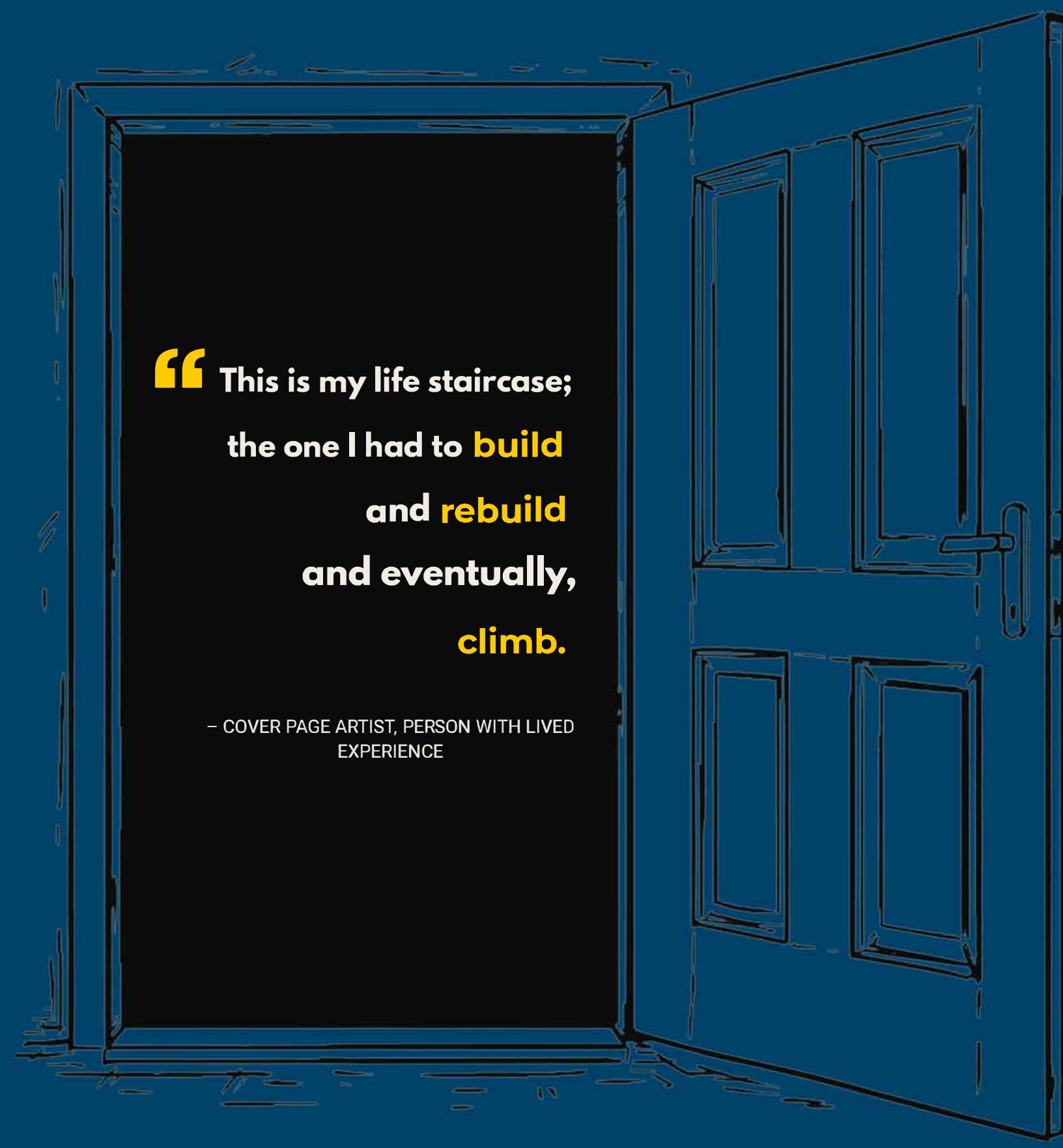
NORTHERN toll

The impact of the drug toxicity crisis in Northern Ontario corrections

jhs Ontario


“ This is my life staircase;
the one I had to build
and rebuild
and eventually,
climb.
– COVER PAGE ARTIST, PERSON WITH LIVED EXPERIENCE

LEAD AUTHORS

Sara Fruchtman

Meaghan Costa

Safiyah Husein

LOCAL REFLECTIONS

Jonathan Peltier

Andrew MacDonald

RJ

KEY CONTRIBUTORS

Capryce Taylor

Emma Jewell

To cite this report:

John Howard Society of Ontario (2026). Northern Toll: The impact of the drug toxicity crisis in Northern Ontario corrections.

ABOUT US

JOHN HOWARD SOCIETY OF ONTARIO

For more than 90 years, The John Howard Society of Ontario (JHSO) has been dedicated to creating safer communities by fostering more effective, just, and humane responses to crime. Our 18 local offices deliver programs and services that build key life skills, support families, and allow people leaving incarceration to achieve a more productive future. The Centre of Research & Policy specializes in bridging the gap between analysis and front-line service delivery. By collaborating closely with local offices, the Centre's team of analysts and researchers develops policy positions that truly reflect the needs of each community, advances those positions to governments and other organizations, educates the public on the critical issues, and evaluates program efficacy to guide future work. Through it all, we're committed to ensuring that innovative ideas can translate into real action.

RESEARCH CLUSTER FOR THE STUDY OF RACISM AND INEQUALITY, UNIVERSITY OF TORONTO

Established in March 2021 at the Centre for Criminology and Sociolegal Studies at the University of Toronto, the Research Cluster for the Study of Racism and Inequality aims to build knowledge about the historical and ongoing legacies of racism, colonialism, gendered and sexual violence, exclusion and other forms of structural inequality by providing a research platform for interrogating the roots of social disenfranchisement.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

This report was made possible through funding provided by the Social Sciences and Humanities Research Council of Canada and the University of Toronto's Centre of Criminology and Sociolegal Studies Research Cluster for the Study of Racism and Inequality.

We are grateful for the contributions of the project's advisors who provided input and feedback throughout. We would also like to extend our heartfelt thanks to the many local experts and service providers who contributed to this research and welcomed us into their communities. The care and commitment they bring to their work is an important reminder that there is a way out of this crisis. This work could not have been done without the generous support of the local John Howard Societies in Thunder Bay, Sault Ste. Marie, and Sudbury.

Finally, we express our profound gratitude to the artists and local contributors who enriched this report with their personal reflections, drawings, and poems, reminding us that **behind every statistic is a human story.**

University of Toronto Review Ethics Board Protocol #00045257

SYSTEMIC ACKNOWLEDGEMENT

This report focuses on communities in Northern Ontario, but it began in Toronto. Researchers from the John Howard Society of Ontario and the University of Toronto live and work in Tkaronto / Toronto, the traditional territories of the Haudenosaunee Confederacy, the Anishinabek Nation, and the Wendat Peoples. Tkaronto, which means "where there are trees standing in the water" in Mohawk, is also covered by Treaty 13, signed with the Mississaugas of the Credit First Nation, and the Dish with One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region. Working on this project was a clear reminder of the importance of place in all our work. Acknowledging the importance of place is much more than simply presenting a land acknowledgement. If land acknowledgements are about understanding the history and governance of the lands in which we live and work, honouring our nation-to-nation relationships, and the rights of people that live within these nations, then they are also an acknowledgement that we have much more to learn together. We hope that this research can be a step towards that learning.

When recognizing the systemic challenges within the Canadian criminal legal system, it is important to acknowledge the historical and present-day impacts of colonialism and systemic discrimination which includes, but is

not limited to, the overrepresentation of Indigenous and Black people throughout the criminal legal system. Black and Indigenous populations face higher levels of policing, incarceration, and biased treatment within the criminal legal system, with Black people being overrepresented by more than 3 times that of the general population, and Indigenous people by more than 6 times.[1] This overrepresentation exacerbates pre-existing structural barriers rooted in systemic racism and colonialism. The intersection of racial disparities and criminal legal involvement creates distinct challenges for Black and Indigenous populations in many areas. Despite a growing understanding of how racial identity influences individuals with criminal histories in Canada, discrimination persists at both individual and systemic levels. It is our hope that this acknowledgement contextualizes the research found in our report and serves as a reminder of our shared responsibility to engage in open dialogue, challenge biases, and work collaboratively towards dismantling the systems of oppression that result in persisting inequities in our criminal legal system.

EXECUTIVE SUMMARY

Ontario's toxic drug crisis continues to escalate, with Northern Ontario experiencing some of the highest drug poisoning mortality rates in the province. The John Howard Society of Ontario (JHSO), in partnership with the University of Toronto, conducted research to better understand the relationship between the toxic drug crisis and the correctional system in Northern Ontario, particularly how incarceration and the transition back to community exacerbate drug-related harms. This report offers a strategic overview of key challenges and identifies opportunities for policy and system change grounded in public health principles and community expertise.

CONTEXT AND PROBLEM DEFINITION

Drug poisoning is now the leading cause of accidental death in Ontario, and the burden is disproportionately borne by Northern, rural, and Indigenous communities. People who are incarcerated - or recently released - face dramatically elevated risks of fatal drug poisoning, driven by the increasingly toxic unregulated supply, limited access to health and harm-reduction services, and the destabilizing effects of criminalization. Correctional facilities, designed neither as treatment centres nor public-health institutions, are overwhelmed by the complex needs of people cycling between homelessness, substance use, mental health challenges, and incarceration.

METHODS

From March to December 2024, researchers conducted focus groups and interviews in Thunder Bay, Sault Ste. Marie, and Sudbury. Participants included local service providers in justice, corrections, public health, harm reduction, and housing. Findings were analyzed thematically using inductive methods to identify consistent patterns across communities.

KEY FINDINGS

1

Local complexity is intensifying

Service providers across all three cities described increasingly complex client needs, driven by untreated mental health conditions, intergenerational trauma, poverty, housing instability, and increasingly dangerous substances such as fentanyl, benzodiazepine adulterated opioids, and xylazine.

2

The illicit drug supply is becoming more lethal

Direct service staff reported unprecedented toxicity and unpredictability in the unregulated drug market. Even experienced users cannot accurately gauge potency. Contamination is widespread, intentional in some cases, and often fatal.

3

Systems are strained and fragmented

Communities face significant shortages of treatment beds, detox services, supportive housing, primary care, and harm-reduction infrastructure. Waitlists are long, services operate in silos, and correctional-based healthcare is inconsistent and disconnected from the provincial health system.

4

Reintegration is a critical point of failure

The period immediately after release from custody is associated with exceptionally high mortality risk. People often exit jail without medication continuity, housing, identification, transportation, or timely treatment access - conditions that directly elevate risk of drug poisoning.

