All Hands on Deck:

Changing Course on More Than a Decade of Drug Toxicity Harms in Canada

Brief prepared by a coalition of national civil society networks: Canadian Drug Policy Coalition, HIV Legal Network, Moms Stop the Harm, and Toronto Indigenous Harm Reduction.

The Toxic Drug Crisis in Canada

The toxic drug crisis — "among the worst public health emergencies in living memory"[1] — has killed more than 57,500 people in Canada in the past decade and injured thousands more.[2] Members of our respective national networks are looking to the federal government for leadership. Though this crisis impacts all demographics and regions, Indigenous people, Black people, and people in severe poverty face disproportionate loss of life and criminalization. Indigenous communities experience a death toll that is 7-9 times greater than non-Indigenous populations,[3] while drug toxicity is the leading cause of death for unhoused people in British Columbia[4] and municipalities such as Toronto.[5] **With appropriate action, we believe Canada can become a global policy leader, uphold international human rights commitments, and improve health outcomes across the country.**

A comprehensive, all-of-government policy response is urgently needed to avoid continued harm. Under a business-as-usual scenario, there is a "funding paradox":[6] taxpayers subsidize policies that cause health inequities (criminalization of drug possession and use, new barriers to harm reduction services) *and* activities by government agencies intended to address these inequities (housing initiatives, emergency shelters, first responders, naloxone programs). The interdepartmental nature and severity of this crisis require coordinated action between Indigenous Services, Public Safety, Justice, and Health departments and regular engagement with community organizations and impacted people who experience direct harms.

Our coalition is deeply concerned by: the **lack of national minimum standards for harm reduction and voluntary addiction treatment services**; the **rollbacks on harm reduction service delivery** in various provinces, including well-established interventions supported in the Government of Canada's sexually transmitted and blood-borne infections (STBBI) Action Plan; the **expansion of involuntary approaches to addiction treatment** including expanding secure detention infrastructure despite long waitlists for voluntary care; **increasingly punitive and criminalizing policy approaches** at the intersection of drug use, poverty, and homelessness; and **lack of evidence-based action to address the volatile drug supply**. These harms are compounded by inadequate funding for essential interventions. Recent policy changes are likely to exacerbate existing health inequities and increase rates of criminalization, drug toxicity deaths and injuries, hospitalizations, HIV and hepatitis C (HCV) transmission, healthcare system strain, and longer-term healthcare costs.

Cost-Effectiveness of Community-Based Harm Reduction Services



$7.1 billion

Cost of opioid use was $7.1 billion in 2020 – nearly 75% of these costs are related to lost productivity and, more specifically, people dying at a young age from opioid use.
Source: https://csuch.ca/substance-use-costs/current-costs/



$2.1 billion

The average lifetime cost of one new HIV infection is conservatively estimated at $1.44 million, or $2.1 billion for all incidence cases in 2021. Injection drug use accounted for at least 22% of HIV transmission in 2021.
Source: https://ihe.ca/files/hiv_targets_in_canada.pdf
Source: www.canada.ca/en/publichealth/services/publications/diseases-conditions/hiv-canada-surveillance-report-december-31-2021.html



$4,4790.82

Early community-based overdose response (naloxone intervention) results in emergency healthcare system savings of $4,470.82 per overdose response.
Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC10548617/



5+ Cost-Benefit Ratios

Supervised consumption services consistently demonstrate a cost-benefit ratio greater than 1, with some estimates at 5.12 or greater. Community-based HIV prevention programs demonstrate a cost-benefit ratio of 5.
Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC11069439/
Source: https://link.springer.com/article/10.1007/s10461-015-1109-8

"I am too familiar with the deaths and harms caused by government action and inaction on unregulated toxic substances. These policies killed my son through fentanyl poisoning." - *Glenn Mahoney, Moms Stop the Harm member*

Status Quo Policy Will Continue to Worsen Health Outcomes

A wide range of experts agree that the current federal framework on substances drives many of the harms associated with the toxic drug crisis.[7]

Criminalization increases health harms in at least three ways:
1. By impeding access to health services due to surveillance, policing, and stigma associated with engaging in criminalized drug use;
2. By worsening social determinants of health through increasing rates of housing loss, employment loss, and child apprehension, and increasing risk of overdose and HIV and HCV transmission associated with incarceration; and
3. By driving the introduction of novel and complex substances into the drug supply.[8]

This pattern emerges repeatedly when various chemicals are scheduled. There is no evidence that incarceration decreases drug use[9] and the practical impact of scheduling (prohibiting) substances and precursor chemicals is the proliferation of a volatile and toxic drug supply. All of this causes greater strain on health and social services — a demonstration of the "funding paradox" discussed above.

