OUR HEALTH OUR CITY

A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto

TORONTO

toronto.ca/OurHealthOurCity

MESSAGE FROM THE MAYOR

Our Health, Our City is a bold plan to make our city safer and more caring by promoting better mental health and wellbeing for all.

Implementing this strategy will be an enormous team effort, requiring collaboration across City divisions, community organizations, health care partners, and other government partners.

Although the issues raised in this Strategy are complex, *Our Health, Our City* provides a roadmap to guide this collaborative work over the next five years. We are stronger and more effective when we all work together.

Toronto is a city full of potential. My wish is that this Strategy provides hope for every Torontonian. Together we will build a healthier city where everyone belongs.

Mayor Olivia Chow

MESSAGE FROM CHAIR OF THE BOARD OF HEALTH

As the Chair of the Board of Health, I am honoured to be launching *Our Health, Our City*. This comprehensive strategy takes a holistic approach to tackling some of the major mental health and substance use challenges facing our city for all age groups and communities. It lays the groundwork for building a vibrant city, while addressing inequities related to mental health and substance use.

This strategy outlines how key investments in the health and social fabric of our city from all orders of Government, including community programming and treatment services, are essential to creating a liveable city for everyone.

While much work lays ahead, every Torontonian should be able see themselves represented in this strategy and feel confident that the City and our partners are committed to working together to promote public health and public safety for all Toronto residents.

Councillor Chris Moise
Chair of the Board of Health

ACKNOWLEDGEMENTS

Land Acknowledgement

The City of Toronto acknowledges that we are on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. The City also acknowledges that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

African Ancestral Acknowledgement

The City of Toronto acknowledges all Treaty peoples – including those who came here as settlers – as migrants either in this generation or in generations past - and those of us who came here involuntarily, particularly those brought to these lands as a result of the Trans-Atlantic Slave Trade and Slavery. We pay tribute to those ancestors of African origin and descent.

Drug Toxicity Crisis Acknowledgement

The City of Toronto acknowledges the tragic and substantial losses that people continue to face due to the ongoing drug toxicity crisis. These losses and the grief experienced are immeasurable.

We acknowledge that this crisis is rooted in systemic discrimination. People who use drugs often experience stigma and multiple, intersecting forms of discrimination including racism, sexism and colonialism.

Many of us are mourning - individually and collectively. In this document, we present data related to the crisis with respect and a heavy appreciation for what they mean, and how they refer to our loved ones, friends, families and colleagues.

INTRODUCTION

With a diverse and growing population, Toronto offers an extraordinary wealth of cultural and economic opportunities, making it one of the most livable cities in the world. To keep Toronto vibrant and welcoming, individuals and communities in the city must have equitable access to opportunities to optimize their health and achieve their full potential.

Our Health, Our City **is a call to action for the whole city, with plans to be implemented over the next five years**.

It outlines strategic goals and recommended actions for City of Toronto divisions, agencies, corporations and boards, as well as government partners, health care leaders, schools, businesses, civil society and all Torontonians. It is guided by key principles developed in collaboration with stakeholders, centring the lived and living experiences of people with mental health challenges and/or who use drugs.

Fostering a Healthy City

This strategy is grounded in a commitment by City Council and the Board of Health to reduce the health and social impacts of substance use harms and promote the mental health and wellbeing of every Torontonian.

It builds on years of hard work on the part of many City of Toronto divisions. This includes Toronto Employment and Social Services, Social Development, Finance and Administration, Shelter, Support, and Housing Administration, People and Equity, Toronto Paramedic Services, Toronto Police Service and Toronto Public Health, along with numerous community partners and leaders. It also involves the implementation of other comprehensive city-wide mental health and wellbeing strategies, such as THRIVE Toronto. Collectively, these activities have advanced actions under Ontario's Mental Health Promotion Guideline (2018), Ontario's Substance Use Prevention and Harm Reduction Guideline (2018), the Toronto Drug Strategy (2005) and Toronto's Overdose Action Plans (2017 and 2019). Bringing mental health and substance use under one strategy provides a comprehensive framework to improve policy development and the coordination of programs and services to maximize impact.

THRIVE Toronto brings together organizations from across sectors to take action that improves the mental wellness and psychological health of Torontonians. Its mission is to transform Toronto into a city where everyone can thrive.

With collaboration from all orders of government, and endorsement from community stakeholders, service providers and service users, it is possible to advance a compassionate, equitable and evidence-based plan to improve mental health and wellbeing for all and reduce substance use related harms across our city.

Centring the Voices of Torontonians

Many people in Toronto were engaged in the development of this strategy through interviews, roundtables and stakeholder-driven advisory groups. This included participation from numerous people with lived and living experience of substance use and/or mental health challenges or illnesses, experts, community leaders and frontline staff from the mental health, harm reduction and addictions treatment sectors and staff from many divisions of the City of Toronto. See below for an overview of the community engagement process that informed this work. A Health Equity Impact Assessment was conducted, and findings were embedded throughout the strategy development process.

Consultations, Community Engagements and Research

200 participants in **18 community roundtables,** which included people with lived and living experience

84 external stakeholder interviews

30 Interviews and roundtables with people who use drugs

13 City divisions, commissions and corporations consulted

Deputy Mayor's Mental Health Roundtable in June 2023

Jurisdictional scan of mental health and substance use strategies

A Drug Strategy Reference Group was convened to provide input on the development of the strategy and its recommendations. The strategy was also informed by discussions at the Decriminalization Reference Group and its Working Groups as well as the Board of Health's Toronto Drug Strategy Implementation Panel.

Engagements were conducted by Toronto Public Health with support from the consulting firm MASS LBP.

CONNECTIONS BETWEEN MENTAL HEALTH, SUBSTANCE USE AND THE SOCIAL DETERMINANTS OF HEALTH

Mental Health

The Public Health Agency of Canada (PHAC) defines mental health as 'the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity.'[1] Mental health is a fundamental part of overall health and wellbeing and is not just about the absence of mental illnesses – mental health is an entire continuum of experience. (see Mental Health Continuum)

States of mental health and wellness can fluctuate throughout a person's life depending on social, environmental, psychological and biological factors. Everyday stress can affect mood, learning, social interactions, productivity, cognition, behaviour and the ability to respond to new or challenging situations. Mental health can significantly affect physical health and vice versa. Everything from access to quality housing, ease of commuting through the city, exposure to green space and the ability to exercise and access nutritious food impacts our mental health.

Substance Use

Substance use is a common practice that can have significant impacts on overall health and wellbeing. Health Canada notes that 'people use substances, such as controlled and illegal drugs, cannabis, tobacco/nicotine, and alcohol, for different reasons, including medical purposes; religious or ceremonial purposes; personal enjoyment; or to cope with stress, trauma or pain. Substance use is different for everyone and can be viewed on a spectrum with varying stages of benefits and harms.'[2] While some substance use patterns may be medically classified as a disorder or present problems, many people use substances in ways that are lower risk. (see Substance Use Spectrum)

Harm Reduction

Harm reduction is both a general philosophy guiding substance use policy development and a set of internationally recognized, evidence-based and life-saving interventions to support people who use drugs and improve overall population health. According to PHAC, harm reduction 'refers to a set of practices that aim to reduce the harms associated with substance use.'[3] Harm reduction 'aims to decrease adverse health, social and economic outcomes, such as disease and injury that may result from an individual's actions; represents policies, strategies, services and practices, which aim to assist people to live safer and healthier lives; acknowledges that each person is different, has different goals and requires different supports and strategies; [and] is not focused on the reduction of substance use or abstinence as a precursor to receive respect, compassion or services.'[4]