5

Stigma and mistrust undermine access to care

Persistent stigma from institutions, providers, and the public discourages people from seeking help. This mistrust is rooted in repeated experiences of discrimination, neglect, and harmful interactions across health and criminal legal systems.

STRATEGIC IMPLICATIONS AND RECOMMENDATIONS

The research shows that punitive approaches worsen drug-related harms and increase pressure on already overburdened systems. A shift toward a coordinated public-health framework is essential. Key priorities include:

- **Expanding community-based harm reduction, treatment, and recovery options**, particularly in Northern Ontario.
- **Strengthening reintegration pathways**, including transitional housing and in-reach healthcare that bridges custody and community.
- **Improving continuity of care**, with integrated health, social, and justice collaboration.
- **Investing in Indigenous-led, community-driven solutions**, acknowledging the disproportionate impacts of colonization and systemic racism.
- **Reducing reliance on criminalization** and limiting custody for low-risk individuals while ensuring access to voluntary, evidence-based care.

Taken together, these findings underscore that addressing the toxic drug crisis requires systemic transformation, not isolated interventions. A comprehensive, health-focused continuum of care - before, during, and after incarceration - is critical to saving lives and improving community safety across Ontario.

KEY CONCEPTS AND TERMS

What do we mean when we say, "toxic drugs"?

In this report, we use the terms **"toxic drugs"** and **"drug poisoning"** to describe the current crisis, instead of the more common terms "opioid" and "overdose." Fatalities that result from drugs are not always a result of opioids alone and many believe that the term "overdose" contributes to stigma because it implies that a drug user knows what the dose is and takes too much. The more medically accurate term "drug poisoning" better describes what is happening in the body and the complex reality of these fatalities, which are increasingly caused by a contaminated drug supply and the use of multiple substances.

What do we mean by "harm reduction"?

Harm reduction refers to the practical strategies and approaches aimed at reducing the negative consequences of drug use. This includes the use of drug-checking services, safe supply, and safe consumption, without insisting on abstaining from drug use. Harm reduction centres on respecting the dignity of people who use drugs and ensuring that a variety of safe treatment, recovery, detox and other services and support are available.

What are "safe consumption sites"?

Safe consumption sites, also known as "consumption and treatment services (CTS)" or "supervised consumption sites" are facilities where people can use pre-obtained drugs in a clean, safe, and judgment-free environment with medical supervision. Safe consumption sites provide a range of health services, including sterile supplies, education on harm reduction, and drug poisoning prevention and intervention. In addition to supervised drug use, these sites often offer medical and counseling services and can help connect individuals to addiction treatment and other healthcare support. The goal of these facilities is to reduce health risks associated with drug use, such as drug poisoning and the spread of infectious diseases, and to provide a pathway to additional care.

What do we mean when we say, "decriminalization"?

When we talk about drug **decriminalization**, we refer to policies that remove criminal penalties for drug use and possession. Advocates of this approach argue that the "war on drugs," which relies on criminalization, has failed to improve public safety or suppress drug use. Decriminalization is not the same as legalization. Under a decriminalized system, drugs are still regulated and controlled. It also doesn't mean anyone can sell or distribute drugs without consequence. Trafficking, manufacturing, and large-scale dealing remain criminal offences under a decriminalized regime. Decriminalization is also not an endorsement of drug use.

Advocates for drug decriminalization recognize that the criminalization of drug use makes it difficult for people with substance use disorders or addiction to access the healthcare they need, resulting in poor health outcomes for substance users rather than a decrease in drug use. Decriminalization can also revert necessary law enforcement resources to prevent serious and violent crime, including drug trafficking and manufacturing.

In 2001, Portugal enacted a form of decriminalization of low-level possession and consumption of all illicit drugs. Low-level possession and consumption of all illicit drugs were reclassified as administrative violations, not criminal ones. At the same time, Portugal significantly expanded its treatment and harm reduction services. After two decades, Portugal has seen positive impacts for both its public health and prison sector. Portugal has experienced no major increases in drug use, it has seen reduced rates of substance use disorders and adolescent drug use, reduced incidence of HIV/AIDS, and reduced drug-related deaths, along incarcerating fewer people for drugs.[2]

What is a "public health approach" to the toxic drug crisis?

A **"public health approach"** to the toxic drug crisis prioritizes the health and wellbeing of people who use drugs, focusing on measures that promote their survival and well-being. This strategy also aims to reduce harms associated with drug use for both individuals and their communities.

Why do we use the term "criminal legal system" and not "criminal justice system"?

In this report, we use the phrase **"criminal legal system"** to describe the collective institutions of policing, courts, and corrections, including prisons/jails, community supervision. A growing number of people and organizations are adopting this term to challenge the assumption of "justice" in the phrase "criminal justice system," acknowledging that for many communities, the system's inequitable treatment of Black, Indigenous and other marginalized populations often undermines its potential for true fairness and to deliver justice.

What is the difference between a "jail", "detention centre", "correctional facility", "penitentiary", and "prison"?

In general, "jail" or "detention centre" typically refers to a short-term holding facility for those awaiting trial or serving minor sentences, while "prison" and "penitentiary" tend to refer to longer-term facilities for those convicted of more serious crimes. "Correctional facility" is often used as a broader term encompassing jails and prisons.

In this report, we focus on Ontario's provincial correctional facilities or "jails," which detain people awaiting trial (on remand) and those serving sentences less than two years. In Canada, federal correctional facilities or "prisons" and "penitentiaries" hold individuals sentenced to two years or more. Generally, anyone who has been incarcerated in Canada will have spent some time in a provincial correctional facility, whether they were held while awaiting trial, before charges were withdrawn or dismissed, detained before sentencing and transfer to a federal facility, or serving their entire sentence in a provincial facility. More than 80% of those currently incarcerated in a provincial jail or detention centre are being held on remand, awaiting trial.[3]

INTRODUCTION

Life expectancy is shorter in the North. People living in Ontario's Northern regions are more likely to have poorer health and worse access to healthcare than people in other parts of the province.[4] Due to the limited availability and accessibility of emergency, harm reduction, and treatment and recovery services, people living in Northern Ontario are also more likely to die from toxic drug poisoning compared to people living in other parts the province.[5] These deaths coincide with no less devastating public health challenges in the region: increases in newly reported HIV and hepatitis-C infections,[6] out-of-home child welfare placements,[7] violence and victimization,[8] and homelessness[9] have all been linked to substance use disorders and the worsening drug poisoning crisis.

Communities across Northern Ontario have been raising the alarm about the toxic drug crisis for well over a decade. As early as 2009, the Northwestern Ontario First Nations Chiefs declared a state of emergency regarding "prescription drug abuse."[10] It is only in recent years, however, that drug poisonings have received significant public attention.[11]

Though Northern Ontario is grappling with unprecedented drug-related deaths and related public health challenges, the region's diverse communities, which cover more than three-quarters of the province, have responded with extraordinary resilience and resourcefulness. They will continue to lead the way forward. Effective policy change must be driven by those living and working in Northern Ontario, not imposed from above.

The criminalization of drug use places people who use substances at greater risk of arrest and incarceration, creating conditions that heighten, rather than reduce the risk of drug-related harm. Correctional facilities are overwhelmed and ill-equipped to manage the toxic drug crisis. Instead of addressing drug use, incarcerated individuals often leave unprepared to reintegrate into society, leading to the inevitability of their return to custody, or worse, fatal drug poisoning. As the drug supply continues to get more lethal, we risk losing many more lives before we see impactful change.

This report makes clear that incarceration and reintegration from Ontario's correctional system is a critical juncture in the toxic drug crisis. To effectively combat this crisis, improve public safety, and foster stronger communities, policymakers and communities need to seriously reconsider the role of correctional facilities and the critical period of reintegration.

Researchers at the John Howard Society of Ontario (JHSO) have long been working to provide the latest evidence on healthcare in the correctional system. JHSO continues to push for a public health approach to drug use- one that will ensure that everyone, including incarcerated and formerly incarcerated people, can voluntarily access harm reduction, treatment and recovery services to

improve their health and well-being. Access to these supports will ultimately reduce contact with the criminal legal system.

This report was created in partnership with researchers at the University of Toronto's Centre for Criminology and Sociolegal Studies, and under the direction of key informants and advisors. It can only provide a first look at the intersection of substance use and the correctional system in Northern Ontario. We cannot speak for all of Northern Ontario. Further engagement with First Nations and Indigenous leaders across the province is needed to understand the full impact of this crisis on their communities and the best path forward to address it. We nevertheless aim to offer practical guidance for practitioners and policymakers on the intersection of the toxic drug crisis and the correctional system by compiling evidence on the experiences and expertise of justice and health professionals in Thunder Bay, Sault Ste. Marie, and Sudbury.

This report is organized into three main sections. To begin, it offers a brief overview of the context of the current drug crisis and the ways that an enforcement-led approach to drug use has harmed people and communities. The report then looks at the impact of an enforcement-led approach across three communities: Thunder Bay, Sault Ste. Marie, and Sudbury. We draw on interviews and focus groups with those working on the frontline of the toxic drugs crisis and incarceration. These findings are enriched by written and artistic reflections by people who have been directly harmed by the toxic drug crisis and the correctional system, some of whom are now working on the frontlines to support their communities. The report concludes with strategies for changing the trajectory of the drug crisis and the correctional system's response to it.

Our work is guided by the principles of harm reduction and by the conviction that substance use disorders should be addressed primarily as a public health problem, not a criminal one. This report makes clear that the best path forward requires sustained investment in community-driven solutions, led by people who are directly impacted. The report shows that tackling the toxic drug crisis will not happen with one-size-fits-all policies or programs. Addressing this crisis demands coordination from all levels of government and all government bodies. Although the perspectives of those we learned from were varied, everyone who informed this report made it clear that there is an urgent need to transform the criminal legal system's response to drug use and to implement policies and practices that advance health.

METHODS

The observations, analysis, and recommendations contained in this report are based on the latest evidence from criminal justice, public health, epidemiology, and policy research. The findings are also drawn from interviews and focus groups with local experts and frontline service providers in the health and justice sectors, as well as site visits to Thunder Bay, Sault Ste. Marie, and Sudbury.

The project team conducted site visits to **Thunder Bay**, **Sault Ste. Marie**, and **Sudbury** over the summer of 2024. They visited community organizations at each site that provide direct services to people with substance use disorders or who engage in high-risk substance use and people who are or have been incarcerated.

Virtual and in-person interviews and focus groups were held between **March and December 2024** with **33 service providers** working in justice, corrections, public health, and social service sectors. Researchers conducted in-person focus groups in Thunder Bay (2 focus groups), Sault Ste. Marie (2 focus groups), and Sudbury (1 focus group), as well as 4 virtual focus groups and 3 informational interviews.

