

## **Our Health Our City: Annual Progress Report 2025**

**Date:** November 7, 2025

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### **SUMMARY**

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*Our Health, Our City: A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto* (OHOC) advances a compassionate, equitable and evidence-based plan to improve mental health and wellbeing and to reduce substance use related harms across the city.

The Strategy outlines strategic goals and recommended actions for government, health care leaders, schools, businesses, civil society and all Torontonians. This report provides updates on the current mental health and substance use landscape, and progress on the Strategy's goals in 2025 with a focus on current priorities identified by the OHOC Implementation Panel. It also provides an update on the implementation of the City of Toronto's Downtown Homeless and Addiction Recovery Treatment (HART) Hub.

The recommendations in this report respond to input provided through work on the OHOC Strategy in 2025 and identify areas for collaborative efforts to address Toronto's evolving mental health and substance use landscape.

### **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The Board of Health continue to recognize the drug toxicity epidemic as a public health crisis due to ongoing high levels of opioid toxicity deaths in Toronto.
2. The Board of Health request the Medical Officer of Health to explore opportunities to collaborate with researchers, City of Toronto divisions and other organizations, as appropriate, to assess the effects of changes in the mental health and substance use landscape, and identify potential service adaptations that promote public health and mitigate harms for affected individuals.

3. The Board of Health request the Medical Officer of Health to work with community partners, City divisions and others to explore and promote funding options, including federal emergency response funding, that support people who use drugs, the organizations that serve them, and other community-based responses.

4. The Board of Health request the Province of Ontario to amend current regulations to permit unregulated health professionals to administer oxygen in appropriate settings to respond to overdoses, due to changes in the unregulated drug supply.

5. The Board of Health request the Province of Ontario and the Government of Canada to develop strategies for reducing harms associated with alcohol through evidence-based policies such as regulations on pricing, marketing, and availability, and for expanding treatment options.

## **FINANCIAL IMPACT**

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There is no financial impact associated with the adoption of the recommendations in this report.

If any funding that has financial impacts on TPH's budget is identified, TPH will request budget adjustments at the earliest opportunity.

The Chief Financial Officer and Treasurer has reviewed the report and agrees with the information as presented in the Financial Impact Section.

## **DECISION HISTORY**

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On June 25 and 26, 2025, City Council approved the creation of the Downtown Homelessness Addiction Recovery and Treatment (HART) Hub and authorized the Medical Officer of Health to enter into agreements and other arrangements for the purpose of delivering Downtown HART Hub programs and services. At the same meeting, City Council directed the Deputy City Manager, Community and Emergency Services to convene an outreach and case management coordination table comprising of relevant City divisions and agencies to streamline pathways into programs and services and monitor outcomes, and to coordinate this work with the development of the All-of-City Response to Homelessness and Support Needs. meeting <https://secure.toronto.ca/council/agenda-item.do?item=2025.HL25.2>

On June 3, 2025, the Board of Health directed the Medical Officer of Health to report back to the Board of Health in the fourth quarter of 2025 with a status update on the implementation of the Downtown Homelessness Addiction Recovery Treatment Hub, including work to finalize indicators for reporting on the performance of its programs and services. <https://secure.toronto.ca/council/agenda-item.do?item=2025.HL25.2>

On September 09, 2024, The Board of Health appointed twelve candidates to the Our Health, Our City Implementation Panel, for a 2.5-year term beginning on September 9, 2024, and ending on March 9, 2027, and until successors are appointed. <https://secure.toronto.ca/council/agenda-item.do?item=2024.HL16.7>

On November 27, 2023, the Board of Health directed the Medical Officer of Health to report to the Board of Health with annual progress reports on the implementation of Our Health, Our City: A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto. <https://secure.toronto.ca/council/agenda-item.do?item=2023.HL8.1>

On November 27, 2023, the Board of Health endorsed Our Health, Our City: A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto and requested the Medical Officer of Health to establish an implementation panel for the strategy. <https://secure.toronto.ca/council/agenda-item.do?item=2023.HL8.1>