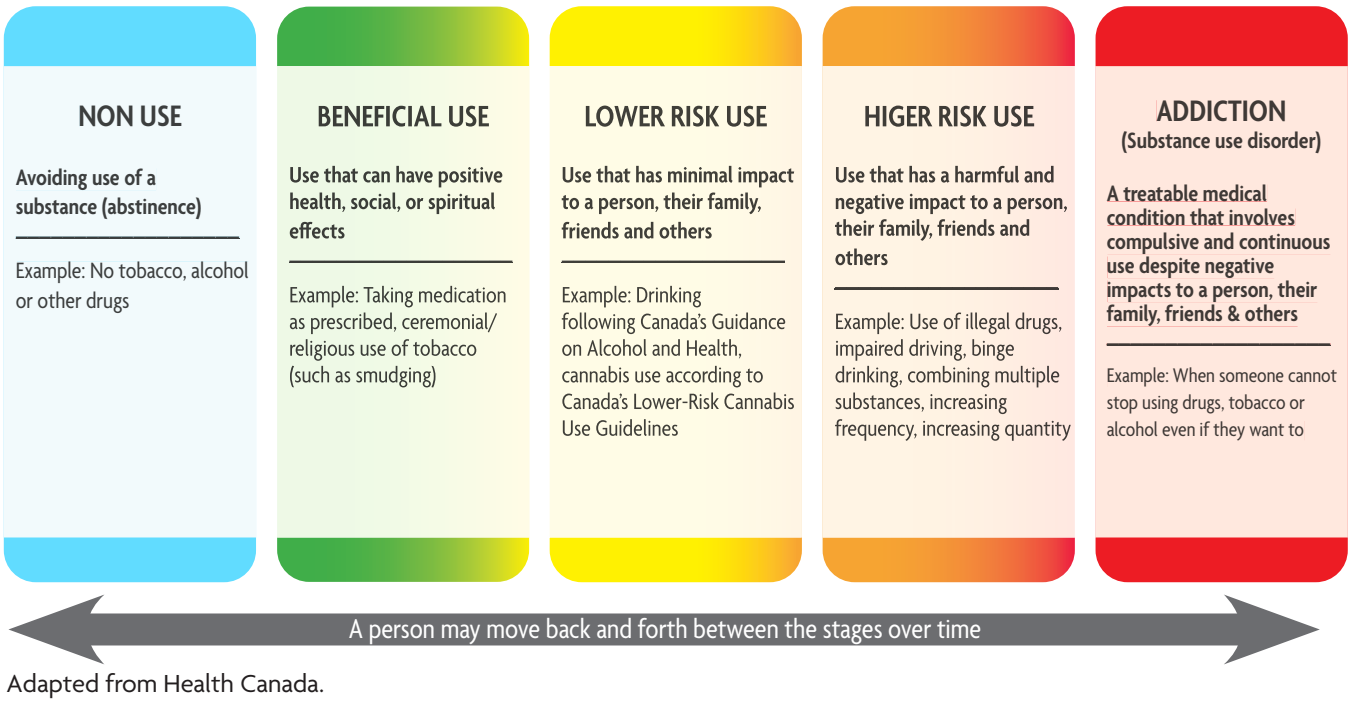
Harm reduction interventions can be embedded

Mental Health Continuum

	Healthy	Reacting	Injured	Ill
Changes in Mood	Confident Calm Normal mood fluctuations	Sadness Nervous Impatient Irritable	Pervasive sadness Anxious Angry	Depressed mood, numb Excessive anxiety/panic Easily enraged
Changes in Thinking and Attitude	Ability to concentrate and focus on tasks Take things in stride Good sense of humour	Sometimes distracted or loss of focus on tasks Intrusive thoughts Displaced sarcasm	Constantly distracted or cannot focus on tasks Recurrent intrusive thoughts Negative attitude	Inability to concentrate, loss of memory or cognitive abilities Suicidal thoughts/intent Noncompliant
Changes in Behaviour and Performance	Physically and socially active Present Performing well	Decreased activity/ socializing Present but distracted Procrastination	Avoidance Tardiness Decreased performance	Withdrawal Absenteeism Noncompliant
Physical Changes	Normal sleep patterns Good appetite Feeling energetic Maintaining a stable weight	Trouble sleeping Changes in eating patterns Some lack of energy Some weight gain or loss	Restless sleep Loss of appetite Some tiredness or fatigue Fluctuations or changes in weight	Cannot fall/stay asleep No appetite Constant and prolonged fatigue or exhaustion Extreme weight gain or loss

Adapted from the Mental Health Commission of Canada.

Substance Use Spectrum



Adapted from Health Canada.

into the full suite of services and approaches used to address substance use, from prevention programming to treatment, and across health care and social service delivery.[5]

Addictions and Treatment Services

The Canadian Mental Health Association (CMHA) describes addiction as 'a condition that leads to a compulsive engagement with a stimuli, despite negative consequences. This can lead to physical and/or psychological dependence. Addictions can be either substance related (such as the problematic use of alcohol or cocaine) or process-related, also known as behavioural addictions (such as gambling or internet addiction).'[6] The CMHA outlines four main components that characterize addiction—craving, loss of control, compulsion and consequences. These can be medically diagnosed as substance use disorders, which can be addressed with a range of medical and social interventions, including treatment services. Addictions are complex health conditions shaped by biological, psychological and social factors.

Social Determinants of Health

Our physical and mental health is fundamentally shaped by the social determinants of health, which are the everyday living conditions that we experience. They include the non-medical components of society that collectively support our health and wellbeing and protect against illnesses, such as housing, income, employment, working conditions, education, legal systems, public safety, food security, the environment and climate, transportation, access to health and social services, and protection from sexism, homophobia, transphobia, ableism, racism, colonization, historical trauma and other forms of violence and discrimination.

The primary factors that affect our health are not health care services or treatments or even our lifestyle choices. As noted in *The Social Determinants of Health: The Canadian Facts*, 'Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed and if so, the working conditions we experience. Our health is also determined by the health and social services we receive, and our ability to obtain quality education, food, and housing, among other factors. And contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are – for better or worse – imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies, and educational institutions with which we interact.'[7]

A social determinants of health approach seeks to address health inequities, which PHAC defines as 'inequalities [i.e. differences] in health outcomes or in access to the resources that support health that are systematic (that is, the patterns of difference are consistently observable between population groups) and can plausibly be avoided or ameliorated by collective action, they may be deemed unjust and inequitable.'[8] PHAC notes that 'health inequalities in Canada exist, are persistent, and in some cases, are growing'. This includes inequities related to mental health and substance use related health outcomes.[9]

Access – or lack of access – to the social determinants of health has an impact on our mental health and wellbeing and influences our patterns of substance use and our access to care.

Increasing access to the social determinants of health is essential for reducing the health and social impacts of substance use related harms.

THE CURRENT LANDSCAPE OF OUR CITY

It is estimated that as many as one in five Canadians experience a mental health problem or illness every year.[10]

Approximately one in two Canadians will experience a mental illness by the time they are 40, making mental health issues the primary cause of disabilities in Canada.[11,12]

Mental Health and Substance Use: Intersecting Crises in Our City

The Centre for Addiction and Mental Health (CAMH) has called this current moment a mental health crisis.[13] Recent data demonstrate concerning trends in various mental health outcomes, including anxiety, depression, burnout, loneliness and addictions (See Snapshot of the Mental Health Landscape).

Some of these patterns may be understood as recent effects of the COVID-19 pandemic, a period of extreme uncertainty, anxiety, loss and social isolation, though many trends pre-date the pandemic.[14]

At the same time, Toronto is also facing a devastating drug toxicity crisis, intensified by a shortage of affordable housing, poverty, trauma, chronic pain, barriers to health care and a range of social and health inequities.

Since 2015, close to 2,900 people have died of opioid-related toxicity in the city—all deaths that were preventable.[15] (See Snapshot of the Substance Use Landscape).

A robust and coordinated response is urgently needed to tackle these complex crises. While all orders of government have taken various actions to advance policies that address mental health and substance use related harms, more can be done to address the social determinants of health, such as improving access to housing and food security and to connecting people with health and social services, in order to prevent harms and illnesses before they occur.

Mental Health and Substance Use: An Integrated Approach for Our City

Substance use patterns vary greatly and cover a wide spectrum of use [see Substance Use Spectrum]. Many people use drugs and not all drug use is a problem that requires reducing or stopping the use of drugs. This strategy is focused on interventions from prevention to harm reduction to treatment that cover the full range of substance use patterns whether they are related to mental health or not. This includes recommendations for both regulated and unregulated psychoactive substances such as alcohol, cannabis, tobacco, opioids, non-prescribed use of pharmaceuticals, and other drugs like crack cocaine, crystal methamphetamine, other stimulants, psychedelics, etc.