Interview and focus group questions were designed to be open-ended to facilitate discussion led by the participants. The questions covered various themes, including the impact of the toxic drug crisis, the impact of criminal legal involvement on the crisis, gaps and barriers to public health and harm reduction services, particularly for those who are involved in the criminal legal system. They also explored the policy changes, financial investments, and programmatic innovations needed to ensure more effective responses across the criminal and healthcare systems.

All of the interviews and focus groups were audio-recorded and transcribed. The research team then analyzed the data using inductive reasoning to pull out common themes. Multiple researchers were involved in analyzing the data to ensure the research findings have inter-rater reliability. To ensure the confidentiality of those who participated in the research, our findings have been anonymized and presented through aggregate data.

WHAT WE KNOW

In the following pages, we provide a foundational overview of the structural and historical forces shaping the toxic drug crisis in Ontario and its deep entanglement with the correctional system. First, we examine the relationship between the toxic drug crisis and incarceration, tracing how the increasingly toxic unregulated supply, systemic service gaps, and the elevated health risks associated with custody and release interact to produce disproportionately high drug-poisoning deaths among people who experience incarceration. We then outline the harms of punishment, detailing how enforcement-led approaches to substance use, which are rooted in broader histories of criminalization and inequity, have exacerbated rather than mitigated the crisis. Building on this, we explore Canada's continued 'war on drugs', showing how recent policy reversals and heightened criminalization are reshaping the landscape of harm reduction, treatment access, and community safety across the province. Finally, we demonstrate how prison health is public health, emphasizing that the health needs of people inside Ontario's jails are inseparable from the health of the broader communities to which they return, and why a public health centred approach is essential for crafting meaningful responses.

The relationship between the toxic drug crisis & the correctional system in Northern Ontario

Ontario's toxic drug death rates have reached unprecedented levels. But this crisis is not new. Over the last three decades, drug poisoning fatalities have steadily climbed. The first wave, in the 1990s, saw drug-related deaths rise as a result of increased opioid prescriptions.[12] The early to mid-2010s marked the second wave, with the rise of illicit drug contamination by potent opioids like fentanyl.[13] Most recently, as the illicit drug market has become increasingly contaminated with fentanyl–and the fentanyl supply itself becomes adulterated with stimulants, benzodiazepines, and xylazine–drug poisoning deaths have skyrocketed.[14] States of emergency have been declared in large and small communities across Ontario, but the crisis persists unabated.

There are several drivers of substance use disorders and drug poisoning deaths. Stigma, fear of punishment, criminalization, and incarceration continue to prevent people who use drugs from accessing life-saving health care and treatment.[15] The services that exist are strained and unable to meet the current need. Medically supervised withdrawal management remains unavailable to many, and 24/7 crisis and detox beds are rare. According to data from ConnexOntario, wait times for bed-based treatment, counselling, and withdrawal management can often take months and sometimes up to a year.[16]

Ontario's healthcare, social service, and economic systems are still recovering from the COVID-19 pandemic. Nevertheless, they were never sufficiently resourced to keep up with the availability and toxicity of the unregulated drug

supply. COVID-19 also exacerbated pre-existing mental health challenges, economic stress, anxiety, and isolation–all factors that directly contribute to substance use disorders and addiction.[17]

Ontario's Northern, remote and rural communities have been hit especially hard.[18] The rates of drug toxicity deaths in Northern Ontario's three largest cities– Thunder Bay, Sault Ste. Marie, and Sudbury– are among the highest in the province. Drug poisoning deaths across the North are more than double the provincial average (see Figure 1).[19]

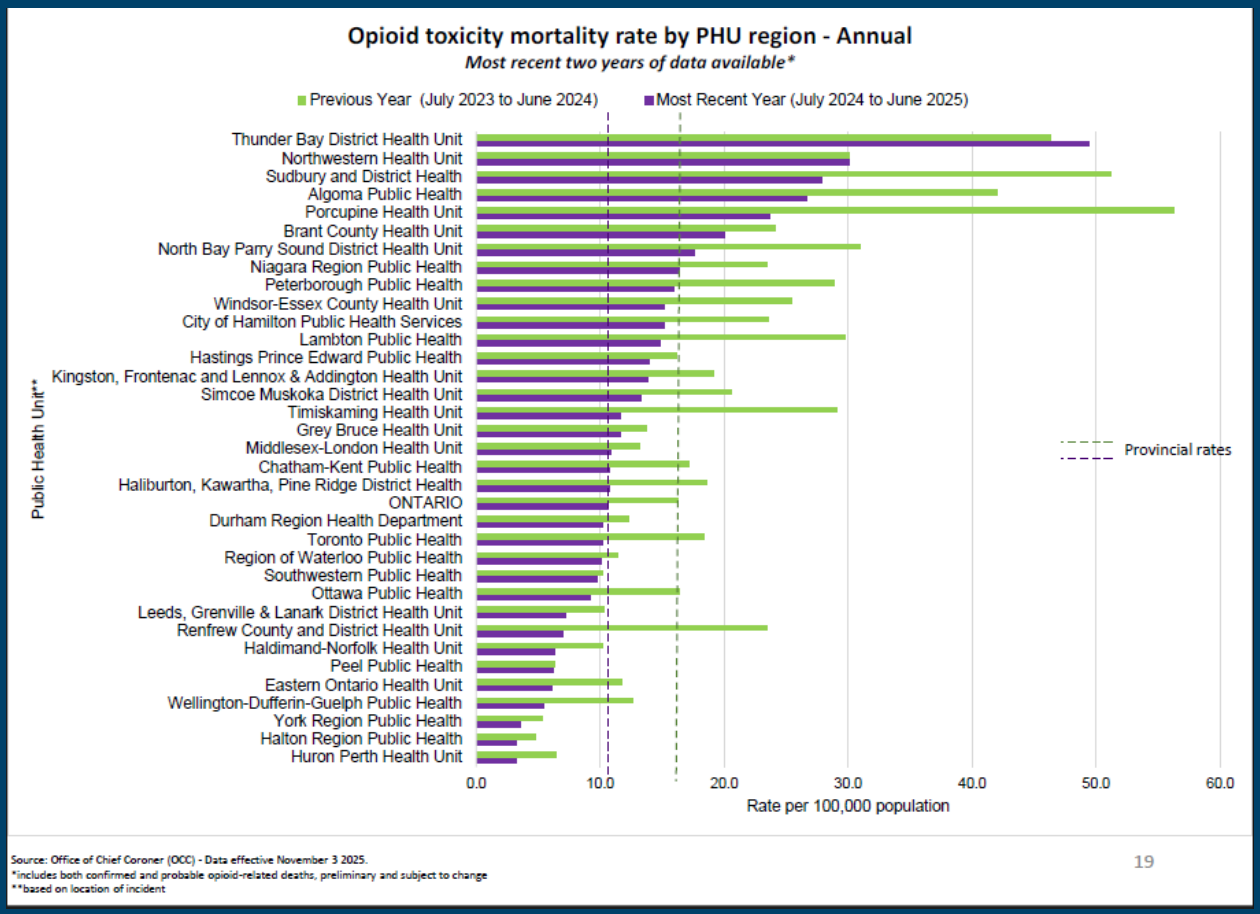


Figure 1-Office of Chief Coroner (OCC). Data Effective November 3, 2025. Chart retrieved from https://odprn.ca/wp-content/uploads/2025/11/OCC_Opioid-Mortality-Summary-2025_Q2-November-2025.pdf

In First Nations communities, the toxic drug crisis is impossible to disentangle from the ongoing impacts of colonization, the residential school system, inadequate housing, poor access to clean water, isolation from services, and limited resources.[20] As a result, between 2019 and 2021, opioid-related toxicity deaths in First Nations communities in Ontario nearly tripled.[21]

The surge in drug poisoning deaths in Northern Ontario is just one devastating consequence of this epidemic. Understanding the crisis's full impact requires acknowledging its cascading health, social, and economic harms. Non-fatal poisonings are also inflicting significant health impacts, including decreased cognitive function and increased mental health symptoms, such as depression and suicidal ideation.[22] Even the health impacts of non-fatal poisoning have become more severe.[23] Individuals who survive a drug poisoning increase their mortality odds due to respiratory depression, brain injury, and other health complications.[24] Compounding this are societal costs such as lost wages, housing instability,[25] and increased child welfare placements.[26] These impacts demand a concerted response from every level of government and across all sectors and communities.

The harms of punishment

Canada's current prohibitionist stance has ties to our colonial past. The earliest anti-drug laws in Canada were written into the *Indian Act* of 1876. These laws, which regulated alcohol consumption for Indigenous Peoples, were not fully repealed until 1985.[27] Similarly, the *Opium Act* of 1908 punished those who imported, manufactured, or sold opium for non-medical purposes, and was driven by anti-Chinese racism.[28] While Canada's prohibitionist policies no longer blatantly name specific racial groups, law enforcement responses to drug policies have disproportionately targeted Black, Brown and Indigenous peoples.[29]

In Ontario, Indigenous people are jailed more than six times the rate of white Ontarians.[30] Locally, these disparities can be even starker: in Thunder Bay for example, approximately 72% of incarcerated people are Indigenous. Furthermore, Indigenous people coming out of jail are nearly 30 times more likely to die from drug poisoning than Indigenous people who have never been incarcerated.[31] The risk is even more alarming for Indigenous women: they are over 80 times more likely to die from drug poisoning after being incarcerated compared to Indigenous women who have not been in custody.

Provincial correctional facilities and jails have a very specific and important function in our criminal legal system: to hold people deemed too dangerous to release while awaiting trial; those considered a flight risk; and those serving short sentences less than two years. The purpose of these facilities has expanded amidst an intersecting housing and drug crisis. We at the John Howard Society often hear from partners and direct service staff of Ontario's jails operating as default "homeless shelters" and "detox centres." People with histories of homelessness may not be officially denied bail, but are strung along by the courts, as hearings are adjourned to develop an appropriate release plan that can accommodate their unhoused status.[32] Meanwhile, as these release plans are being developed individuals are waiting in provincial correctional facilities. It is also not uncommon to learn about people who deliberately get arrested for a warm place to sleep, detox, and get sober.[33] Deliberate or not, underlying the behaviour that lands people in jail, there is often a history of substance use issues, mental illness, poverty, and homelessness.[34] Jails are not, however, designed to provide housing or addictions treatment. Nor should they be.