On April 7, 2023, the Board of Health requested the Medical Officer of Health to undertake an Indigenous-specific and distinctions-based approach to ensure that the Mental Health and Addictions Strategy for Toronto be co-developed in true partnership with Indigenous organizations and communities to ensure that approaches and actions that support the unique needs of urban Indigenous people living in Toronto can be collectively activated. <https://secure.toronto.ca/council/agenda-item.do?item=2023.HL3.1>

On April 7, 2023, the Board of Health requested the Medical Officer of Health to continue to develop the comprehensive Mental Health and Addictions Strategy, which includes the refreshed Toronto Drug Strategy, with targeted actions to address mental health and substance use and present to the Board of Health in fall 2023. <https://secure.toronto.ca/council/agenda-item.do?item=2023.HL3.1>

## COMMENTS

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*Our Health, Our City: A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto* (OHOC) advances a compassionate, equitable and evidence-based plan to improve mental health and wellbeing and to reduce substance use related harms across the city.

The strategy outlines strategic goals and recommended actions for the entire community, including government, health care leaders, schools, businesses, civil society and all Torontonians. It addresses the full continuum of care from prevention to harm reduction to treatment. The OHOC Implementation Panel provides advice to support the implementation of the strategy.

This report provides updates on the current mental health and substance use landscape, and progress on the strategy's goals in 2025 with a focus on current priorities identified by the OHOC Implementation Panel. It also provides an update on the implementation of the City of Toronto's Downtown Homeless and Addiction Recovery Treatment (HART) Hub.

### Current Landscape

Toronto's mental health and substance use landscape continues to evolve in response to policy and provincial legislative change, service changes, and the continued emergence of new and unpredictable substances in the local drug supply. A convergence of crises - related to housing instability, cost of living, mental health, and

substance use - are influencing efforts and approaches across City of Toronto divisions, by other orders of government, and in the community. Recent reports have underlined these intersecting crises and the need for coordinated approaches:

- A September report to Economic and Community Development Committee on Toronto's Multi-Divisional Response to the Needs of People Experiencing Homelessness identified mental health and substance use challenges as indicators underscoring the urgent need for a coordinated, multi-sectoral, and intergovernmental approach. ([Agenda Item History - 2025.EC23.6](#))
- Input from Toronto Public Health's Health and Homelessness Working Table, reported to the Board of Health in January, identified mental health and substance use as significant public health concerns among people experiencing homelessness, ([Agenda Item History - 2025.HL21.5](#))
- The HousingTO action plan identifies the need for ongoing provincial funding for wrap-around support services to help people exit homelessness into permanent and stable homes, along with increased social assistance rates, additional investments in mental health and addictions services, enhanced resources for community and primary health care providers, and new and sustainable funding to ensure availability of appropriate harm reduction and overdose prevention services, which are critical to complement investments in housing solutions ([Agenda Item History - 2025.PH25.4](#)).

The strategy emphasizes that coordinated and comprehensive responses across all sectors are needed to address these dynamic challenges. The OHOC Implementation Panel has also recently reiterated the importance of understanding these issues as interconnected.

### **Ongoing Drug Toxicity and Service Changes**

Toronto continues to see high levels of drug toxicity, with significant impacts for people who use drugs, first responders, service providers, and communities.

In January 2025, Toronto Public Health reported on anticipated impacts of Supervised Consumption Service (SCS) closures resulting from new requirements under the *Community Care and Recovery Act* ([Agenda Item History - 2025.HL21.6](#)). Since four of these sites closed in March 2025, community agencies and people with lived and living experience are reporting signs of strain, including:

- an influx of clients from closed sites to the remaining SCS sites, more complex client needs, heightened community safety concerns and community tensions, and insufficient resources to meet current demands for services.
- burnout among staff at these remaining locations,
- reduced service availability is contributing to isolation and increased health and safety risks for people who use drugs, who also experience stigma and criminalization, and
- reports from residents citing increasing concerns about visible substance use, improperly discarded supplies, and safety in public spaces.