Linking all drug use to a mental health issue or problem or labelling all drug use as an addiction is a form of stigma that prevents people who use drugs or are considering using drugs from reaching out for health care or support. A lack of understanding and judgement often prevents the development of empathetic and productive solutions to address drug use related issues.

Nonetheless, there are often overlaps between mental health and substance use issues, as in the case of addiction or dependence and concurrent substance use disorders and mental illnesses.[16] Compared to the general population, people living with a mental illness are estimated to be two to three times more likely to develop substance use disorders and vice versa.[17]

Casual and infrequent drug use, including regulated substances such as alcohol and cannabis, can also impact mental wellbeing. Stress impacts people's decisions to use drugs, and certain mental health issues can be made worse by drug use.

It is important to note that not all substance use issues are related to mental health, and not all mental health issues are about substance use. Conflating these issues can lead to stigma and discrimination, and may prevent people from accessing the right care.

Despite important differences between mental health and substance use, many of the underlying social and economic factors that cause or worsen poor mental health, mental illnesses and increase substance use related harms and addictions are similar and stand to benefit from a cohesive and coordinated response that unites City of Toronto partners together. For example, trauma, including adverse childhood experiences, physical and sexual violence, poverty, neglect, disaster, war, displacement and forced migration, can contribute to mental health and substance use problems.[18,19] Discrimination and social inequity place some individuals and groups at heightened risk of mental illnesses or substance use related harms.

Both mental illnesses and substance use are stigmatized, albeit in different ways. A Mental Health Commission of Canada (MHCC) poll showed that among 2,005 Canadians who identified as having a mental illness or substance use disorder, 95 per cent had experienced stigma in the last year.[20] Stigma leads to discrimination and social isolation, which prevents people from participating in society and seeking health care services or other help.

Equally, many factors that can improve mental health and reduce substance use related harms are similar, such as increasing access to the social determinants of health.[21,22]

A report from the Mental Health Commission of Canada states that an **estimated 30 per cent to 40 per cent of people who are experiencing homelessness may also have a mental illness, with some research suggesting figures higher than 50 per cent.**[23]

Another study on youth documented that **of 1,375 youth respondents accessing services to help homelessness in Canada, 35 per cent reported at least one suicide attempt and 33.1 per cent reported a drug overdose requiring hospitalization.**[24]

In 2018, about 48 per cent of Canadians reported losing sleep due to financial worries.[25,26] Food insecurity has been shown to be highly associated with pain and opioid use among adults.[27] With children, food insecurity has been associated with deteriorating mental wellbeing and an increased need for mental health services.[28] Research based on data from the Canadian Community Health Survey demonstrates that mental health is significantly worse among urban Canadians with less income and these inequalities are growing.[29] These are just some of the many examples of the strong link between mental health, substance use and the social determinants of heath.

Given the increase and complexity of both longstanding and emerging mental health and substance use issues affecting populations and communities in Toronto, ongoing collective effort toward improving access to the social determinants of health and building a city designed to maximize the wellbeing of its residents is required.

As a comprehensive population-level strategy, *Our Health, Our City* offers recommendations across the lifespan, responding to the fact that Toronto's population is growing, diverse, aging and experiencing chronic illnesses, while attending to specific social and health inequities to advance the health of equity-deserving groups.[30]

This strategy balances the urgent need to address acute mental health and substance use issues and crises in the city, with a proactive approach to fostering the wellbeing of the entire population to prevent future crises. It offers recommended actions across the full continuum of care, from community supports, to social programming, to health and medical care, prevention programming, harm reduction, and clinical and treatment services. By working collectively and building upon the progress that has been made to date and the dedication of advocates, people with lived and living experience and community and health care professionals across the city, it is possible to make a more empathetic, safe and healthy Toronto for everyone.

SNAPSHOT OF THE MENTAL HEALTH LANDSCAPE

Worsening Mental Health

Over the last decade, there has been increased dialogue on the necessity of attending to mental health and wellbeing and the vital need to increase access to a range of mental health supports. Mental health has become understood as a key component of overall health. Despite this positive advancement, evidence shows declining rates of mental health throughout Canada and novel stressors affecting mental wellbeing across the lifespan, including in Toronto.

Mental health concerns affect multiple communities and diverse populations across Toronto. Even before the COVID-19 pandemic, there were significant inequities in mental health outcomes observed across the country, including among Indigenous communities and racialized groups.[31] PHAC has reported that those with the lowest income, lower levels of educational attainment and those who identify as gay, bisexual and lesbian are more likely to self report low-rated mental health.[32]

In 2021, only

55%

of adults in Toronto reported 'very good' or 'excellent' mental health

a drop from

71%

in 2017.[33,34]

Among youth, just

44%

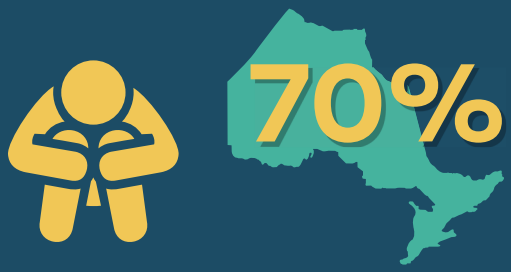
of Toronto students (grades 7-12) reported 'very good' or 'excellent' mental health in 2019.

while

17%

reported contemplating suicide in the past year.[35,36]

Across Canada, on average 4,500 people die by suicide annually.[37] While women are more likely to attempt suicide, men represent 75 per cent of all suicide deaths in Canada, making it the second leading cause of death nationally for men aged 15-39.[38] A recent poll suggested that up to 66 per cent of Ontario women aged 18-35 have a mental health condition.[39] Women in Canada are more likely to have mood and anxiety disorders compared to men, whereas men are more likely to have substance use disorders.[40]



Loneliness is another key factor affecting mental health. Based on a survey conducted in 2020, more than two-thirds of Ontarians (70%) report that they would like to experience more meaningful social interactions.[41]

Older adults are at increased risk for social isolation which significantly increases the chances of premature death and illnesses such as cardiovascular disease and dementia.[42] The health effects of loneliness are of increasing concern as Toronto's senior population is growing.[43]

Loneliness is also associated with increased daily use of opioids and benzodiazepines, particularly in older populations who are susceptible to using multiple pharmaceutical drugs.[44]

There have also been increased worries regarding behavioural addictions such as gambling and problematic internet use. Across Canada, over 300,000 people are reported to be at risk of moderate or severe problems related to gambling.[45] A recent survey reports that almost 31 per cent of Ontario students (grades 7-12) use social media five or more hours a day with potentially significant impacts on mental health, including depression and anxiety.[46] These are part of concerning trends noted locally and internationally that demonstrate alarming mental health outcomes among young people, especially since COVID-19.[47]

Impact of COVID-19 on Mental Health and Pre-Existing Health Inequities

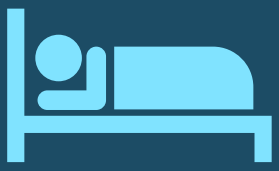
Mental health trends worsened during the COVID-19 pandemic and impacted pre-existing health inequities. A national Centre for Addiction and Mental Health poll demonstrated that among respondents 25 per cent reported anxiety, 25 per cent reported binge drinking, 22 per cent reported feeling depressed, and 24 per cent reported loneliness during the pandemic.[48]

The pandemic affected the mental health of those experiencing financial insecurity or working on the frontlines. According to Mental Health Research Canada, 35 per cent of all employed Canadians report burnout and that number is as high as 66 per cent among nurses.[49]

Approximately

500,000

Canadians miss work each week due to a mental illness, leading to **$6.3 billion** of lost productivity annually.[50]



The mental health effects of the COVID-19 pandemic were further pronounced among some groups, including 2SLGBTQ+, African, Caribbean and Black communities, those experiencing homelessness, women, seniors and Indigenous populations.[51] According to a 2020 Statistics Canada survey, more Black Canadians self-reported poor/fair mental health (27.9 per cent) compared to White Canadians (22.9 per cent), as well as higher levels of financial insecurity during the pandemic.[52] A survey conducted by Leger on behalf of the Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada estimated that nearly half (46 per cent) of 2SLGBTQ+ people reported severe or moderate anxiety during the pandemic.[53]

Even before COVID-19, suicidality was higher among 2SLGBTQ+ adolescents compared to cisgender heterosexuals.[54] Gay and bisexual individuals are approximately two to four times more likely than heterosexual individuals to report their mental health as 'fair' or 'poor' and 60 per cent of trans respondents to a survey reported experiencing depression.[55]

There is a long, damaging and stigmatizing history linking marginalized populations to mental illnesses. Mental health issues are not intrinsic or inevitable features of any social group. Existing disparities are the product of systemic discrimination, minority stress, violence, colonization and cycles of poverty and precarity. African, Caribbean, and Black communities, Indigenous populations, 2SLGBTQ+ communities, newcomers and other groups facing discrimination have demonstrated extraordinary resilience in the face of ongoing adversity.