Although most people admitted to a jail in Ontario are released within days, weeks or months, even a short stay in jail can have serious consequences. Incarceration can increase the likelihood of re-offending,[35] contribute to job and wage losses,[36] and lead to the loss of housing.[37] A short stay in jail can contribute to deeper and more lasting criminal legal involvement, perpetuating the so-called "revolving door" of the criminal legal system.

Incarceration is also a significant driver of fatal drug poisoning.[38] Human rights and oversight bodies have documented that conditions such as segregation, restrictive confinement, violence and frequent lockdowns in correctional facilities can cause or exacerbate psychological distress, particularly among people with mental health and substance use issues.[39] This can contribute to high-risk drug use and increased risk of drug poisoning. In fact, drug toxicity is the leading cause of non-natural deaths in Ontario's provincial correctional institutions.[40]

The period immediately following release from incarceration is particularly dangerous; the risk of drug-related death is over 50 times higher in the first two weeks post-release compared to the general population.[41] A review of coroner's files for deaths caused by drug toxicity between 2006 and 2013 found that 20% of these deaths occurred within one week of release.[42] Every year in Ontario, approximately 88 people die due to drug toxicity in the year after release from incarceration–making up one in ten of all drug toxicity deaths in adults in Ontario.[43] Though statistics can have a way of muting, rather than amplifying the tragedy, the fact that one in five drug toxicity deaths occurred within one week of release from a correctional facility demands urgent reform of reintegration planning in Ontario.

The war on drugs is over. Long live the war on drugs.

Canada's long-standing criminalization of drug use appeared to soften over the past decade with increasing support for more compassionate and public health-oriented approaches to drugs and drug users, however, we are now reverting to harsher intervention.[44] The legalization of cannabis in 2018,[45] the decriminalization of simple possession in British Columbia in 2023,[46] and the growing availability and access to safe consumption services, naloxone and other harm reduction measures appeared to usher in a new era of drug policy aimed at reducing the negative health, social, and economic impacts of substance use. However, most provincial governments are already turning back on this approach and have put pressure on the federal government to do the same.[47] The pendulum swung from an uneven and poorly supported move toward decriminalization to a renewed overreliance on involuntary treatment as the primary policy response to the toxic drug crisis.

In January 2023, Health Canada granted a three-year exemption under the *Controlled Drugs and Substances Act* to decriminalize the personal use of drugs in British Columbia. Less than two years later, in April 2024, the BC and federal governments reinstituted a total ban on drug use in BC, with narrow exceptions for private residences and designated health clinics. Many experts noted the pilot was not set up for success. Decriminalization cannot, on its own, reduce the harms of drugs. Decriminalization does not change the underlying causes of

substance use disorders, nor does it address the social, economic, and health disparities that can lead to substance use disorders. Experts agree that decriminalization is a necessary first step in tackling a public health problem with a public health approach.[48] However, without proper investment in public health supports– such as accessible treatment and recovery services – decriminalization looks a lot more like "organized abandonment."[49]

Elsewhere in Canada, provincial governments experimented with de-facto decriminalization–never actually putting it into law but policing personal drug use with increased restraint. It is not clear whether this increased restraint was part of an effort to move away from the criminalization of drug users or decisions made based on capacity and resource concerns. Nevertheless, the perceived failure of Canada's brief experiment with decriminalization is now cited as proof that punishment is the only option, thereby further pitting the need for public health against the demand for public safety in the debate about the drug crisis.

In Ontario, in 2024, the provincial government[50] requested a halt to new Consumption and Treatment Services (CTS), as well as announced the closure of 10 existing sites and proposed banning any within 200 metres of schools. At the time of this writing, the government's effective ban on supervised consumption sites is undergoing court litigation. Particular concerns have arisen because the remaining sites have been forced to close due to funding cuts, not because they are in violation of the new law. The government has made it clear that it will not "approve any new or relocating drug injection sites."[51]

The Ontario government also introduced measures that effectively punish those who may be struggling with substance use, addiction and homelessness through the *Protect Ontario Through Safer Streets and Stronger Communities Act* (Bill 10) and The *Safer Municipalities Act* (Bill 6). Bill 6 allows the police to confront, arrest, and fine anyone they suspect of using drugs in public, with penalties up to $10,000 for people who have been found to have broken trespassing or public-consumption laws. Breaking the new consumption law could also mean a six-month jail sentence.[52] Critics believe the new bill is vulnerable to a Charter challenge, but such a challenge could take years, leaving people who use drugs increasingly vulnerable to arrest and incarceration in the interim.

The provincial government has also pledged to revisit mental health legislation to expand forced treatment laws to mandate compulsory treatment for people who use drugs. In May 2025, the government announced its plans to study how it can introduce compulsory treatment for people involved in the correctional system.[53] British Columbia's newly opened involuntary treatment facility at the Surrey Pretrial Centre, the first of its kind in Canada, serves as an important precedent. The 10-bed facility is designed for people who are in jail, suffering from a mental health crisis, overlapping brain injuries, and addiction concerns.[54] Alberta has also committed to introducing involuntary addiction treatment for adults.

There remains insufficient evidence to determine if involuntary treatment works.[55],[56] Enthusiasm for the government's proposed involuntary treatment laws should be tempered by the experiences of the few jurisdictions where similar laws are already in place. In Massachusetts, "Section 25" allows for people deemed imminent risk of harm from their substance use to be sent against their

will to treatment. Data from Massachusetts Department of Public Health found the risk of fatal overdose of those who were forcibly treated and incarcerated was 50 times higher than for the general public.[57] In Sweden, approximately 1,000 people per year are committed to compulsory care for substance use and face higher risk of mortality after discharge.[58] In Australia, where there continues to be conflicting evidence for the efficacy of compulsory treatment, researchers found that Indigenous people, as well as those who are racialized, are more likely to be overrepresented in compulsory admissions.[59]

Insufficient evidence on forced treatment cannot credibly support new laws and programs aimed at curbing the toxic drug crisis. Evidence on the effectiveness of forced treatment is too limited and inconsistent to draw definitive conclusions. While a 2023 study showed short-term reduction in substance use, voluntary treatment consistently outperforms involuntary treatment in terms of long-term health outcomes.[60] A systematic review of involuntary treatment found no evidence of a benefit, and a potential increased risk of drug poisoning death for individuals discharged from involuntary treatment.[61] When involuntary treatment has shown any positive impact, it has been for alcohol withdrawal, undertaken for the shortest possible duration, and combined with other forms of evidence-based care, like therapy and counselling, and robust follow-up support.[62]

Mandating forced treatment for people in custody will require further investment in the correctional system, likely at the expense of community-based and voluntary harm reduction, treatment, and recovery support. These services will be needed regardless of whether forced treatment for people in custody becomes a reality. Policymakers and communities focused on tackling the toxic drug crisis and improving public safety must critically examine how our jails are used to chart a path towards real change.

Prison health is public health.

Canada has grappled with drug use in its prisons and jails for well over half a century. Some of the earliest research on addictions in Canada took place in prison. While some of this research was used to perpetuate negative stereotypes and myths about people who used drugs–tying drug use and criminal behaviour together [63]—other early researchers recognized that prisons and jails are not the right environment to treat people with addiction. A study on the Oakalla Prison treatment program from 1960, for example, recommended that drug users be treated as "sick people, not criminals."[64] We understand addiction and its treatment much better now than we did in 1960, and still must strive to build effective solutions that protect lives, promote safety, and improve health outcomes.

Officially, provincial and federal correctional institutions are meant to be drug-free, and yet, drug free prisons remain an elusive goal.[65] Illicit drugs are smuggled in via drones and makeshift fishing lines, by "cheeking" (hiding drugs in a cheek) and "hooping" (hiding drugs in body cavities), in the mail, and even by some visitors and staff. Identifying drugs, even with advanced detection technologies, has become harder than ever because illicit drugs can be brought into prisons in quantities too small for even the best technology to detect. Given that drugs

cannot entirely be kept out of prisons, how can we better safeguard the health and safety of incarcerated and formerly incarcerated individuals?

A decade ago, the John Howard Society of Ontario released Fractured Care, a report detailing the alarming disparities in healthcare access and outcomes for Ontario's correctional populations.[66] These disparities have continued, with researchers recently finding that incarcerated individuals had significantly higher rates of emergency department visits, were 14 times more likely to have mental health conditions, and were 20 times more likely to seek healthcare for alcohol, drug, or illicit drug-related overdose issues compared to non-incarcerated people.[67]

Prisons and jails are required to provide healthcare services comparable to community standards and ensure continuity of care.[68] But the reality of healthcare in Ontario's correctional facilities is complicated. For some, incarceration may offer their first opportunity to see a primary care provider. Yet, the resources available within correctional institutions may be limited, and incarcerated individuals rely on health care systems that operate at the intersection of security protocols and medical needs. Overcrowding, lockdowns, a shortage of medical staff, and interruptions in care during transitions between institutions or into the community impact the level of care available to incarcerated people. The paradoxes of prison healthcare are mirrored by the paradoxes of drug use in jail. Some people with substance use disorders may see a period of incarceration as a good opportunity to detox. In other cases, people who never used drugs prior to incarceration try them there first as a means to alleviate the difficult experience of incarceration or simply to reduce boredom.[69]

A crucial goal for Ontario's healthcare system is to ensure "every door is the right door."[70] This means that no matter where someone meets with a healthcare provider, their healthcare needs should be assessed, and they should be referred to appropriate services or offered treatment options consistent with their personal goals. Currently, the Ministry of the Solicitor General delivers healthcare in provincial correctional facilities, rather than the Ministry of Health as is the case for the rest of the population. Expert advisors, coroner's inquests, and advocates across the province have repeatedly called for the Solicitor General to transfer the provision of healthcare in correctional facilities.[71] Provinces like British Columbia, Alberta, and Nova Scotia have already made this transition.

Ultimately, all provincially sentenced individuals, and almost all federally sentenced individuals, return to the community. Therefore, prison health must be viewed as a public health issue. Since individuals who are incarcerated, their families and loved ones, as well as those who work in prisons, are part of our communities and return to them after release, addressing their health concerns is a fundamental public health duty that impacts the well-being of all of our communities.

WHERE WE LEARNED

Geography contributes to this crisis. Our research stemmed from a need to better understand the inextricable relationship between the criminal legal system and the toxic drug crisis throughout Ontario. As soon as we began this work, we recognized that the impacts of this crisis, and its potential solutions, are different depending on where you stand. Thunder Bay, our northernmost research site, is a sixteen-hour drive from Toronto. Beyond Thunder Bay, lies two-thirds of the province, including First Nations from the Robinson Superior Treaty, Treaty 9, Treaty 5, and Treaty 3 areas. Many of these communities are remote with no year-round road access. Northern Ontario, the largest and least populated region of Ontario, has been disproportionately impacted by the toxic drug crisis, but research and policy continue to focus on Southern Ontario.[72] People who we spoke to across the North were adamant that "big city approaches don't work for small, remote northern communities."