*Community Care and Recovery Act* (CCRA) requirements have also affected Urgent Public Health Need Sites (UPHNS), which deliver supervised consumption services in priority shelter sites. UPHNS services are only available to shelter clients residing at the location where a UPHNS is operated. Due to CCRA requirements, two of Toronto's four

sites closed March 31, 2025, and one exemption expired at the end of September (an exemption from Health Canada to the Controlled Drugs and Substances Act is required for all supervised consumption services to operate). The one remaining UPHNS exemption is in place until the end of 2025.

On October 27, 2025, the Parkdale Queen West Community Health Centre announced that the provincial government had terminated funding for the agency's Supervised Consumption Service and provided 30 days to wind down the service, with funding ending as of November 22, 2025. If closed, this would be the fifth SCS in Toronto to close in 2025, in addition to the UPHNS closures.

Recent legislative changes may further change this landscape. These include:

- the *Safer Municipalities Act*, which enacted the *Restricting Public Consumption of Illegal Substances Act, 2025*, received Royal Assent on June 5, 2025. The *Restricting Public Consumption of Illegal Substances Act, 2025*, subject to certain exemptions, prohibits the consumption of an illegal substance in a public place and allows police and/or provincial offences officers to direct a person to cease consuming drugs or to leave the public place immediately. It imposes fines and possible imprisonment for failure to comply with an officer's direction. Officers may direct individuals to stop consuming illegal substances in public, leave the area and if non-compliant, to provide their full name, date of birth and address to the officer. The officer may also seize and destroy suspected illegal substances if they are in plain view and proximate to the person. The officer can also submit the substance for analysis. The authority to seize, destroy and analyze a substance is triggered where the officer believes the person is guilty of an offence under the *Restricting Public Consumption of Illegal Substances Act, 2025*.
- the *Protect Ontario Through Safer Streets and Stronger Communities Act, 2025*, which introduced the *Measures Respecting Premises with Illegal Drug Activity Act, 2025*. The *Measures Respecting Premises with Illegal Drug Activity Act, 2025* will create new responsibilities for landlords to take preventative measures against the production or trafficking of illicit drugs in residential units. Landlords will be held responsible for knowingly permitting their premises to be used for unauthorized drug activity purposes. The *Measures Respecting Premises with Illegal Drug Activity Act, 2025* is not yet in force. Any proposed requirements for landlords will only take effect once the Act and regulations come into force, at which time more guidance for landlords will be provided.

Continued coordination across City divisions and with external partners will be important to monitor the impacts of these changes.

## **Opioid Toxicity and Current Trends**

In 2024, the most recent full year of data available, there were 4,076 non-fatal calls for suspected opioid overdoses attended by Toronto Paramedic Services<sup>1</sup>. The Office of the Chief Coroner for Ontario has recently reported over 450 confirmed deaths due to opioid toxicity in Toronto in 2024, 96 percent of which are deemed accidental<sup>2</sup>. Toronto

Public Health acknowledges that these deaths represent tragic and substantial losses of loved ones, friends, families and colleagues.

Opioid toxicity deaths in Toronto are comparable to provincial trends, where an increase was seen during the pandemic. Although the number of deaths has declined in 2024 and in the first half of 2025, a decline that began prior to SCS closures, it remains 50 percent higher compared to the pre-pandemic average between 2017 and 2019.

The unregulated drug supply continues to cause many overdose deaths. Toronto's Drug Checking Service has identified new and highly potent opioids in samples expected to contain fentanyl. Many samples contain multiple strong opioids and other depressants, such as veterinary tranquilizers and benzodiazepines, increasing overdose risk and complicating reversal efforts.

Between 2020 and 2024, the opioid fentanyl has continued to be the highest contributor to accidental opioid toxicity deaths in Toronto, contributing to 76 percent of deaths in 2024.