Unmet Needs and Increased Demand for Mental Health Services

Overall demand for mental health services has been increasing across the province, but only an estimated 28 per cent of people in Ontario feel that mental health services are easy to access.[56] For many, cost can be a key barrier to accessing mental health services like counselling. During the COVID-19 pandemic there were slight increases in demand for mental health and addiction related outpatient and emergency department visits due to self harm among Toronto residents.[57,58]

A 2020 analysis from Children's Mental Health Ontario reported that about 28,000 children under the age of 18 are currently on waitlists for community health services across Ontario.[59] One study determined that the typical wait time in Canada to access a first mental health appointment was one month, with about 10% of people waiting four months or more.[60]

There are disparities in access to mental health services. A 2018 study using the Community Health Survey in Ontario reports that when compared to White respondents, mental health service use was generally lower among South Asian, Chinese and Black respondents.[61]

SNAPSHOT OF THE SUBSTANCE USE LANDSCAPE

The Drug Toxicity Crisis

In 2022, preliminary reports estimate that

509 **opioid toxicity deaths occurred in Toronto, marking a**

271% **increase since 2015.[62]**

These deaths have been fuelled by fentanyl and fentanyl-analogues like carfentanil. Benzodiazepines and tranquilizers like xylazine are other concerning substances that have entered the unregulated drug supply. There has also been an observed increase in drug toxicity deaths caused by smoking opioids.[63]

In 2022, 78 per cent of accidental opioid toxicity deaths in Toronto were among men.[64] In the same year, 49 per cent of accidental opioid toxicity deaths were among those aged 25 to 44 years.[65] From 2019 to 2022, the percentage of people who have died annually of accidental opioid toxicity who were experiencing homelessness has been fluctuating between 22 per cent and 29 per cent, compared to 10 per cent in 2018.[66]

Alcohol Related Harms

Alcohol produces some of the highest burden of drug related harms and deaths in Toronto. In an average year in Toronto, alcohol is linked to:

803
deaths

4,469
hospitalizations

39,419
emergency room visits

among those 15 years of age and older.[67] Alcohol is linked to: the risk of injury, accidental death, assault, several types of cancer, cardiovascular disease, liver disease, diabetes and fetal alcohol spectrum disorders. In 2020, alcohol was estimated to cost Ontario $18 billion in health care expenditures, lost productivity and enforcement expenses.[68] The evidence is clear that the more ways people can buy or consume alcohol the more drinking increases, along with its associated harms. The Canadian Centre on Substance Use and Addiction recently produced *Canada's Guidance on Alcohol and Health* encouraging Canadians to consider drinking less.[69]

SNAPSHOT OF THE SUBSTANCE USE LANDSCAPE

Cannabis Related Harms

In 2018

Cannabis was legalized in Canada.

In 2022, approximately

29%

of people over the age of 16 in Ontario recently reported using cannabis for non-medical purposes in the past 12 months.[70]

Despite access to a regulated supply, there are still harms associated with cannabis, such as habitual use, lethargy, mental health impacts including psychosis, accidental ingestion by children or pets, impaired driving, public consumption concerns and the density of cannabis retail outlets. The legal cannabis market still competes with the often cheaper unregulated market, as well as with synthetic cannabinoids that hold additional risks.

Tobacco and Nicotine Related Harms

Public health policies have successfully reduced the number of people who smoke tobacco. Nonetheless, smoking tobacco is still on average responsible for:

2,564
deaths

11,160
hospitalizations

15,840
emergency room visits annually in Toronto among people aged 35 and older. [71]

Newer products such as vapes are creating concerning trends in use, particularly with youth. Among Ontario students from grades 7 to 12, 32 per cent drank alcohol, and 17 per cent used cannabis, 15 per cent reported that they have vaped (84 per cent of these are nicotine) and 4 per cent smoked tobacco cigarettes.[72]

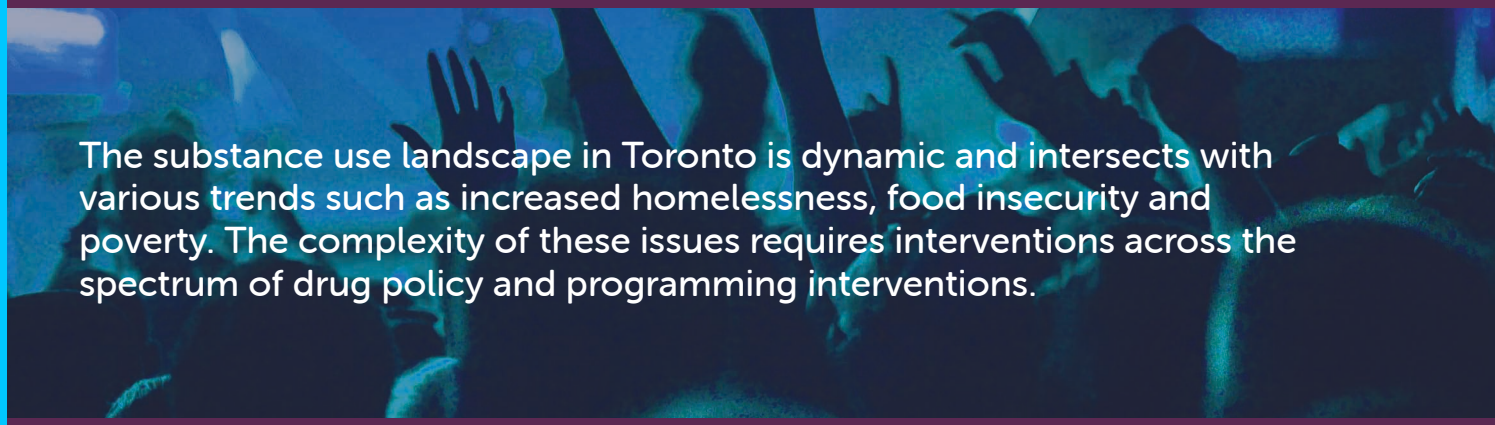
Other Substance Use Related Harms

Youth are also consuming energy drinks and using substances like MDMA/ecstasy, cocaine, opioids, prescription pills and cough syrup. While the 'just say no' approach to drug education rarely deterred youth from using drugs, the evidence is also clear that delaying the onset of drug use can have significant health benefits in the long-term, including reducing the risk of dependence.

Alcohol and drug use at parties, festivals and other large events remains an issue of continued concern, including risks such as dehydration, hyponatremia, sexual assault, injury, impaired driving, overdoses and additional harms with polysubstance use (i.e., mixing drugs). Non-prescribed and recreational use of pharmaceutical drugs and micro-dosing psychedelics are other issues of increasing interest.

Community and Specific Population Considerations

Drug use patterns range across populations and communities and require targeted interventions. For example, a culture of Party n' Play (PnP)/Chemsex has created increased use of crystal methamphetamine (crystal meth), GHB, ketamine and other drugs among some gay and queer men, which can increase risks for HIV transmission.[73] Crystal meth use has become a substance of increasing concern in the city. While crystal meth use remains low in the general population, its popularity in some communities, including among people experiencing homelessness, high potential for dependence and its impacts on health, including psychosis and brain injury, make it a substance of notable interest to target programming.[74] African, Caribbean and Black stakeholders consulted for this strategy mentioned the serious effects of alcohol on their communities and a higher tendency to smoke rather than inject drugs. Women interviewed for this strategy discussed weighing the benefits of seeking supports to deal with their drug use with the potential risk of having their children taken away from them.



The substance use landscape in Toronto is dynamic and intersects with various trends such as increased homelessness, food insecurity and poverty. The complexity of these issues requires interventions across the spectrum of drug policy and programming interventions.