Place matters. Distinct local histories, cultures, and values shape the places that we live and the communities we belong to. Where you live also influences your experience of Ontario's healthcare and legal systems. Although these systems are provincially administered, equitable access and outcomes are not universal. Northern Ontario consistently lags behind provincial averages in health and healthcare quality. Residents are more likely to experience poorer health outcomes and diminished access to care, leading to earlier deaths compared to other parts of the province.[73] These disparities are also reflected in criminal legal system access and outcomes. A dwindling supply of lawyers and legal services in Northern Ontario has prompted calls for "territorial access to justice."[74] Remoteness remains a critical issue for individuals from fly-in First Nations communities who are incarcerated in cities like Thunder Bay. Such individuals are frequently disconnected from family and community due to impossible travel, and upon release, face insurmountable transportation barriers preventing their safe return home. Compounding this, many remote communities lack the necessary resources and services to support reintegration for those who do manage to return.[75]

Though the research team did not have the opportunity to visit any correctional facilities during our site visits to Northern Ontario, local experts and focus group participants repeatedly described that just witnessing the conditions in their correctional institutions was enough evidence that the impact of the toxic drug crisis on the correctional system had reached a breaking point.

N'Swakamok (Sudbury)

N'Swakamok, the Anishinaabemowin term for the area where Sudbury now stands, translates to "where the three roads meet." Greater Sudbury is located on the traditional lands of the Atikameksheng Anishnawbek, within lands protected by the Robinson Huron Treaty of 1850. It also exists within and adjacent to the territorial lands of the Wahnapitae First Nation and the Sagamok Anishnawbek.[76]

Known as the "nickel capital of the world" and home to more lakes than any other Canadian city, Sudbury's industrial identity is central to understanding its current challenges. While the iconic "Big Nickel" commemorates its mining industry, a profoundly sobering monument has emerged downtown. On a patch of grass at the southern edge of downtown across from City Hall, the Crosses for Change memorial emerged in 2020 when Denise Sandaul planted the first cross for her son, Myles Keany, who died of drug poisoning at 22. Soon, other grieving parents, siblings, friends, and loved ones joined her, resulting in a field of over 250 crosses commemorating local victims of the toxic drug crisis.[77] What might not be immediately clear is the subtle, yet powerful connection between these monuments. As one local Sudbury expert explained during our site visit, the city's toxic drug crisis is inseparable from its identity as an industrial and mining town. This context, she noted, probably makes Sudbury's toxic drug crisis more akin to Appalachia than to Toronto or Vancouver. In Appalachia, where drug mortality rates are over 60 percent higher than the national average, the epidemic is so profoundly tied to its history as a mining centre that one journalist declared coal is "at the heart of the opioid epidemic."[78]

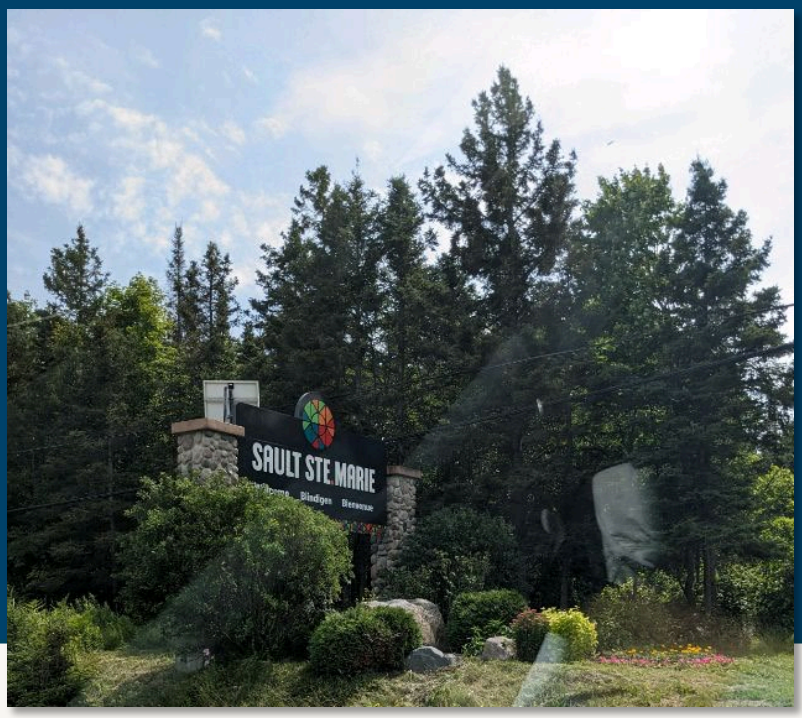
Sudbury's primary industry may be nickel, not coal, but striking parallels can be seen: both crises occur in places shaped by "high-risk" economic sectors such as timber, pulp and paper, mining, and hydroelectricity. Jobs in these industries often combine the greatest physical work demands with the least access to paid sick leave.[79] Increasingly precarious work

arrangements, such as on-call and contract work, puts further pressure on workers to work through pain, which researchers believe may be contributing to increased opioid use in these industries.[80] In fact, when Sudbury's safe consumption site, the Spot, was set to close, Vale, a global mining company that operates five mines in Sudbury, made a one-time donation of $75,000 to help keep the site open for another month while awaiting the results of a funding application.[81]

Sudbury's local jail has come under scrutiny in recent years. At least eight deaths have occurred at the jail in the last five years.[82] In addition, reports of poor conditions, such as overcrowding, understaffing, frequent lockdowns, extended time in segregation, long wait times for medical attention, rat infestations, mold, and poor air quality, have been reported by several people who have been incarcerated at the Sudbury Jail.[83] Even after a $10 million upgrade to the building and investment in staffing increases, at the time of our site visits in 2024, critics and those who have been incarcerated were concerned not much had changed.

Bawating (Sault Ste. Marie)

Bawating is the original Anishinaabemowin name for the gathering place at the rapids of the St. Mary's River. Family and cultural ties continue to link Indigenous communities across the river to Michigan's Sault Tribe of Chippewas and Bay Mills. These communities were established through historic treaties, including the Robinson-Huron Treaty, the Jay Treaty, and Treaty 9, which have since caused the relocation of many Indigenous Peoples away from their traditional lands. Today, the area is home to Batchewana First Nations and Garden River First Nation. [84]



For over a century, the smokestacks of the steel mill have defined the banks of the St. Mary's River at Lake Superior's eastern end. The mill has been a vital ingredient for Canada's industrialization and provided jobs for generations in Sault Ste. Marie. While it brought long-term employment and a stable economic base to the region, it also introduced uncertainty through repeated near-bankruptcies as steel markets fluctuated.

Affectionately known by locals as "The Soo," Sault Ste. Marie proudly proclaims itself the "friendliest city" in Algoma—a phrase prominently displayed on its welcome sign. This close-knit community, where a sense of familiarity and community is evident. However, this very closeness inadvertently fosters stigma towards individuals who use drugs, experience homelessness, or have been incarcerated. Prior to the COVID-19 pandemic, Sault Ste. Marie's housing and drug crises were largely unseen. People without permanent housing often found shelter in cars, on friends' couches, or with the support of local services. But over the past five years, as these crises have escalated dramatically, we were told the city's friendly character has been challenged: businesses now close earlier, downtown foot traffic has decreased, and those who use drugs face public shaming.

Algoma is also home to one of Ontario's few treatment-focused correctional facilities: the Algoma Treatment and Remand Centre.[85] A medium/maximum security facility with a capacity of 104 beds, its dedicated treatment centre can only accommodate a small fraction of admissions—not nearly enough to meet the needs of surrounding communities, let alone fulfill its mandate to provide treatment support to anyone who is incarcerated in Ontario.[86]

Animikii Wequedong (Thunder Bay)

Animiiki Wequedong is Anishinaabemowin for “the place where thunderbirds land” and greets all visitors to Thunder Bay arriving by air where Anemiki Wajiw (Mount McKay), a sacred site on Fort Williams First Nation Territory, and home of the Thunder Bird. Looking south across the bay, you will be greeted by Nanabijou, or the “Sleeping Giant,” another breathtaking and storied landmark. According to one Ojibway legend, Nanabijou, the spirit of the Deep Sea Water, turned to stone when the secret location of a rich silver mine, now known as Silver Islet, was disclosed to white men. When the French arrived in the 17th century, they were told *animikii* translates as “thunder” and named the area, “Baie de Tonnerre” or “Thunder Bay.” Settlers colonized the region at the mouth of the Kaministiquia River Within the traditional lands of the Anishinabek Nation and the traditional territory of Fort William First Nation, signatory to the Robinson-Superior Treaty of 1850, for its importance to the fur trade.

The city itself was formed through the amalgamation of Fort William and Port Arthur in 1970. Today, Thunder Bay still feels like two distinct cities, marked by social, economic, and racial divisions that serve as material evidence of colonialism's enduring legacy in this place. More than 75 northern First Nations from NAN Territory and Grand Council Treaty #3 near the Manitoba border (present day Kenora) are isolated communities. People living across this vast territory find themselves in Thunder Bay for school or work, to access healthcare services, and to serve time at the Thunder Bay Correctional Centre and Thunder Bay Jail.

The Thunder Bay Jail and Thunder Bay Correctional Centre have been subject to intense scrutiny and scandal. Ontario's Ombudsman Paul Dubé described the Thunder Bay District Jail as "the most disturbing thing I've seen and the most appalling conditions I've observed… It's heart-wrenching to see the conditions in which those incarcerated individuals are living."[87] Following the death of Sol Mamakwa's nephew at the Thunder Bay Jail in June 2020, the MPP Mamakwa—who had toured the jail in 2019 and witnessed mattresses on cell floors, describing it as "a factory that produces broken Indigenous people"—publicly called for its shutdown alongside Nishnawbe Aski Nation Grand Chief Alvin Fiddler.[88]

The Ministry of the Solicitor General is currently working with Infrastructure Ontario to replace the city's existing jail and correctional centre with a new Thunder Bay Correctional Complex. Like other massive prison building projects,[89] the Thunder Bay Correctional Complex promises to improve correctional service. Infrastructure improvements are desperately needed. In November 2024, the jail had to be evacuated due to a mechanical failure. But new buildings cannot, on their own, transform the correctional system.

LOCAL REFLECTIONS

This section centres the voices of local contributors with lived experience, whose reflections deepen and ground this report. Their contributions remind us that beyond policies, programs, and systems, **this work is ultimately about human lives**.