Toronto Public Health continues to conduct weekday surveillance of fatal and non-fatal suspected opioid overdoses attended by Toronto Paramedic Services. Monthly surveillance is also conducted of other indicators such as emergency department visits to Toronto hospitals due to suspected overdoses or opioid poisoning, and deaths due to opioid toxicity. Monthly updates are published on the [Toronto Overdose Information System](#), a public webpage. The [2024 Street Needs Assessment \(SNA\)](#) led by Toronto Shelter and Support Services adds complementary insights about people who use substances and experience homelessness, beyond what is captured through health surveillance data.

Overdose data reflect only part of the health impacts of the drug toxicity epidemic and the closure of supervised consumption services. People who use opioids face elevated risks of HIV, hepatitis C, wounds and other infections, hypoxia, traumatic brain injuries, and risk of harm or violence from using in unsafe or isolated settings. These risks increase when access to safe consumption spaces and sterile supplies is limited and people turn to the alternative of using alone, in non-healthcare settings, and in potentially unsafe environments.

Findings from Toronto's 2024 SNA further underscore these risks. Among survey respondents experiencing homelessness, 68 percent reported a mental health condition, and nearly half (47 percent) reported using unregulated drugs. Substance use was most frequently reported among people staying outdoors (67 percent) and in 24-hour respite sites (59 percent). Many respondents also described barriers to accessing mental health and harm reduction supports, particularly due to stigma, safety concerns, or lack of available services. These data highlight the intersection between homelessness, substance use, and unmet mental health needs, and the critical importance of low-barrier, health-focused supports across the system.

## *Key TPH and City Actions to Respond to the Current Substance Use Landscape*

Toronto Public Health and City partners are monitoring key indicators related to SCS closures and the drug toxicity epidemic. Toronto Public Health continues to provide mobile outreach, harm reduction supplies, overdose response training and treatment, while other City divisions and agencies provide vital supports including emergency response, community safety, needle disposal, shelter, housing, outreach, and food security. Some of these efforts include strong partnerships with community agencies, such as the Harm Reduction Community Care Project under the Downtown East Action Plan. This project provides low-barrier peer employment to individuals with lived experience of substance use, homelessness, mental health challenges, incarceration, or HIV/HCV, while promoting community safety through the collection and safe disposal of harm reduction supplies.

## *Other Substance Use and Mental Health Developments*

While the drug toxicity epidemic and related service changes are key developments in the current landscape, OHOC responds to all types of substances (regulated and unregulated) and the full spectrum of mental health promotion needs to enhance overall health and wellbeing for everyone in Toronto. Data updates on harms associated with substances highlighted in the OHOC Strategy (cannabis, alcohol and tobacco) are available in Attachment 1, subject to data availability, as are additional indicators related to other substances and to mental health and wellbeing. Additional information is available on the [Toronto Population Health Status Indicators Dashboard](#). Indicators for most substances included in Attachment 1 show a stable trend for year over year changes. City actions being taken across OHOC Strategic goals are available in Attachment 2.

## **Implementation Update: Our Health, Our City Strategy**

### **Current Implementation Panel priorities**

The OHOC Implementation Panel provides strategic advice on implementing the Strategy's recommendations and identifying current priorities. This progress report focuses on three priorities identified by the Panel through consideration of emerging issues, progress to date, and Board of Health direction:

1. Responding to Supervised Consumption Services Closures
2. Reducing Harms Associated with Alcohol
3. Mental Health Promotion and Collaboration with Primary Care Partners

To advance the first two priorities, the panel established dedicated workgroups comprising panel members, subject matter experts, and individuals with lived and living experience. Each workgroup is co-chaired by Toronto Public Health and a panel member. Both workgroups began meeting in September 2025 and provide regular updates to the Implementation Panel.