Access to Harm Reduction Supports and Treatment Services

Community health partners have made significant progress implementing harm reduction services and supports throughout the city, such as establishing supervised consumption sites, which are life-saving clinics where overdoses can be reversed.

The City and partners have taken key actions, including the distribution of naloxone kits, provision of overdose prevention training, drug checking services, mobile harm reduction programs and peer-led programming. Sterile drug equipment is distributed across Toronto to reduce the transmission of blood borne viruses such as HIV and Hepatitis C and there are initiatives in place to ensure the safe disposal of used equipment.

A small number of community health partners also offer prescribed safer supply pilot programs, along with providing treatment to individuals, including methadone and suboxone opioid agonist therapy and injectable opioid agonist therapy (iOAT). These services replace street drugs of unknown composition with prescribed options for people experiencing opioid dependence.

Despite this progress, the unpredictability of the unregulated drug supply is causing preventable fatal and non-fatal overdoses, and there is a need for expanded harm reduction and treatment services for those struggling with substance use. While treatment and harm reduction are sometimes thought of as distinct service delivery models, there are often significant overlaps in clinical or service goals and approaches, as in the case of prescribed safer supply programs.

In 2017-2018, alcohol-related issues were the most common reason people sought substance use treatment in Ontario, followed by cannabis, cocaine, opioids and other stimulants.[75] The City of Toronto's Street Needs Assessment conducted in 2021 reported that 42 per cent of respondents experiencing homelessness reported having a substance use issue but only 27 per cent of those with a substance use issue had accessed treatment. However, one-third of respndents experiencing homelessness who were not in treatment for substance use expressed an interest in accessing supports.[76]

Wait times for substance use treatment are increasing in Ontario, leading to people being hospitalized or dying before receiving care, and community-based services are at capacity causing more people to seek services from emergency departments.[77, 78] Thus, there is a need to scale up a variety of evidence-based substance use treatment options and harm reduction services in Toronto for those struggling with substance use from both regulated and unregulated drugs.

Impacts of the Criminalization of Drug Use and Mental Health

There is an overrepresentation of people living with a mental illness in the criminal justice system. The Mental Health Commission of Canada reports that 40 per cent of people living with mental illnesses or mental health problems are arrested at least once in their life.[79,80] Up to 73 per cent of federally incarcerated men meet the criteria for one or more mental health disorders and 12 per cent for major mental illnesses.[81, 82, 83] Those figures are 79 per cent and 17 per cent respectively for women.[84,85] These numbers also include people living with substance use disorders. Criminalizing people for using drugs can create harm by limiting their access to employment, housing and health care that negatively impacts the physical health, mental health, the social welfare of individuals, families and communities. In addition to the harms of incarceration, criminalizing personal drug use encourages people who use drugs to use alone and in secret, which leads to an increased risk of overdose death.

To address these concerns, there have been ongoing efforts to explore alternatives to criminalization. Some examples include the establishment of the Toronto Community Crisis Service which provides a community-based, client centred, trauma-informed, non-police led response to people experiencing a mental health crisis and wellness checks. Individuals experiencing or witnessing a mental health crisis can access the Toronto Community Crisis Service by calling 211 or 911. Federally, the creation of the Good Samaritan Overdose Act provides some legal protection to those who call emergency services to report an overdose. Alternatives to charging people for the simple possession of drugs are also being implemented, explored and evaluated in some Canadian and international jurisdictions. Collectively, these policies aim to shift substance use from a criminal issue to a health issue, to reduce the stigma associated with substance use and/or mental illnesses, to connect people to treatment, harm reduction and social supports, and to reduce the harms associated with criminalization.

VISION

Toronto is a diverse and resilient city that prioritizes the mental health, wellbeing and safety of all residents.

Everyone can access the health care, services, resources and community spaces they need to support their mental health and prevent substance use related harms with dignity and ease.

Mental health and substance use are addressed as health issues rather than criminal issues.

Mental health and substance use stigma and discrimination have been eliminated.

MISSION

Advance policies, programs and partnerships in the city of Toronto that reduce inequities and increase access to the social determinants of health to improve mental health and wellbeing, and minimize the health and social impacts of substance use related harms.

PRINCIPLES

The following guiding principles act as a framework for this strategy. They were developed in collaboration with stakeholders, including people with lived and living experience. The principles reflect the key values that underpin each goal and recommendation in this strategy.

Health and Community Safety for Everyone

This strategy is for all of Toronto – every age group, population and neighbourhood, and even those who may not have personal experience with mental health and/or substance use challenges.

Everyone has a right to health and to feel safe.

This means working upstream to build community resilience and advance access to the social determinants of health to promote wellbeing and prevent mental illnesses and/or substance use related harms before they occur.

This also means working downstream to improve health system capacity to provide high-quality, accessible services for those experiencing mental illnesses and/or substance use issues.

Health issues and community safety concerns are linked. A city where all residents have access to the services they need to live a healthy life is foundational to creating a sense of belonging, social inclusion and security for everyone.

Meaningful Inclusion of People with Lived and Living Experience

People with lived and living experience of mental health issues or illnesses and those who use substances are experts on these topics. Their involvement in policy and program development is essential to creating meaningful solutions and positive social change. They should have access to professional opportunities and be adequately compensated for their contributions to program and policy development.

People with lived and living experience are not a homogenous group. A diverse range of lived expertise and perspectives are required in the development of each policy and program. Partnering with people with lived and living experience is also an essential component of improving health care systems.

Anti-Oppression, Anti-Racism and Decolonization

Reducing mental health inequities and substance use harms requires a commitment to anti-oppression, decolonization and combating systemic discrimination, including racism, sexism, homophobia, biphobia, transphobia, ableism. This includes recognizing that people inhabit multiple intersecting identities.

This involves applying a trauma-informed approach that recognizes the pervasiveness of trauma and its negative social and health impacts on individuals, families and communities. It also means

ensuring that programs and services are culturally safe, community-informed and client-centered. Decolonization acknowledges the history and ongoing legacy of colonialism faced by Indigenous peoples, including the violence, trauma and loss of culture and identity. Decolonization is also about making a commitment to reconciliation and action.

Eliminating stigma and discrimination against people who have experience with mental health challenges or substance use, homelessness or poverty is necessary to reduce health inequities.

Evidence, Innovation and Continuous Improvement

Policies and programs must be informed by the best available evidence to maximize benefits and reduce harms. Service providers must embrace health system quality and ensure that the options provided are safe, effective, client-centred, efficient, timely and equitable.[79] The City of Toronto can take a measured approach to try new and innovative methods to tackle complex problems. Supporting a culture of research, innovation and evaluation across our city is necessary to successfully respond to dynamic health trends and crises. This process recognizes the importance of data sovereignty issues for equity-deserving groups and the need to incorporate diverse forms of knowledge and perspectives into decision-making.

City-wide, Collaborative and Comprehensive

This strategy requires extensive collaboration and ongoing partnership between City divisions, community agencies, government partners, health care leaders, businesses and civil society, to ensure that its benefits are equitably experienced by all neighbourhoods and communities across Toronto. It meaningfully addresses the full continuum of care from prevention to harm reduction to treatment, responds to all types of drugs (regulated and unregulated) and the full spectrum of mental health promotion needs to enhance overall health and wellbeing for everyone in Toronto, from infants to seniors.

STRATEGIC GOALS

1. Promote mental health and wellbeing across the lifespan.

2. Prevent and reduce harms and deaths related to substance use across the lifespan.

3. Expand access to the full continuum of high-quality, evidence-based and client-centred services to address mental health and/or substance use issues, including prevention, harm reduction and treatment supports.

4. Advance community safety and wellbeing for everyone.

5. Improve access to housing and other social determinants of health.

6. Support mentally healthy workplaces and optimize the mental health of workers.

7. Proactively identify and respond to emerging mental health and substance use issues.

Commitment to Truth and Reconciliation in Mental Health and Substance Use Policy and Programming

The City of Toronto is committed to decolonization, reconciliation and collaboration with Indigenous service providers, community members and partners on policies and programs to prevent substance use harms and promote mental health. The City is actively engaging with Indigenous service providers on next steps to co-develop an Indigenous-specific action plan. It will also draw on lessons learned from the Toronto Indigenous Overdose Strategy 2019, the Toronto Indigenous Health Strategy 2016, and the City of Toronto's Reconciliation Action Plan 2022-2032.