My name is Jonathan Peltier and I am from Wiikwemkoong Unceded Territory on Manitoulin Island. I am employed at the Wiikwemkoong Justice Program (WJP) as the Gladue Aftercare Worker. My role is to assist and support federally incarcerated community members while they serve their sentences, and after they are released, I support them during their reintegration process. I also work with community members who have gone through the Gladue process.

The Wiikwemkoong Justice Program strives to deliver culturally relevant support services, this includes, but is not limited to, access to elders and traditional knowledge keepers, access to ceremonies and cultural teachings, and access to land-based learning and aftercare. Our mission is to lessen the overrepresentation of Indigenous peoples in the criminal justice system as both offenders and victims of crime.

My involvement in the Canadian criminal justice system has seen me on either side of the fence–as a justice worker and as an offender. My criminal convictions include drug possession, the intent to traffic, property crimes, and robberies, all of which involved illicit narcotics or alcohol. My last federal sentence ended in June 2014. Since then, I have made changes in my life with the intent of never returning to prison. But most of all, to be a better father for my children. A significant change that I made was addressing my addiction to opioids which was often the catalyst for my criminal behaviours and subsequent periods of incarceration. Today, I utilize my life experiences to better engage those I serve, allowing me to make deeper connections with them as well.

Part of my support is advocacy for prisoners. In 2023, the Wiikwemkoong Justice Program hosted a Prisoners' Justice Day event. The decision to host a Prisoners' Justice Day event was to acknowledge the unnatural deaths of Wiikwemkoong band members while in custody. It is a subject close to this writer and the staff at the Wiikwemkoong Justice Program as we lost a band member in October of 2022.

ACF was 31 years old, and he was serving an eight-year, eight-month sentence at Bath Institution in Bath Ontario. In September of 2021, ACF was granted day parole starting in December 2021 with 26 months remaining on his sentence. As part of his conditional release in December, he was ordered to reside at a Correctional Service Canada operated Community Residential Facility in Sudbury, Ontario.

ACF was a recidivist. In 2013, he was released from Stony Mountain Institution north of Winnipeg, Manitoba, where he was serving a five-year sentence for robbery. He was released on statutory release, two-thirds of a custodial sentence. ACF did not complete his conditional release and was returned to federal custody in Ontario to complete his sentence until the warrant expiry. Eight months after his warrant expiry, he reoffended and returned to federal custody. Because of his previous record and the nature of his offences, his sentence nearly doubled to his previous sentence.

In the past, ACF was involved with the child welfare system in Wiikwemkoong. He and his two younger siblings—his brother and sister—were placed in numerous homes throughout their childhood. ACF disclosed that he was separated from his siblings due to his behaviour, and as a result, he became disconnected from family and community. This caused an increase in anti-social behaviours and an eventual custodial sentence in a secure youth facility near Sudbury, Ontario. His behaviours did not decrease as he went into adult years, in fact, there was a progression in his criminality and the length of his sentences increased as well.

ACF disclosed, “The first time I did heroin, I was in prison. And to support my habit I made moonshine to trade for it.”

Fifteen months before his December release, ACF completed an application utilizing Section 84 of the *Correctional and Conditional Release Act*, seeking community support from Wiikwemkoong’s leadership. Section 84 is a process that Wiikwemkoong Justice Program utilizes to assist our band members in reintegrating into the community. It allows Wiikwemkoong to have an active role in our band

members' reintegration process, whether they choose to return to Wiikwemkoong or elsewhere. The reintegration process begins when the offender is sentenced, and the Wiikewemkoong Justice Program plays an active role throughout their sentence. An essential service we provide is a connection to the community through elder access, where the individual accessing our services receives local traditional knowledge, teachings, and language to enhance their connection to Wiikwemkoong. Through connection, we hope to augment one's sense of belonging and reinforce one's sense of identity.

Another vital service utilizing Section 84 is release planning. Together, the offender, their supports, and the Wiikwemkoong Justice Program, develops a release plan encompassing all aspects of our band members' goals and aspirations, focusing on social supports and access to services. This includes, but is not limited to: education, employment and training, addiction treatment, housing, mental health support, and culture to compliment one's reintegration back to community.

At the time of this writing, Wiikwemkoong Justice Program is supporting other Section 84 clients; however, as a community, we have been unable to maximize Section 84 with respect to receiving a band member on conditional or statutory release as stated in the *Correctional and Conditional Release Act*. Reason being, Wiikwemkoong does not have the infrastructure to facilitate a release and here lies an inherent gap to the utilization of Section 84 to its full potential. Without infrastructure, any First Nation community in a Section 84 agreement essentially utilizes half of the legislated process, if not less. Section 84 and its intent is remedial: to lessen the overrepresentation of Indigenous peoples in the prison population, which has been on the rise since the creation of the *Correctional and Conditional Release Act* and Section 84 within it. As a result, Section 84 is not fully serving Indigenous peoples and First Nation communities as it was intended.

In the case of ACF, he was ordered to reside at the Community Residential Facility in Sudbury, which is located downtown in the heart of the city. It was a place familiar to him; it held much influence in his crime cycle and predispositions to addiction. In the last decade, and much like highly populated urban areas, Sudbury's downtown has been plagued by homelessness as a coinciding effect of the larger opioid crisis. This environment does not foster success and presents significant challenges for offenders attempting to reintegrate. Another critical factor that had an impact on him before his release was the passing of his younger brother, who died from opioid drug poisoning six weeks before ACF's release. ACF's Section 84 release plan included residing in North Bay, Ontario, to pursue a plumbing course at Canadore College and to be closer to his younger brother. On several occasions, he expressed excitement to connect with his brother after nearly a decade of separation. His younger brother was also a graduate of Canadore College, which was an inspiration to ACF, and he aspired to do the same.

Completing a Section 84 release plan for our band members includes interviewing their supports and family to gain their insights or concerns. Liaising with various community services to ensure our band member is provided with referrals and access to housing, mental health services, social assistance, education, and opportunities for training or employment. Completing a Section 84 release plan with our band members in custody provides a meaningful plan created by the individual, thus making their own within the resources of Wiikwemkoong Justice Program and community.

ACF's Section 84 release plan was comprehensive, and he was quite satisfied with his plan to pursue college and, thereafter, an apprenticeship in plumbing. However, on his release date, he requested time to process his grief before proceeding to the details of his Section 84 release plan. In January 2024, two weeks after his release, he visited the community to attend his uncle's funeral. Within 60 days of his conditional release, ACF was found to be under the influence at the Community Residential Facility, which resulted in the revocation of his day-parole; afterwards he was placed into custody pending the results of his review. He was then returned to Bath Institution until his new parole board hearing.

In our conversations with ACF after his return to prison, he expressed remorse for his choices. He indicated the environment to which he was exposed outside the Community Residential Facility was challenging, as much of his network within drug subcultures is located downtown. Opportunities to access illicit drugs were too easy. He also indicated his grief was affecting him greatly and was causing him much stress and anxiety as he missed his little brother. Before ACF's sentence, his younger brother was not involved in substances at all. According to ACF, his brother was his role model because he pursued education and maintained a life of abstinence. He was shattered when he discovered his brother passed away from drug poisoning, and he was in denial of his brother's usage of illicit narcotics. For some time, ACF believed his brother was intentionally poisoned because of his refusal to believe his brother used opioids.

On October 20th, 2022, Wiikwemkoong Justice Program received a call from Bath Institution, where they

indicated ACF was found unresponsive in his cell and was pronounced dead at the scene. His cause of death was determined to be self-inflicted–hanging. His primary worker was shocked to hear of ACF's death, as he spoke to him the previous day, and there were no signs, nor did ACF express any suicidal ideations, during that conversation. As a point of contact for Correctional Services Canada, Wiikwemkoong Justice Program was asked to inform his family at his grandmother's residence. The news was devasting and deeply saddening for the family. They had other significant losses within the last year before ACF's death. To truly express the impact of their loss is not possible to convey in this report.

Follow-through rather than follow-up has been the foundation of our support service. This was the case with ACF and his family, as it was reported to Wiikwemkoong Justice Program by an inmate at Bath Institution where he indicated an Institutional Worker said, "ACF's spirit will stay in house (prison) because of the way he died."

This statement and perspective were not received well by his WJP worker and Justice Elders; in Indigenous culture and our way of life there is no Hell or purgatory. We have a specific ceremony to assist those who've made their journey to the Spirit World. At the center of the ceremony is a Sacred Fire; it is lit to assist and guide our ancestors towards the Western Doorway/Spirit World.

At the request of his family, WJP organized a Sacred Fire to ensure ACF's spirit was guided to the Western Doorway. His sacred fire burned for three nights and four days before his funeral service. During a service at his wake, a family member described ACF as curious and sometimes mischievous, like a fox. On the first and second night of the Sacred Fire, a fox peered through the entrance of the Tipi. It was a sign that ACF's spirit was present and that it did not stay in house, as the Institutional Worker stated. ACF's family was very grateful and acknowledged Wiikwemkoong Justice Program in his obituary, thanking Wiikwemkoong Justice Program for our continued support throughout their time of loss.

ACF's story is not isolated; many Indigenous offenders have similar challenges while being placed at Community Residential Facilities (CRF). CRFs in urban centers are most often located in areas of the city that are not ideal for successful reintegration. Many of the locations are rife with drug activity and coinciding drug subcultures that do not compliment the efforts of the offenders ordered to reside at a CRF. Moreover, for Indigenous offenders and Section 84 applicants who cannot return to their First Nation community because of a lack of infrastructure to facilitate a conditional release, the absence of a Section 81 Healing Lodge in Ontario has been identified as a considerable gap in the reintegration process. Currently, there are 13 operating Section 81 Healing Lodges nationally, and since 2006, not one Healing Lodge has been constructed. Ontario has the country's highest concentration of federal institutions; however, a Healing Lodge does not exist in the province. The establishment of a Healing Lodge would complement the reintegration process of Indigenous offenders like ACF.

When we hosted Prisoners' Justice Day on August 10th, 2023, we invited ACF's family to participate in the Spirit Plate ceremony for his spirit, and their healing. His mother, father, sister, and three aunties offered a plate; it was especially sad when ACF's mother cried for her son and said, "I thought he was coming home, but he never will. I miss him so much. I love my baby boy, and I wish he can come home…"

Our Chief and several people, including his primary worker, consoled her, hugged her, and reassured her she had support. We formed a tight circle, embracing her in the middle while she wept uncontrollably. Another lady sang a traditional healing song on her hand drum as we stood and supported ACF's mother. This experience was especially sad, as his worker recalled a prior conversation with ACF, where ACF indicated his relationship with his mother was strained due to a diagnosed mental illness. And that her illness was a mitigating factor to his apprehensions into child welfare. He also told his worker, "My mom never told me that she loved me when I was growing up. I know now she was incapable of expressing love because of her mental illness. As a boy, and even as a man today, I still want to hear my mom say, 'I love you,' to me."