Given the recognized urgency and persistence of opioid toxicity trends, the SCS Working Group has identified early potential actions that are reflected as

recommendations in this report. While the Alcohol Working Group is in the process of determining its focus areas, the need for comprehensive strategies at the provincial and federal levels has been highlighted given these governments' roles in regulating alcohol and funding treatment for alcohol use disorder. Both working groups may continue to refine and expand their recommendations as discussions progress.

### *Supervised Consumption Services Closures Workgroup*

The Supervised Consumption Site Closures Workgroup brings together City and community organizations and groups to share information, understand the impacts of the closures, and identify potential actions for the City and external partners. Discussions have highlighted that remaining SCS sites are overwhelmed, that partners are observing an increase in community safety concerns, and that people who use drugs are experiencing negative health impacts and reduced access to many services.

This workgroup has also started identifying potential actions related to measuring and communicating these impacts, providing supports to over-burdened services, and identifying new mechanisms for providing services to people who use drugs.

One potential action item is to expand the availability of oxygen and enable more trained staff to administer it in overdose response. As new substances, including potent depressants, enter the local drug supply, naloxone alone may not be sufficient to reverse an overdose. Toronto Public Health recommends that all drug poisoning cases be comprehensively medically managed by the acute care sector. However, some clients may refuse transport to an emergency department, and therefore a provincial change that enables oxygen as an additional response option - in appropriate facilities with trained staff - could be an important enhancement to overdose response approaches.

In July 2025, British Columbia updated regulations for health professionals to align with the *Health Professions and Occupations Act* to authorize all health professionals to administer emergency use oxygen. Additionally, in the Fall of 2025, the B.C. Centre for Disease Control published *Oxygen Administration and Manual Ventilation in Opioid Poisoning Response*, which offers guidance on oxygen administration in overdose response for health authorities, community organizations, and health and social service providers. This report recommends requesting the government of Ontario to implement similar changes with accompanying guidance, training and standards to support clients who refuse emergency medical services transport.

The workgroup has also identified a need for public communications addressing stigma and discrimination towards people who use drugs, especially as some communities experience increased public visibility of substance use and community safety concerns. The workgroup attributed these issues to the movement of people who use drugs and people experiencing homelessness to sites that remain open but that are insufficiently resourced to respond to the increased demands. To help address these demands, the workgroup also called for the identification of funding options, including federal emergency response funding to support people who use drugs, the organizations that serve them, and other community-based responses to the overdose epidemic. Toronto Public Health is assessing potential next steps on these items, including opportunities to

work with other City divisions undertaking anti-stigma work such as Social Development and Toronto Shelter Support Services.

### *Alcohol Workgroup*

The Alcohol Workgroup provides an opportunity for City and community partners to identify key issues and drivers of harms related to alcohol in Toronto and recommend solutions for the City and external groups or organizations. There were 19,601 emergency department visits at Toronto hospitals for conditions entirely caused by alcohol among those 15 years and older in 2024<sup>3</sup>.

Discussions have identified opportunities to build awareness among medical providers and the public about effective Alcohol Use Disorder treatments, and limited harm reduction and respite services (especially population-specific services). Potential actions identified by the workgroup include education and training opportunities, including with specific populations.

### *Mental Health Promotion and Primary Care Collaboration*

For the third priority, Toronto Public Health staff will build on existing relationships with health partners and use physician outreach mechanisms to share Panel priorities. Once published, the Panel also plans to review the upcoming Thrive Toronto report card on mental wellness and psychological health to identify additional opportunities for action (expected in early 2026).

### **City-wide Efforts on all OHOC Strategic Goals**

In addition to current Implementation Panel priorities, work continues across all seven OHOC goals. Selected updates from across the City on all OHOC goals are included in Attachment 2.

### **Update on the Downtown Homelessness and Addiction Recovery Treatment Hub**

The City of Toronto continues to work with the Ontario Ministry of Health, Ontario Health and health and community partners to establish the Downtown Homelessness and Addiction Recovery Treatment (HART) Hub. In August, the provincial funding letter for the Downtown HART Hub was executed for up to \$5.0 million in annual operating funds over three years. The City continues to work with the Province to execute an additional \$1.3 million in funds for HART Hub supportive housing.