Indigenous people are not excluded from achieving the benefits of this strategy. However, in recognition of the principles of Indigenous cultural safety and self-determination, the following actions do not explicitly offer recommendations regarding Indigenous health and wellbeing, as these are being co-developed by the distinct and parallel process noted above.

STRATEGIC GOALS AND RECOMMENDED ACTIONS

1. Promote mental health and wellbeing across the lifespan.

- Help more people learn about mental health promotion. Ensure that resources are accessible, multilingual and culturally responsive.
- Collaborate with individuals, communities and organizations to reduce the stigma of mental health issues.
- Provide more training for mental health service providers on trauma-informed care.
- Improve awareness about mental health promotion and service delivery through mandatory mental health training for all City of Toronto employees.
- Increase public understanding of the linkages between physical health, nutrition and mental health and offer programs that provide free, low cost and low barrier fitness, recreational and creative opportunities.
- Enhance infant, child and family mental health for diverse communities, through culturally inclusive approaches to reproductive, perinatal and family support programming, including those that prevent or reduce the impacts of adverse childhood experiences and trauma.
- Support the mental health of those who have had exposure to or have experienced violence.
- Explore mechanisms that can be used by municipalities to reduce the health and social effects of problem gambling.
- Increase guidance and advocate for policies that address other behavioural addictions (such as problem gaming and problematic use of social media, the internet, smart phones and other technology) and their impacts on mental health, including those related to self-esteem, body image, bullying and misinformation.
- Foster supportive environments in school settings to enhance resilience, inclusivity, mental health and wellbeing, problem-solving and academic achievement among diverse children and youth. Engage caring adults (i.e., educators, parents, caregivers, etc.) to foster healthy relationships among children and youth. Align mental health promotion work with the annual mental health, substance use and addictions priorities set by local school boards.
- Engage diverse youth who are transitioning to adulthood by supporting mental health promotion at campuses, workplaces and in the community; support evidence-based youth wellness agencies and integrated service centres that are co-created with youth. Improve access to diagnosis and treatment for a range of health issues (e.g., Attention Deficit Hyperactivity Disorder).
- Combat loneliness and social isolation across the lifespan through community programming and City initiatives that increase community connectedness. Develop programming to support the mental health and social engagement of aging adults and seniors and reduce risk of cognitive decline, chronic illnesses and disabilities.
- Facilitate suicide prevention and life promotion interventions for all age groups, including through Toronto Public Health's suicide prevention policy and procedures, and by implementing SafeTO initiatives.

2. Prevent and reduce harms and deaths related to substance use across the lifespan.

- Help more people learn about substance use harms, prevention, harm reduction and treatment services. Ensure that resources are accessible, multilingual and culturally responsive.
- Collaborate with individuals, communities and organizations to reduce the stigma of substance use, addictions and concurrent disorders.
- Provide more training for service providers in the prevention, harm reduction and treatment sectors on trauma-informed care.
- Support families dealing with addictions and/or substance use issues.
- Improve awareness about substance use, prevention, harm reduction and treatment service delivery through mandatory training for all City of Toronto employees.
- Build resilience and awareness among youth to prevent and/or delay substance use through standardized substance use prevention and leadership programing in schools, community outreach and extra-curricular programming.
- Expand and support continuous and comprehensive harm reduction outreach in entertainment spaces, including electronic dance parties, raves, events, festivals, clubs and bars.
- Increase harm reduction, social support and treatment programming that address the unique needs of people who use crystal meth and other stimulants.
- Facilitate the development of community spaces and programs that are developed by people with lived and living experience of using drugs.
- Support community partners to end the HIV epidemic and eliminate Hepatitis C among people who use drugs through effective and accessible prevention and treatment options. Prevent and treat other blood borne infections among people who use drugs. Improve linkages between sexual health programming with harm reduction and/or mental health programming.

2a. Reduce drug toxicity deaths caused by the unregulated drug supply and support those affected by the drug toxicity crisis.

- Provide supervised consumption services, street outreach and mobile crisis teams as part of a full continuum of services from evidence-based prevention, harm reduction to treatment services to wrap around supports, where evidence and community needs dictate.

STRATEGIC GOALS AND RECOMMENDED ACTIONS

- Implement 24/7 harm reduction and supervised consumption services, including population-tailored services (such as services for 2SLGBTQ+, African, Caribbean and Black communities, etc.), where evidence and community needs dictate.
- Implement supervised smoking/inhalation services based on best available evidence and community needs, as part of a full continuum of services from prevention to harm reduction to treatment services to wrap around supports.
- Permanently fund drug checking services, including mass spectrometry. Explore options to increase drug checking access points, rapid drug testing technology and at-home drug testing options.
- Increase naloxone distribution and overdose response training throughout the city.
- Improve access to evidence-based prescribed safer supply programs and ensure that programs are responsive to dynamic drug use patterns.
- Increase access to trauma, mental health and grief supports for those who have lost friends, relatives, loved ones and clients to the drug toxicity crisis and/or who have experienced an overdose themselves.

2b. Reduce harms and deaths associated with regulated drugs including alcohol, cannabis, tobacco and vapor products.

- Review and update the Municipal Alcohol Policy. Consider municipal-level regulations that limit the expansion of alcohol sales (e.g., home delivery, convenience stores, etc.).
- Increase access to community-specific alcohol treatment programs, Rapid Access Addiction Medicine (RAAM) Clinics, crisis beds, managed alcohol programs and Screening, Brief Intervention and Referrals (SBIR) for alcohol use.
- Improve awareness of the health risks associated with alcohol through the promotion of official national guidance on alcohol and health and safer alcohol drinking tips. Prevent impaired driving and youth consumption.
- Advocate for a federal policy that requires standard alcohol labels on all alcohol containers sold in Canada. Work with the province to examine and improve alcohol policy related to pricing, outlet density and marketing.
- Work with the provincial government to improve legislation around tobacco/vapor products, waterpipes/hookahs, including vaping flavours, plain packaging and retail density. Explore comprehensive federal policies that could create a 'Smoke Free Generation,' such as the policies related to the legal smoking age.

- Advocate for policies that reduce the health risks of cannabis use and monitor the impacts of cannabis legalization, including the number of cannabis store locations and frequency of illegal growing and selling and public consumption complaints. Prevent impaired driving and youth consumption.

- Advocate to maintain current federal cannabis regulations. Develop municipal regulation to prohibit advertising on promotional offers/discounts on cannabis products at Toronto retailers. Advocate to increase legibility of health warning labels on cannabis packaging and information about a standard dose on edible products.

3. Expand access to the full continuum of high-quality, evidence-based and client-centred services to address mental health and/or substance use issues, including prevention, harm reduction and treatment supports.

- Work with community partners and the provincial government to implement low-barrier crisis stabilization spaces for people with mental health and/or substance use related issues that operate 24 hours per day, seven days per week across the city as part of a full continuum of evidence-based services, treatment and wrap around supports

- Identify and work collaboratively with provincial and primary care partners to reduce wait times, improve and scale up the full continuum of culturally relevant options in:
    - Mental health counselling and treatment;
    - Substance use treatment; and,
    - Prevention and harm reduction services for diverse populations.

- Increase services specific to people experiencing homelessness who require specialized, low-barrier mental health case management programs, as well as wrap around health, social and harm reduction services.

- Expand evidence-based substance use treatment programs, such as case management programs, Rapid Access Addiction Medicine (RAAM) Clinics, long-term care and in-patient hospital programming. Add evening and weekend programs at non-residential treatment programs and add more staff to withdrawal management programs.

- Advocate to regulate all substance use treatment options, measure the effectiveness of substance use disorder and treatment services and make funding decisions based on considerations of effectiveness and reach of services.

- Identify opportunities for additional funding from all levels of government for both mental health and substance use community programming and innovative harm reduction initiatives.

STRATEGIC GOALS AND RECOMMENDED ACTIONS

- Advocate for policies and programs that respond to sex and gender specific mental health needs and substance use related issues. Ensure both mental health as well as substance use programs are gender affirming, including for trans and non-binary people. Improve linkages to care for women between mental health services, gender-based violence programs (including for domestic abuse and human trafficking), organizations supporting sex workers, and women's health clinics.