Knowing ACF's position with his mother, his worker also became emotional when he heard ACF's mother speak the words that ACF longed to hear his entire life. "I love my baby boy."

Another 12-hour shift completed working in the local men's homeless shelter. Thankfully there were no major incidents during last night's shift; that means there were no overdoses. But that is not always the case at the shelter. Not all nights are this calm. I am grateful for the peaceful moments now and can appreciate them like never before.

Seven years ago was a completely different life for me; it was a time that I could not picture myself doing the things that I am doing today. It was a time that I sometimes could not picture myself making it to the next day. I would have never imagined that I could become the trusted peer worker that I am today, not in the condition that I was in. It was seven years ago that I decided that I needed to make a change in my life and that is when I decided to choose recovery over the lifestyle that I was leading at the time. It was not the first time I was to enter recovery or the last.

I have been involved in mental health and addiction programming for quite some time, with my first exposure around the age of 18. I was first introduced to the meetings to avoid going to jail. I did not take any of it seriously until well into my twenties, and again, it was not always for the right reasons. It was then that I began to take my alcohol use disorder seriously. Maybe it was because of the numerous incarcerations, or the failed relationships, but something in me finally saw some hope in sobriety. But the hope I had seen at this point wasn't in bettering myself; it was what I could get out of it. I used the sobriety to get out of jail, mend broken relationships, and to avoid losing my job. I wasn't ready, so I continued to drink when the dust settled. The old behaviours were quick to reappear, and before long I was back in active addiction. It was around this time that my use changed. I began to use cocaine regularly. This quickly became a problem that led to more trouble with the law, those around me, and my employment. My addiction patterns continued to worsen and although there were brief periods of hope, there were many more periods of hopelessness as my life spiraled out of control. This was the blueprint of my life for many years until I discovered crack cocaine…the Devil.

I jumped into using crack with both feet and learned rather quickly that this drug will take absolutely everything from you in a very short amount of time. I also discovered that I would do anything to obtain this drug as my morals seemed to not exist while I was using it. I would lie, cheat, and steal from everyone, no matter if they were friend or foe. It did not matter. The drug was the most important thing in my life. My involvement with the law increased substantially during this period.

Finally, scared and believing that I was not going to make it another day using, I made a phone call to detox, and entered into one of the many stays it took to get me to where I am today. I would love to say that all it took was one stay and off to treatment, but it did not go that way. I was still on the fence, as I was experiencing cravings, I still used multiple times while trying to get clean. The average stay is 7-10 days, after which I was on my own for 2 months waiting for a bed to open at a treatment facility. Therein lies the gap between services where many addicts struggle, including myself. The wait and lack of services in Northern Ontario is appalling.

I count myself as lucky to have been a patient of the RAAM Clinic run by SAH here in SSM. I had ongoing counseling and an addictions nurse that I saw on a weekly basis. Others are not as lucky as I was. If it was not for the RAAM Clinic, I would not be where I am today. Today I am a Peer Worker employed by a reputable mental health and addiction agency. I work in an emergency men's shelter, helping clients who were in the position that I was in 7 short years ago. I give back freely what was given to me…Hope.

Covered in Gold

I staggered noticeably through the front porch, my eyes sunken and red; I didn't think twice that my mother wouldn't know. I left streaks of gold on every surface I touched, the blurry glaze over my eyes didn't allow me to see, a sharp, bitter, plastic taste stung my tongue every time I took in a breath. "WHAT DID YOU DO?", my mother hollered with wrath, with a feeling of worry. The brim of my mouth and hand covered in gold… I didn't stand a chance, caught red, or I guess you could say gold-handed. This was my first memory of using, inhaling or huffing that gold paint from a bag.

I was 9 years old.

Across from our home stood what most would call a 'trap house' these days – it was filled with gang members and users. In the evening, you'd see them on their stoop with dazed underaged girls, looking as if they had no choice but to be there. By day, you could find them lingering around a nearby park – a park I walked past every day. On this day, for whatever reason, a large man from the group called me over. He shook the rattling can, sprayed it into a paper bag and held it out to me. The others in the group were hesitant to let this happen saying, "hey man, he's just a kid." They were more hesitant to cross this man, and ultimately, he muted their disapproval.

I could tell you a thousand stories – the shocking, the dangerous, and the downright disgusting, but when I look back, I think, how did all of this happen?

I always start with that day my face was stained in gold. That first high wasn't just the moment everything changed for me, it's the moment where everyone else changed too. My mother wanted me to go to a facility for users; the school councillors agreed. They saw a potential in me, the same potential I saw in myself. I'm smart, I take pride in my achievement, I wanted to be a D.A.R.E officer when I grow up. I'm only a kid – a child, really – so hearing this idea of going to a facility that can help me sounded like the right idea. Looking back, did I need that type of intervention at the time? One use doesn't make an addiction, so to be instantly looked at like I'm an addict influenced me in ways I don't think those who cared for me really realized.

The road winded up to a gate – through the threshold like a castle, this shiny skyscraper emerged. I looked at it shocked, "this is the place?" This entire world in and of itself, made to help those who have a problem that I've been told I have. opportunity to see a far-off place, the stories adults tell you almost feel magical. These facilities felt like fairy tales – it will help you; it can change your life for the better, you walk in one way and come out transformed and reborn.

Back then, and maybe even now, the thing I don't understand the most is that every transformation isn't for the better. Yes, my first intake (the first of many), I will come to know them like a childhood nursery rhyme, "hickory, dickory dock, your curfew is at 6 o'clock". State of the art, clean – it felt like the future. The food was good, the staff were nice (mostly) and the residents were all hopeful they could change. I spent my first days taking in things I was far too young to even understand. Clinical exposition of all the mind altering and long-lasting effects of using, topics and terms far too advanced for most of us, let alone a third grader. What became clear early on is that this wasn't a good fit for me. I wasn't a seasoned user, or an adult struggling, I was a kid that was influenced one time.

I sat there, sad at first; I felt ignored and rejected. This sadness turned to anger and frustration, of not being what they wanted me to be. That's how I got here, acting not as a 9-year-old should, but now I'm being told I can't be here either, and "this just isn't the right place for you." I'm not like the other kids, and I'm not like the others like me, so who am I? What am I? I came here to become a better me and instead, I was shown this beautiful place I might be able to go to if I continue on my current path – all while educating me on the effects of drugs I have never even had. It was a recipe of destruction, then a theory, now a known destination. I walked out frustrated, fooled, and fuelled to progress in the opposite direction than the one I ever wanted to go in.

I looked everywhere for her, the last face I remember missing. I know I was just a boy, but we would spend hours playing together. I thought about coming back, this new and strong man to her. In this town, the streets speak, and a boy rejected is eager to listen – they say, "she is with them at the house." Them. The men that encouraged a child to paint himself gold, to only never shine.

I didn't just return more broken than I had left, I returned without fear, and no care for my own wellbeing, so approaching that rundown crack mansion felt like nothing. A picture of this place would make most 10-year-old boys cry, not me. I just wanted to see my friend, to tell her I was back, and "we can play again." He put his hand on my chest, "where do you think your going little man?" the words slowly drizzled out of his mouth. His face was stained with paint still, smoke lingering around his head. I waved the smoke from around me, and answered, "my friend is in here, I want to see her please." He grabbed me by my neck and dragged me inside, pushing my head through doorways until, there she was, laying there next to one of them. I could barely see her through the smoke and sheet covered windows. I said her name; she glanced at me briefly before returning to the sleeping man. The man dragged me out while I yelped "NO, WAIT." Tossing me on the porch like garbage, I begged to see her again. He laughed, "listen little bro, she's ours now." I can't tell you if it was the desire to see my friend or just to have a place I belonged. My only thought was, how do I become one of them?

Rules don't just uphold the integrity of a structured life, they stand as a law in some of the most lawless places. I can't tell you if this is how it is everywhere, but it is where I am. I wanted it, yes. I wanted them to beat me in, the twisted nature of the gang initiation – to beat you within inches of your life. Why? So, you understand what it means to be in the group. The funny part is the physical scars will become the easiest to heal from. I asked, I begged, I pleaded, and ultimately, I demanded – the dedication would earn me that right eventually. It hurts for awhile; I can only imagine this is as close as I'll get to torture. Just as they are nearly done, you only feel one thing – I'm going to belong, a sense of pride for every punch you can take from there on in.

I have arrived, I am a member. This was not the rebirth I was promised, but instead the one I'm cursed with. I will never turn my back on my brothers, I will stand and fight, any and all that come for us. My blood, sweat, and tears now have purpose. That's how it feels. A lost boy taken to the land where no boy is lost. I have a path; I will never be alone. My family protected, and my mind never to be sober again. I have gone from the boy who passed by the park to the man that has the dope next to the swing set. I was the shoplifter, the bootlegger, the drug dealer, and "just another criminal." Moreover, I learned we had a role in that community. You can stand there, from the outside looking in and think, why isn't anyone calling the police, or trying to stop all this? These gangs of men were evil – yes – but not without purpose or sense. They acted as these corrupted guardians of the community. Even as little kids, we knew we were looked out for; being across the street my stepfather wasn't shy to the fact that they will protect us from so much. Yes, it's in the pursuit of protecting themselves. I later gained the understanding that if you want to keep the cops off your doorstep, you should make sure you keep your business off everyone else's. These guys would walk us to and from school, it was its own ecosystem. Even though we were feeling a sense of safety, we were not safe. You can protect us from the outside, but they don't protect us from them. Lines can be crossed, me in the life and being kicked out of school that's not the line, the line is rape. It was late, the bang at the door, soon after the police stood in our doorway with my sister. She was crying with just a sheet covering her. they took me in, they took my youth, but from her they took her dignity and innocence. there is no way to put this lightly, they raped her, and left her on the street naked to be found dead or alive, this was the line that shall not be crossed. We were gone the next day, moved, I was a boy with no belonging once again. I had spent years as a foots solider in this sick brotherhood, and you blink we are gone, gone but not together. My family in one direction, and me shipped off to a group home, I was too much to handle I guess, I guess the potential has disappeared.

A contract in my 10-year-old face. Who wants me? The facility said I'm too young, and my mother said I'm too much trouble. The place they found for me to go would later be shutdown for how they treated the kids – 'a boy's home.' A place removed from the world where it could operate in its' own way, the wrong way. I sat in the tiny office, the agreement that they set in front of me stated that if I signed, I would stay until I was 18. No matter the strides I make, I'm here for 8 years. My mother and her boyfriend with me, they prefer my name on that dotted line, while my father and grandmother on the phone thought the opposite. In all honesty, I could feel it. It felt like a deal with the devil, and I never did sign. We spent time moving around a lot and borders didn't hold us. We took camp across both the U.S and Canada. With my mother, we found ourselves in America. I was fractured from my family in the north for the years to come.