In collaboration with City divisions, health and community partners, the Downtown HART Hub will provide clinical and support services to address mental health and substance use in the downtown core, along with referral pathways to supportive housing and other wrap-around services. The Downtown HART Hub also serves as a catalyst for enhancements to other programs that meet needs highlighted in OHOC consultations, such as improving access to primary care, treatment, withdrawal management, crisis stabilization supports, mental health care and creating better linkages to social services.

## Site Planning and Interim Service Delivery

Toronto Public Health is working closely with partners to finalize plans for a future location that will house several Downtown HART Hub programs and associated clinical services.

As the City works towards finalizing the future location of this site, staff will engage with the community including businesses and supportive services to provide information on the development of this important service. While this work is underway, services will be offered across satellite locations and through outreach efforts.

## Coordinated Services and Outreach

As the Downtown HART Hub model develops, its services will contribute to service coordination and staff will be able to conduct outreach into the community to support vulnerable populations. In September 2025, Toronto Shelter and Support Services reported to Economic and Community Development Committee on efforts towards an All-of-City response to homelessness that ensures it is rare, brief, and non-recurring, including updates on:

- a resource inventory of City-funded homelessness services which provides a foundational understanding of the local service delivery system,
- an overview of current interdivisional initiatives that provide coordinated responses to homelessness, and
- An overview of next steps towards continuing an All-of-City response to homelessness. ([Agenda Item History - 2025.EC23.6](#))

As part of efforts to advance this All-of-City response, City Council also directed additional coordination on outreach and case management through previous reports on the HART Hub ([Agenda Item History - 2025.HL25.2](#)). Outreach and coordination at the Downtown HART Hub will continue to draw on and contribute to these City-wide efforts.

Attachment 3 provides additional detail on the development of the Downtown HART Hub. It includes updates on available services; information related to engagement on operations, data management, and supportive housing; initial measures; and an update on program implementation, as requested by the Board of Health in Item HL25.2.

## Indigenous Health and Wellness

### Indigenous Wellness Committee

In April 2023, the Board of Health recommended that the Medical Officer of Health work with Indigenous service providers to co-develop an Indigenous mental health, substance use, and addictions strategy. In October 2023, Toronto Public Health worked with Toronto Aboriginal Support Services Council (TASSC) to co-host a two-day Indigenous wellness roundtable with Indigenous service providers in the city. A key recommendation that emerged was the need for Indigenous people to lead, develop,

and deliver their own health and social services to support the right to Indigenous self-determination, and a request for Toronto Public Health to establish an Indigenous Wellness Committee that includes all Indigenous-led service providers in the city, with the goal of co-developing an action plan to advance Indigenous wellness. The Indigenous Wellness Committee was established in early 2024 and to date has held twelve meetings which are guided by an Indigenous facilitator and grounded in Indigenous frameworks and worldviews. The committee is working diligently on the co-development of an Indigenous Wellness Action Plan in partnership with TASSC and Indigenous service providers in the city and has begun identifying key actions.

### **Indigenous Harm Reduction Circle**

Since 2022, Toronto Public Health has been working closely with Indigenous service providers to establish a collaborative approach to advancing Indigenous harm reduction. In partnership with Ontario Aboriginal HIV/AIDS Strategy (OAHAS), an Indigenous Harm Reduction Circle was officially formed in February 2023. The Circle's mandate includes co-developing culturally appropriate solutions for Indigenous harm reduction and identifying strategies to address the health and wellness needs of Indigenous people who use substances. The Beaded Naloxone Project is a community-led response to the Community Care and Recovery Act, as supervised consumption service closures included Indigenous-serving programs and TPH's The Works. These closures will disproportionately impact Indigenous community members already navigating health inequities rooted in colonial violence, systemic racism, and intergenerational trauma. Inspired by the Yukon Council of First Nations, the Indigenous Harm Reduction Circle has engaged an Indigenous beadwork artist to create a beaded naloxone kit, serving as the anchor for a culturally relevant awareness campaign that promotes Indigenous-led harm reduction services and strategies across Toronto. Participating organizations include the Native Canadian Centre of Toronto, Niiwin Wendaanimak (Four Winds at Parkdale Queen West CHC), TASSC, OAHAS, 2-Spirited People of the 1st Nations, and Les Femmes Michif Otipemisiwak