- Support and scale up programming for 2SLGBTQ+ communities focused on improving mental health, as well as programs to reduce the harms related to substance use, including for newcomers, those living with or at-risk of HIV, those who Party n' Play and/or who use crystal meth.

- Support and scale up programming that uses a race-based equity lens to reduce substance use related harms as well as programs to improve and support the mental health and wellbeing of diverse African, Caribbean and Black communities.

- Continue to implement the City's Toronto Newcomer Strategy (2022-2026) and the Shelter, Support and Housing Administration's programming. Advance mental health and reduce substance use harms among newcomers, immigrants and refugees using cross-sectoral collaborations that eliminate barriers to health care and social support, community connectedness, career opportunities and address racism and intergenerational trauma.

- Improve local service options and transitional supports that meet the diverse needs of indivisuals leaving a correctional facility or an institutional facility, including mental health or substance use treatment services, responding to the unique needs of single parents and those at risk of homelessness.

4. Advance community safety and wellbeing for everyone.

- Decrease the criminalization associated with mental illnesses and/or substance use issues through the scale up of alternative crisis responses. Expand Toronto Community Crisis Service to be city-wide, as Toronto's fourth emergency service. Continue to implement, evaluate and scale up SafeTO community safety and wellbeing initiatives and alternatives to police responses to mental health and substance use related issues, such as the Toronto Community Crisis Service, Community Crisis Response, SPIDER and FOCUS Toronto.

- Reduce the mental, physical and social harms associated with criminalizing people for the possession of drugs for their personal use and address the disproportionate impact of such criminalization on Black and Indigenous communities.

- Promote the public health benefits of supervised consumption services as part of a full continuum of evidence-based services and programs from prevention to harm reduction to treatment services to wrap around supports. Work with local neighbourhoods and supervised consumption service staff to improve community wellbeing and connectedness.

- Collaborate with the Toronto Police Service and other first responders on their educational and training needs related to mental health and/or substance use and harm reduction and/or de-escalation.

- Collaborate with first responders and hospitals to implement a coordination protocol that enhances the seamless transfer of individuals experiencing mental health and/or substance use crises to the most appropriate services.

5. Improve access to housing and other social determinants of health.

- Create more affordable housing, including supportive housing for people with complex mental health and/or substance use related needs. Advocate for programs and services that provide rental assistance and tenant protection. Prevent and address issues of property-damage and hoarding among people with complex mental health needs, such as through the SPIDER program.

- Implement and evaluate harm reduction policies across City housing providers, other services and relevant divisions.

- Implement 24-hour respite sites. Increase and improve access to emergency shelter spaces and other City services that have fully implemented the City's harm reduction approach.

- Advocate for improved income supports, such as basic income and increases to social assistance rates and bettering programs addressing food insecurity to move people and families out of poverty. Increase access to financial support and employment services and educational training opportunities for people experiencing mental health, substance use and/or addictions issues.

- Increase access to green spaces and encourage their use to improve mental wellbeing and offer more low-barrier and free options to promote active living.

- Strengthen community connections through art programming, festivals and other community-led initiatives (including through faith-based organizations, local businesses and cultural centres).

- Respond to the mental health impacts of different crises affecting the city, including addressing how environmental factors and climate change negatively affect mental health and wellbeing.

STRATEGIC GOALS AND RECOMMENDED ACTIONS

6. Support mentally healthy workplaces and optimize the mental health of workers.

- Implement the National Standard of Canada for Psychological Health and Safety in the Workplace at the City of Toronto.
- Support the health, wellbeing and professional development of service providers who work with vulnerable populations in the city, with interventions to address the loss, trauma and grief experienced by frontline workers. Expand mental health and post-traumatic stress support and suicide prevention training to all first responders and those working in the mental health sector, the substance use sector and the shelter system.
- Recommend mental health literacy training for employees and encourage workplaces to increase access to supports for employees with mental health, substance use and/or addictions issues. Scale up supports for industries with workers at higher risk of substance use, overdose and drug toxicity deaths.
- Work with partners to establish a Toronto charter of employment and volunteer standards for peer support workers.
- Support policies, research and pilots that facilitate improved work balance and mental wellness in the workplace.

7. Proactively identify and respond to emerging mental health and substance use issues.

- Facilitate data monitoring, research and evaluation to proactively identify emerging mental health and substance use trends, evidence and policy changes. Collaborate with interdisciplinary teams to gather Toronto-specific population health data related to mental health and substance use issues.
- Continually assess and update City of Toronto public facing information and data on mental health, substance use and addictions.
- Advocate for funding for research teams to gather data on micro-dosing and the long-term health impacts of medical and recreational use of psychedelics like LSD, MDMA, ketamine and psilocybin.
- Work with Toronto Paramedic Services, Toronto Police Service, hospitals and community health providers to assess and improve data collection and recording for fatal and non-fatal suspected opioid overdose calls.
- Improve the reach and utility of Toronto Drug Alerts. Support community-led initiatives that spread information among people who use drugs in real time about the toxicity of the unregulated drug supply.

CITY OF TORONTO'S CALL TO ACTION

This strategy builds on the foundation of years of dedicated effort to improve mental health and reduce the health and social impacts of drug use in Toronto. Work is already underway to advance many of the recommendations outlined above, including through multisectoral initiatives such as THRIVE Toronto.

The success of this strategy is also directly connected to the implementation of other City strategies striving to make Toronto a more liveable, vibrant and equitable city. This includes, but is not limited to:

- **Access to City Services for Undocumented Torontonians**
- **Black Food Sovereignty Plan**
- **Community Benefits Framework**
- **Diversity in Public Service**
- **Downtown East Action Plan**
- **End Trafficking TO**
- **Gender Equity Strategy (forthcoming)**
- **Homelessness Solutions Service Plan**
- **Housing Action Plan (forthcoming)**
- **HousingTO**
- **Middle Childhood Strategy**
- **Reconciliation Action Plan**
- **SafeTO**
- **Tenants First**
- **TO Prosperity: Poverty Reduction Strategy**
- **Toronto Indigenous Health Strategy**
- **Toronto Newcomer Strategy**
- **Toronto Nightlife Action Plan**
- **Toronto Seniors Strategy 2.0**
- **Toronto Strong Neighbourhoods Strategy**
- **Toronto Youth Equity Strategy**
- **Toronto Action Plan to Confront Anti-Black Racism**
- **Transgender and Non-binary Youth Service Plan (forthcoming)**

A public report on the implementation of this strategy will be shared annually. This will include data on how the health status of Torontonians is changing as well as public safety information such as crime rates. This data will be analyzed to see whether the actions being implemented across the city are successful at promoting mental health and reducing substance use related harms for all Torontonians.

There is an opportunity to make a lasting impact. However, the City cannot do this alone. We need the collective commitment and active involvement of everyone: individuals, communities, businesses, agencies and all levels of government. The success of this work relies on all parts of the city working together, looking past differences and uniting under this common vision.

Join us in improving the mental health and wellbeing of all residents of Toronto and reducing substance use related harms in our city.

WHAT ACTIONS WILL YOU TAKE TO ADVANCE THIS STRATEGY?

OUR HEALTH, OUR CITY IMPLEMENTATION PLAN

Implementing the recommendations in *Our Health, Our City* will require multi-sectoral and intergovernmental collaboration. This work will be overseen by an Implementation Panel, chaired by a member of the Board of Health and comprised of experts on mental health and/or substance use, including people with lived and living experience. The Implementation Panel will provide advice and input on strategy milestones, targets and detailed work plans for achieving the intended outcomes of the strategy.

In conjunction with the Implementation Panel, a City of Toronto Interdivisional Table chaired by the City Manager and Medical Officer of Health will convene senior leadership across City Divisions to coordinate efforts and collective action to achieve the intended outcomes of *Our Health, Our City*.

The implementation of the strategy will be assessed through an annual progress report to the Board of Health. Toronto Public Health will also work with experts in mental health and substance use to develop an annual report card on mental health and substance use related outcomes in the city. The report card is intended to monitor key mental health and substance use related indicators and assess whether there are changes to population health outcomes. This data-driven approach will be vital to ensuring accountability, continuous improvement and effectiveness of *Our Health, Our City*. By regularly assessing progress on the strategy and health outcomes, the implementation plan can adapt and evolve to meet the dynamic mental health and substance use needs of Toronto's population.