"The pain of losing my son to toxic drugs will be with me till I die. The Controlled Drugs and Substances Act classified him as a criminal addict and forced him to access a deadly black market that cost him his life at 21."
- *Jan Mahoney, Moms Stop the Harm member*

Health-Based Approaches to Substance Use in Canada Are Now Faltering

Unfortunately, we have observed the rollback of health interventions and the closure of harm reduction services in several provinces. Widespread misinformation regarding the public health and safety benefits of harm reduction programs — such as needle and syringe programs, supervised consumption services, and safer supply — has contributed to the decreased availability of these vital health services. At the same time, rates of HIV transmission have increased significantly in Saskatchewan and Manitoba, with the latter declaring a public health emergency. Effective public education is needed to ensure the availability of proven health interventions.

In addition, several provinces have expanded involuntary approaches to substance use by expanding infrastructure for involuntarily holding individuals and passing legislation. These developments are anticipated to disproportionately impact people in extreme poverty and without housing. The concurrent crises of homelessness and the toxic drug crisis must be met with dignified solutions that improve long-term health outcomes rather than interventions that have been shown to increase harms.[10]

Long-Term Solutions and Health Policy Leadership Needed

Ultimately, there is an urgent need to implement alternative policies to regulate the drug supply, as identified in the B.C. Coroners' death review panel and the federal expert advisory task force on substance use, and as recently reflected in the September 2026 Supreme Court of British Columbia decision *R v Kalicum*.

> ***"The toxic drug crisis is one of the worst public health emergencies in living memory … It is widely recognized that this is a crisis caused by the unpredictability of the toxic drug supply. While that supply has never been regulated, it has become much more volatile with the introduction of highly potent drugs like fentanyl … because the street supply is unregulated, there is no quality control, which allows for this deadly contamination."*** *- Justice Murray in R v Kalicum*

Public Health Agency of Canada (PHAC) modelling reflects the need for change. Under PHAC's modeling, there is no scenario under the current legal framework where rates of drug-related death decrease below 2020 levels. This is fundamentally because "changes in drug toxicity can have a large population-level effect because they may alter the risk faced by nearly everyone exposed to the illegal drug supply."[11]

Loss of services in combination with the volatility of the supply come together to create conditions of extreme risk.

"I care for people who use drugs, including people who receive prescribed safer supply. I know what it means when someone returns to an increasingly toxic and unpredictable unregulated drug supply. Many people who are prescribed safer supply have complex health conditions and experience structural inequities. They have started safer supply as a last resort after other treatments have been ineffective in reducing their very high risk of overdose. Population-level research has found reductions in opioid overdoses, emergency department visits, and hospitalizations in the year after initiation of both safer opioid supply and methadone."

- Dr. Katie Dorman, Family Physician, University of Toronto

Near-to Mid-Term Policy Proposals and Civil Society Collaboration

We urge you to prioritize funding in the federal budget for health and public education interventions that will improve health and public safety outcomes in the near- and mid-term:

1. Establish a strategic interministerial community advisory council to inform design, implementation, monitoring, and evaluation of drug policies. This advisory council should include civil society organizations, directly impacted people including Indigenous people, and representatives from Indigenous Services, Public Safety, Justice, and Health departments who are responsible for overseeing the file on the toxic drug crisis. Through our coalition's national networks, we can bring forward contacts from key populations, including impacted people, that can help inform policy discussions.

2. Invest in public education and substance use health service delivery. In addition to ongoing work on the housing and homelessness crisis, public education to increase knowledge of the health and safety benefits of harm reduction and expansion of voluntary health services that promote public health and safety are needed, including:

   a. A direct fund for community organizations to deliver public education, outreach, support, and harm reduction services such as needle and syringe distribution, supervised consumption, and overdose prevention. Existing funding structures such as the Substance Use and Addictions Program, Harm Reduction Fund, Community Action Fund, Indigenous Health Equity Fund, and Emergency Treatment Fund provide templates and infrastructure to implement funding quickly and effectively.

   b. A national public education campaign, led by civil society, on the public safety benefits of improving social determinants of health as well as harm reduction and voluntary health services.