### **Next Steps**

Work on OHOC will continue into 2026 on existing priorities. Both the Supervised Consumption Services Closure Workgroup and the Alcohol Workgroup will continue to develop and present recommendations to the Implementation Panel. The Panel will also continue to advise on advancing the Mental Health Promotion and Primary Care Collaboration priority, including by responding to new research expected in 2026 such as the Thrive Report on mental wellness, psychological health and the factors that promote mental health.

### **Interdivisional Table development**

Over the past year, City divisions and agencies have collaborated on key initiatives and engaged in consultation regarding OHOC priorities. These include monitoring the impacts of SCS closures, multi-divisional participation on OHOC workgroups, and other collaborations highlighted in Attachment 2. These efforts have contributed to strengthened interdivisional relationships and alignment.

Looking ahead, staff plan to refresh an Interdivisional Table to promote continued alignment with emerging priorities. This work will include early engagement in priority setting to support more integrated planning and coordination, and an assessment of the appropriate staff roles for participation on this table.

### **Implementation Panel Membership Term**

The current term for members of the Implementation Panel concludes in March 2027. Staff will initiate a recruitment process for the next set of Panel members in late 2026 to ensure continuity and maintain the Panel's capacity to provide guidance on current and emerging priorities.

### **Toronto Public Health Strategic Impact**

This report provides a progress update on current priorities and recommended actions included in the Our Health, Our City Strategy.

This report advances the following priorities of the Toronto Public Health Strategic Plan 2024-2028:

1. Strengthen health protection, disease prevention and emergency preparedness, including meeting the objective of effectively communicating with the public about how they can protect their health.
2. Promote health and well-being across the lifespan, including meeting the objective to reduce the burden of chronic and infectious diseases across the lifespan.
3. Promote the conditions to support positive mental health and reduce the harms of substance use, including meeting the objectives to deliver public health interventions that respond to the drug toxicity epidemic, reduce harms associated with the use of alcohol, cannabis, tobacco and vapour products, strengthen public health services that are trauma-informed and reduce stigma, and deliver public health interventions that promote mental health.
4. Advocate to advance health equity, including meeting the objective to assess and report on health inequities and population health needs, collaborate with partners across multiple sectors to address local health needs, and share evidence, advocate, and collaborate to influence actions that impact population health.

### **CONTACT**

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### **SIGNATURE**

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Dr. Michelle Murti  
Medical Officer of Health

## **ATTACHMENTS**

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Attachment 1: Substance Use and Mental Health Data Updates

Attachment 2: 2025 Updates on OHOC Strategic Goals

Attachment 3: Additional Downtown HART Hub Updates

## **References**

1. Toronto Overdose Information System. Paramedic Data.  
[https://public.tableau.com/app/profile/tphseu/viz/TOISDashboard\\_Final/ParamedicResponse](https://public.tableau.com/app/profile/tphseu/viz/TOISDashboard_Final/ParamedicResponse)
2. Toronto Overdose Information System. Number of deaths from opioid toxicity.  
[https://public.tableau.com/app/profile/tphseu/viz/TOISDashboard\\_Final/ParamedicResponse](https://public.tableau.com/app/profile/tphseu/viz/TOISDashboard_Final/ParamedicResponse)
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario).  
Technical notes: substance use and harms tool. Toronto, ON: King's Printer for Ontario; 2025.