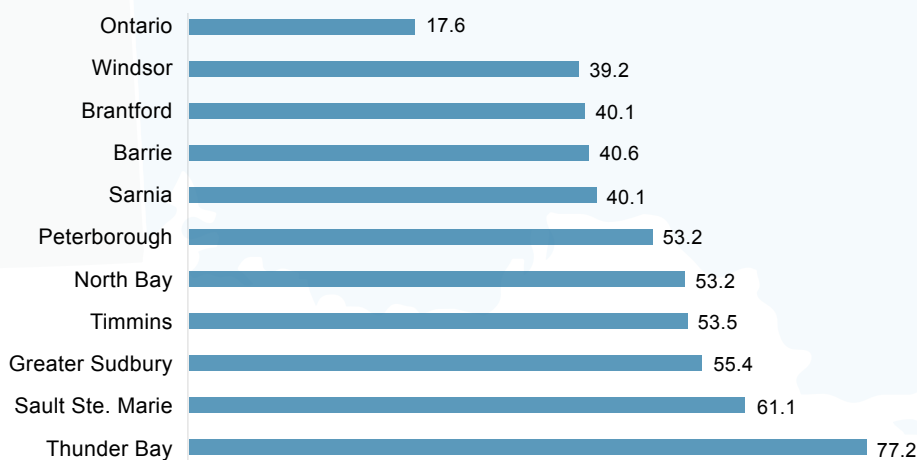


Figure 2: Opioid Toxicity Mortality Rate per 100,000 population (2022)^{xvi}

These communities, often hampered by limited access to healthcare and addiction support services, have seen significantly higher overdose rates and substance use-related harm compared to the southern parts of the province (see Figure 2)^{xvii}. This resource gap is visible in Sault Ste. Marie, Barrie, Sudbury, and other municipalities grappling with establishing or maintaining supervised consumption sites.^{xviii} Cities such as Belleville are requesting provincial funding for a detox centre and community hub for addictions and homelessness after an overdose crisis in February 2024.^{xix}

Policy Choices for Addiction Management: Insights From Ontario and Beyond

Policy responses to the substance use crisis must be rooted in evidence-based solutions and an understanding of what has worked in Ontario and elsewhere. While many Ontarians are understandably concerned about community safety, a law enforcement approach alone could lead to further marginalization and worsen the existing crisis as individuals struggling with substance dependency already face barriers to access support services.



Western Canada

Alberta and B.C. implement harm reduction and recovery strategies in their approaches to addiction management, similar to Ontario. Significant overlap exists in services like naloxone distribution and support for syringe exchange programs and supervised consumption sites. However, policy emphasis varies significantly.

More than its peers, B.C. focuses on harm reduction efforts² and strategies aimed at reducing stigma and aiding those with substance use disorders. In contrast, Alberta has opted for a “recovery-oriented care” model,³ broadening rehabilitation services and developing therapeutic community spaces. Until recently, the difference between the two provinces was sharply defined by B.C.’s decision to decriminalize substance possession in January 2023 as a three-year pilot program, which was recently amended due to growing public safety concerns. Alberta continues to maintain a traditional law enforcement stance while investing more heavily in recovery-centered models.^{xvii}

² Harm reduction strategies includes programs like needle exchange, Safer Opioid Supply, and Consumption and Treatment Services which provide safer environments and supplies to reduce risks associated with substance use without necessarily requiring abstinence.

³ Also known as the “treatment model,” this includes strategies to lessen the impacts of substance use through medication-assisted treatment like Opioid Agonist Therapy (which reduces opioid craving and prevents severe withdrawal symptoms), psychological and behavioral therapies, and peer-support.



Ontario

With its emphasis on both harm-reduction and treatment strategies, Ontario’s strategy to combat the substance-use and overdose crisis is rooted in creating a “continuum of care” that includes promoting treatment and withdrawal management, expanding harm reduction services and supports, and improving surveillance.^{xx} Key initiatives include:

- Rapid Access Addiction Medicine (RAAM) clinics and residential treatment services for the treatment of opioid use disorder.
- A range of services offered at supervised consumption sites, including supervised consumption, distribution of harm reduction supplies, and access to healthcare and social services.
- Improving access to naloxone.

Despite these measures, Ontario is projected to exceed over 3,000 annual drug poisoning deaths for the fifth year in a row, translating to more than eight fatalities per day.^{xvi} This trend highlights a continuous challenge within communities and the broader mental health sector, which faces significant resource shortages.

Lack of consistent data hampers direct comparison of the provincial outcomes on treatment and recovery, making it challenging to ascertain the efficacy of each strategy. **As such, we emphasize the need to collect additional data and rely on best practices and evidence from peer jurisdictions to inform Ontario's approach to addiction management, combining recovery-focused initiatives and harm-reduction methods.**

Innovative Interventions in Addiction Management

➔ The De Novo Treatment Centre – A Construction Industry Initiative

Established in 1993 in Huntsville, Ontario, the De Novo Treatment Centre is a partnership between construction management and unionized labour designed to support construction workers and their families facing addiction challenges, including opioid addiction. De Novo works to dismantle the stigma and barriers preventing those in need of help from accessing services by offering a judgment-free zone for individuals to address their struggles with robust family and community backing. The Centre is jointly funded and governed by employers and employees.

De Novo's core model of care is based on a 35-day Residential Addiction Treatment Program, using evidence-based practices overseen by experts in psychotherapy and addiction counselling.^{xxiii} Its abstinence-based approach promotes sobriety through a 12-step model, life-skills enhancement, and comprehensive wellness support. Clients are further supported post-treatment with aftercare options, ensuring a sustained path to recovery.

➔ Somerset West Community Health Centre's Drug Overdose Prevention and Education (DOPE) Program

The DOPE Program is a peer support program in Ottawa's Centretown, Carlington, and Somerset West neighbourhoods that addresses the needs of high-risk, isolated drug users by providing support, resources, and overdose prevention training during hours when most services are closed.^{xxiv} The program leverages the experiences of its staff to offer vital services, including naloxone kit distribution, overdose training, safe syringe disposal, and access to emergency care. Since 2019, the program has disposed of 113,331 needles, trained 281 individuals in naloxone use, distributed 2,657 naloxone kits, and intervened in 37 overdoses, thereby enhancing community safety, reducing emergency calls, and creating pathways to care through its community-based, peer-supported approach.

Conclusion

Ontario stands at a pivotal juncture in confronting the substance use and overdose crisis. While stakeholders welcomed provincial commitments in the *Roadmap to Wellness Plan* and additional investments in *Ontario's Addictions Recovery Fund*, Ontario's strategy must better engage and reflect the concerns of businesses and local communities, who find themselves at or near the frontlines of the crisis. Actions should include:

- 1 A review of the the operating procedures and practices of existing interventions to reduce the unintended harm that can be caused to communities, while ensuring the crisis is managed through a public health approach that prevents mortality, improves recovery outcomes, reduces stigma and respects the dignity of all people.
- 2 Improved data collection that enables direct comparisons of provincial outcomes to ensure that Ontario and other jurisdictions can learn from one another.
- 3 Support for both a strategy and a culture of collaboration – with industry, government, healthcare, and community organizations working together to mitigate the impacts of this crisis on people and communities everywhere.

Endnotes

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