3. Prioritize critical near- to mid-term policy changes:

   a. Streamline the exemption application and renewal process for supervised consumption services and drug checking to ensure accessibility and to decrease the administrative burden on frontline health services.

   b. Introduce national minimum standards for harm reduction and voluntary treatment services in consultation with civil society organizations, people who use drugs and other impacted people, and researchers engaged in this sector.

"When can we move forward with policies that reflect the actual crisis and save more children from having to lose their parents?"
- *Sarah Auger, Mikisew Cree First Nation citizen, Moms Stop the Harm member*

We invite your collaboration and would appreciate the opportunity to work together to implement solutions to this crisis.

Toronto Indigenous Harm Reduction

Moms Stop the Harm

HIV Legal Network / Réseau juridique VIH

Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

ENDNOTES

[1] *R v Kalicum*, 2026 BCSC 1855 (CanLII). 2026. URL: https://canlii.ca/t/kng0w

[2] The ratio of non-fatal to fatal overdose is estimated at 15:1, suggesting that rates of irreversible brain injury due to drug poisoning may be several times higher than the current death toll. See 2024 analysis on U.S. data from Casillas et al: https://pubmed.ncbi.nlm.nih.gov/38290778/

[3] British Columbia's Office of the Human Rights Commissioner. 2025. "A human rights-based approach to the toxic drug crisis." URL: https://bchumanrights.ca/resources/publications/publication/toxic-drug-crisis/; Chiefs of Ontario and Ontario Drug Policy Research Network. 2025. "Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario." URL: https://odprn.ca/wp-content/uploads/2025/05/Opioid-Use-Among-First-Nations-Annual-Update-2024.pdf

[4] British Columbia Coroners Service. 2022. "Deaths of Individuals Experiencing Homelessness in BC, 2012-2021." URL: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/deaths-of-individuals-experiencing-homelessness.pdf

[5] Toronto Public Health. 2025. "Toronto Public Health releases updated data for deaths of people experiencing homelessness in Toronto." URL: https://www.toronto.ca/news/toronto-public-health-releases-updated-data-for-deaths-of-people-experiencing-homelessness-in-toronto/

[6] Fleming et al. 2020. "The Public Health Funding Paradox: How Funding the Problem and Solution Impedes Public Health Progress." URL: https://journals.sagepub.com/doi/10.1177/0033354920969172

[7] BC Coroners Service Death Review Panel. 2023. "An Urgent Response to a Continuing Crisis." URL: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/an_urgent_response_to_a_continuing_crisis_report.pdf; Harm Reduction Nurses Association v British Columbia (Attorney General) 2023 BCSC 2290 (CanLII). 2023. URL: https://canlii.ca/t/k1xn8; Health Canada Expert Task Force on Substance Use. 2021. "Report 1: Recommendations on alternatives to criminal penalties for simple possession of controlled substances" and "Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)". URL: https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports.html; R v Kalicum, 2026 BCSC 1855 (CanLII). 2026. URL: https://canlii.ca/t/kng0w

[8] For example, the federal government "scheduled" the veterinary tranquilizer xylazine under the Controlled Drugs and Substances Act after it was frequently found in the unregulated drug supply — creating criminal law prohibitions on unauthorized xylazine activities. After xylazine scheduling, research demonstrated that while the presence of xylazine seemed to decrease in the drug supply, a more potent veterinary tranquilizer, medetomidine, increased. See: Health Canada's Drug Analysis Service. 2026. "Medetomidine Xylazine Current Situation in Canada." URL: https://open.canada.ca/data/en/dataset/ef362825-83ec-4517-9488-9ad1b879795e/resource/1f3e3f6d-ec21-40db-9556-c134116d75f7
Medetomidine results in more complex overdose and withdrawal, including potential increased risk of seizure, requiring a novel and specialized medical response.

[9] Debeck et al. 2009. "Incarceration and drug use patterns among a cohort of injection drug users. URL: https://pubmed.ncbi.nlm.nih.gov/19133890/

[10] Werb et al. 2016." The effectiveness of compulsory drug treatment: A systematic review." URL: https://www.sciencedirect.com/science/article/abs/pii/S0955395915003588?via%3Dihub

[11] Public Health Agency of Canada. 2026. "Modelling apparent opioid toxicity deaths." URL: https://health-infobase.canada.ca/substances/harms/modelling-apparent-opioid-toxicity-deaths/current-projections.html