Year One Implementation Priorities:

The following list includes implementation priorities for year one. The City of Toronto has already requested support from provincial and federal governments to help action these items:

1. Advocate for ongoing and sustainable funding for shelter services and increase funding for supportive housing to help individuals experiencing homelessness. Create more affordable housing, including supportive housing for people with complex mental health and/or substance use related needs.
2. Work with community partners and the provincial government to implement low-barrier crisis stabilization spaces for people with mental health and/or substance use related issues that operate 24 hours per day, seven days per week across the city as part of a full continuum of evidence-based services, treatment and wrap around supports.
3. Collaborate with first responders and hospitals to implement a coordination protocol that enhances the seamless transfer of individuals experiencing mental health and/or substance use crises to the most appropriate services.
4. Expand Toronto Community Crisis Service to be city-wide, as Toronto's fourth emergency service.

APPENDIX A: ORGANIZATION ENGAGEMENT SUMMARY

APPENDICES

Individuals from the following organizations provided interviews for consultations:

- 2-Spirited People of the First Nations
- The 519
- Across Boundaries
- Addictions and Mental Health Ontario
- AIDS Committee of Toronto
- Black Coalition for AIDS Prevention
- Black Creek Community Health Centre
- Breakaway Community Services
- Canadian Centre for Substance Use and Addiction
- Canadian Mental Health Association Toronto
- Canadian Mental Health Association, Ontario
- Canadian Psychedelic Association
- Casey House
- Centre for Addiction and Mental Health
- Centre for Drug Policy Evaluation
- Children's Mental Health Ontario
- Children's Aid Society
- Community Action for Families
- Community Addictions Peer Support Association
- Community Head Injury Resource Services
- Council of Agencies Serving South Asians
- Covenant House
- Eva's Initiative
- Families for Addiction Recovery
- Family Navigation Project
- Fred Victor
- Gay Men's Sexual Health Alliance
- Gerstein Crisis Centre
- HIV Legal Network
- Homes First
- Hong Fook
- The Hospital for Sick Children
- Indigenous Harm Reduction
- KAPOW!
- Legal Aid Ontario
- Mental Health Commission of Canada
- Mothercraft
- Native Child and Family Services Toronto
- The Neighbourhood Group
- Ontario Aboriginal HIV/AIDS Strategy
- Ontario Council of Agencies Serving Immigrants
- Ontario Drug Policy Research Network
- Ontario Harm Reduction Network
- Ontario Health
- Parkdale Queen West Community Health Centre
- PASAN
- Rainbow Health Ontario
- Rexdale Community Health Centre
- Scarborough Centre for Healthy Communities
- School Mental Health Ontario
- Sherbourne Health
- South Riverdale Community Health Centre
- St. Michael's Homes
- TAIBU Community Health Centre
- THRIVE Toronto
- Thunder Woman Healing Lodge Society
- Toronto Aboriginal Support Services Council
- Toronto District School Board

APPENDIX A: ORGANIZATIONS CONSULTED

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- Toronto Drug Users Union
- Toronto Harm Reduction Alliance
- Toronto York Metis Council
- TRIP! Project
- The Redwood
- Unison Health & Community Services
- Unity Health Toronto
- Youth Speak

City Divisions, Agencies and Corporations

- Community and Social Services
- Economic Development and Culture
- Housing Secretariat
- Municipal Licensing and Standards
- Parks, Forestry and Recreation
- People & Equity
- Shelter, Support and Housing Administration
- Social Development, Finance and Administration
- Toronto Community Housing
- Toronto Employment and Social Services
- Toronto Fire Services
- Toronto Paramedic Services
- Toronto Police Service
- Toronto Public Health, including The Works
- Toronto Public Library
- Toronto Transit Commission

APPENDIX A: ORGANIZATIONS CONSULTED

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Individuals from the following organizations were represented at the Deputy Mayor's Mental Health Roundtable in June 2023:

- 2-Spirited People of the First Nations
- Addictions and Mental Health Ontario
- Centre for Addiction and Mental Health
- Canadian Mental Health Association Toronto
- ENAGB Indigenous Youth Agency
- Federation of Canadian Municipalities
- Gerstein Crisis Centre
- Health Canada
- Humber River Hospital
- Mental Health Research Canada
- Minister of Mental Health and Addictions, Government of Canada
- Parkdale Queen West Community Health Centre
- Public Health Agency of Canada
- Sherbourne Health
- South Riverdale Community Health Centre
- St. Michael's Hospital
- Strides Toronto
- Sunnybrook Hospital
- Syme Woolner Neighbourhood & Family Centre
- TAIBU Community Health Centre
- Toronto East Health Network
- University Health Network
- Wellesley Institute
- Women's College Hospital

APPENDIX B: WHAT WE HEARD, CONSULTATION REPORT BACK

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Stakeholders described the urgent need to address the mental health and substance use challenges facing the city, many of which have worsened since the onset of the COVID-19 pandemic. Feedback articulated through the consultation process included the following:

- Address mental health issues across the lifespan from youth to seniors, covering the full spectrum of mental health issues from mild and moderate concerns to severe mental illnesses.
- Prevent mental illnesses and substance use harms before they occur. This means creating a livable, accessible city invested in the social determinants of health.
- Understand that mental health and substance use issues are often intertwined but are not the same. Not all substance use is an addiction.
- Recognize that mental illnesses and addictions are often caused by trauma. Trauma-informed care is necessary to address health inequities.
- Scale up and improve coordination among mental health services and supports across the city as waitlists are too long.
- Balance the need to address the severity of drug toxicity deaths with the ongoing harms of regulated substances like alcohol, tobacco and cannabis. Increasing alcohol accessibility will increase deaths.
- Increase compassion in the city. Shift the conversation on drug use and mental health issues away from stigma, misinformation and polarization toward evidence-based approaches.
- Advocate for the spectrum of care for substance use programs and services – from prevention, harm reduction to evidence-based treatment.
- Tackle the unpredictability of the drug supply and move substance use from a criminal issue to a health issue.
- Address burnout across the city, especially among health care professionals and those who work with marginalized populations.
- Ensure that services are culturally safe, client-centered and responsive to the unique needs of populations and diverse communities.
- Help people struggling with mental illnesses or substance use access supportive housing and social supports.
- Ensure that the programs, services and supports offered by the City are coordinated and aligned.

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APPENDIX B: WHAT WE HEARD, CONSULTATION REPORT BACK

"How do you activate Torontonians in the call for mental health?"

"The biggest problem in the city is alcohol."

"The earlier you get effective treatment the better for your long-term outcomes. Some mental illnesses progress, not all. But people suffer a lot longer than they need to."

"De-mystifying the stigma of mental health and substance use – I come from a community that doesn't talk about mental health."

"How do we get champions in different communities to advocate for mental health issues?"

"People shouldn't have to get to rock bottom."

"Addiction is never the cause, it is the symptom of something such as poverty, racism, lack of mental health care, lack of housing, lack of access to food."

"We all have to be co-conspirators in tacking inequity."

"The housing piece is important. There's nowhere safe for people – to be safe while using crystal meth or experiencing psychosis."

"When I was younger mental health was not prioritized – I didn't speak to my parents, made mistakes, I wasn't perfect, neighbourhood had gangs and mental health wasn't addressed."

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APPENDIX B: WHAT WE HEARD, CONSULTATION REPORT BACK

"There are no rehabs that are run, conducted or managed by Black people. Clients have been sent to the whitest parts of Ontario and they are the only Black people in the group, and then they leave."

"Safety. I can't stress it enough. Feeling safe is critical. Educate people on naloxone. It helps everyone feel safe."

"Need to show that hospitals can be a safe space for people who use drugs."

"Substance use can be a coping mechanism for queer-related trauma."

"Youth face extreme stress with schooling and job prospects and the process of being economically successful."

"Substance use affects women differently. It can be invisible."

"Recovery and treatment need to be client centered – what do people want."

"Need supports for family, and friends affected by someone's drug use."

"Listen to us. The voices of people who use drugs need to be everywhere...That's the only way to deal with the stigma. Give us space to speak and share our truths."

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