The next forced attempt for others to correct my life was one that no one in the world saw coming. This time, it wasn't the police coming by the call of 911, it was a terrorist attack and the call was for some disposable lost boys to be added to the fight. Letters landed in every mailbox, not just ours, we need you to fight for America, some of my friends even ended up going. My Mother insisted I do it, that I would be doing what is right for the world. Fight for the greater good of The U.S of A, are you kidding I'm fighting for my self right now, and its not what I expected. Could this be the right move? Shipped off to war, not for the purpose I want (but a purpose nonetheless) or do I return to my true home and try to find myself there? My father was in Canada and it was the only other option for me, so I chose the Red and White, not the Red, White and Blue. I told my father I am coming home.

Seven felonies, no formal education, and an anger beating inside me. The abandonment, the loss of myself. Broken-hearted, hooked on meth and crank, I bought my bus ticket home. I wanted to run, and running home was the best option. Ontario - home. But I can't outrun who I have become. It wasn't long for me to find toxic relationships and a? toxic trade, as well.

Some say, "trouble always seems to find me," but for me, I found comfort in the trouble; I knew how to live within those lines. You see, the issue is with those lines, you're either snorting them or they become the bars in front of you. Addiction keeps you. The pills I was on quickly after I got home were the kind that trigger addiction on the first go. This warm sense of love all around you – you long for that - and instead of working for the real thing, you find this pill that simulates it. So, you end up putting all your efforts into the feeling and not the reward of earning it; "skip to the good part." Days turn into weeks and weeks to months. It flashes, and all of a sudden, its five years later and you don't know who you are when you're not high. The only glimpses of sobriety you get are when you are locked up. Even then, you can get anything in jail. The minor fits of detox can just make you want it more – not just want it more, but be more willing to do whatever it takes to get it, the drug owns you like a pet. You will sit, laydown and go fetch, for just a taste.

The gangster, the thug, the drug dealer, criminal, delinquent – call us whatever you want, but people always forget to call us businessmen. Rarely do you find people in this life that are in it to be a horrible person for the sake of being horrible. I don't think I remember a bang at my door that was a good visitor. This time was no different; five stout and patched men stood on my doorstep. I'm still woozy from the day, or weeks before, a bender can lead right into the next. This life is not without a code. If they come to your doorstep, they are making sure that code is upheld; I didn't honor our agreements, and that breaks the code. I'm sure you have heard of the cost of doing business. Well, the cost in this realm is your life. There are few ways to forgo that destination –

one is to be of value more than you're of loss, the other is they just like you too much. Luckily for me I had both. Even in the gang life, it pays to be a good guy. They saw me standing there and made me an offer; if I don't take it, it's the last offer I'll ever get. In debt to the wrong guys and now I'm working for them again. Much like the teachers from school, they saw potential. It's not all bad, they wanted me clean of the stuff, acting as the groundskeeper of the yard. In a remote area, I was able to get clean enough to be a viable asset again.

When I lit the pipe, it was the brightest day. The sun glowed that day; a perfect day for a relapse? This was a down time, so it's fitting that the drug I was using is what they call down. Down is a lethal cocktail of pharmaceuticals, street drugs and anything else you can think of… the highs are never the same. You could be dizzy walking barefoot on glass, and you wouldn't even know, or you could be flailing violently feeling like your skin is on fire from the inside. The world went dark, like shadows were stealing all the light in the world. I can't see, I can't feel, I can't even understand who I am. I'm in a complete hall of darkness, the smallest glimmer of light in the distance growing slowly, but the harder I fight to get to it, the slower it grows. This is the high; on the brightest of days, I feel engulfed in darkness. No relapse is made equal, but they do have this in common. When you do finally awaken, you are unsure of everything; what you have done, what is coming next, and most importantly, who you even are.

Addiction is selfish.

It takes everything from you, and what it gives you is so fleeting that you hunt for it again and again. Each time it takes more and more of your humanity.

I wish it was days, weeks or even months, but its years. Too many to count lost; time I will never get back, a life shortened and broken. Addictions, gangs, a life filled with trauma, medicated with more trauma, and an unreasonable comfortability with the stiff sleeps of the jail cell. When is enough, enough, do I need to die? Is change even possible? That potential I was told I had, is it still there? Who am I? The multitude of overdoses, the death of friends and family, having no connection with my kids; I have no more to give.

My journey is long, and consistency was hard to find, but I know I sought refuge with the cavalcade of services and agencies I was a part of these last 20 years. Halfway homes, treatment centres, and the staff that comes with them. I think it harkens back to that time I was brought to the facility. I saw the compassion, care, the love some people have for those they don't even know. When I was dropped at the doorstep of the halfway home, I wanted to run. I've been here before, and I do just that. Run every time, run back into the warm embrace of the street, the streets will always take me back. Today is different. I'm here again, so it isn't just the streets that will take me back. I'm done running. This was try… I don't know, number eight or something. It didn't work, but I returned and I kept returning. A place that wouldn't let me go. It hit me on try… who cares what try? It just hit me. Every time I came back, they had hope. This undying hope, a true faith that this man has it in him to change. So many phrases and words have echoed in my mind for years. "You're just a criminal," "what happened to you?" or "you don't know anything else", but to hear this one again, I nearly forgot, "I see a potential in you." I can't tell you when or even who, those words struck me.

I felt like I was covered in gold, this time for the right reasons.

- R

WHAT WE HEARD

Local manifestations of the toxic drug crisis and the correctional system: Thunder Bay, Sault Ste. Marie, and Sudbury

The following section presents learnings from Thunder Bay, Sault Ste. Marie, and Sudbury. As described in the Methodology section, these sites were chosen after considering the magnitude of drug-related harms in the area. Our research makes clear the very local nature of this intersecting crisis. We were often told "it's different in the north." Our findings reflect this.

Changing Needs

Increasing client complexity

> **"There is a buildup of issues that have been unsupported for too long that are coming to a head where clients are now dealing with intersecting needs."**
>
> – SERVICE PROVIDER, THUNDER BAY

> **"People look at drugs as the problem and not the trauma. Until we start helping people with their traumas, they're going to keep using."**
>
> – SERVICE PROVIDER, SAULT STE. MARIE

The relationship between the toxic drug crisis and the correctional system is multifaceted. So too are the reasons that people engage in high-risk substance use. Throughout our site visits and focus groups, local leaders and service providers across Thunder Bay, Sault Ste. Marie, and Sudbury emphasized the growing difficulty of responding to drug users' increasingly complex needs.

> **"The number of clients facing chronic mental health and addiction issues has increased significantly–with most intersecting."**
>
> – SERVICE PROVIDER, SAULT STE. MARIE

It is now well established that the root causes of substance use disorders, like the root causes of crime and incarceration, are intertwined with broader societal challenges. Service providers described a similar picture of the toxic drug crisis in their community. The housing crisis, undiagnosed mental health issues, the increasing costs of living, and the intergenerational trauma carried by Indigenous communities as a result of colonization and the residential school system are all underlying the current crisis. These factors are also what

makes substance use issues so hard to address.

Service providers repeatedly emphasized that while addiction often stems from underlying mental health issues, treatment rarely addresses these root causes. One service provider in Thunder Bay reminded us that: ***"Basic needs are not being met, which are feeding into substance use issues."***

In Sudbury, a service provider explained that most treatment for substance use does not address the mental health piece:

> **"We don't have a lot of treatment centres in this area that will address both the substance use part and the mental health part. Its substance use primarily, right? If you're looking for that mental health piece, then you have to go–you have to travel away from your home. So that's a barrier..."**
>
> – SERVICE PROVIDER, SUDBURY

As the quotes from Thunder Bay, Sault Ste. Marie, and Sudbury make clear, caring for people who use drugs has become infinitely more challenging in the community and has become almost impossible in correctional institutions.

Coordinating support for individuals released from Ontario jails is a complex task for those working within jails (social workers, addictions counsellors, discharge planners, mental health nurses and other healthcare staff) as well as for those working in the community. Even if someone can get into treatment upon their release from custody, essential needs like ID replacement, transportation to and from treatment, and post-treatment housing and recovery support must all be coordinated to ensure successful reintegration and recovery.

Moreover, diagnosing and treating underlying mental health, developmental, or cognitive issues is both difficult and costly–especially when someone is remanded in a correctional facility and could be released without notice. These challenges are being compounded by the rise in acquired brain injury and other cognitive impairments that are resulting from an increasingly lethal drug supply. One Sault Ste. Marie service provider starkly put it: ***"The drugs are eating away at the brain and there is hardly any support in this area."***

Another local expert in Thunder Bay described the situation as building to a "breaking point":

> **"It's not that the client complexity has just appeared out of nowhere. It's that this is now the buildup of everyone dealing with all these issues that have been unattended or unsupported, and now it's just come to a massive head where everyone is dealing with mental health that is undiagnosed. They're dealing with addiction services, treatment, and housing."**
>
> – SERVICE PROVIDER, THUNDER BAY

Increasingly lethal drug supply

> **“It was wild because, of course, when it's unregulated, you don't know what the next wave is going to be. You don't know what you're putting into your body. So, you can't put in proper measures, like, ‘well, I know this is going to happen, so I'm going to do A, B, and C.’ It doesn't work that way.”**
>
> – SERVICE PROVIDER, SUDBURY

The escalating potency and unpredictability of the illicit drug market is a major driver of this crisis. Even people who may think they “know” what they are using are also at increased risk of drug poisoning as a result of the increasingly lethal supply. Service providers across Northern Ontario consistently noted that the supply is so "dirty" that fentanyl is now present in virtually every drug. Even those who intentionally use fentanyl can't depend on its purity. It’s “put addiction issues into overdrive,” explained a worker in Sudbury. When people use an amount of drugs they’re used to, they can end up in hospital. Not only is the potency of illicit fentanyl unpredictable, but if a person’s drug of choice is unexpectedly contaminated with fentanyl, it can kill them.

> **“[The] drugs are like a hundred times more frightening and more lethal.”**
>
> – SERVICE PROVIDER, THUNDER BAY

The grim statistics detailed previously in this report were vividly echoed in focus groups and site visits across Northern Ontario. Service providers in Sudbury described how “benzo-dope” (a fentanyl-benzodiazepine mix now common in the unregulated market) leaves users heavily sedated, causing long-term memory loss and brain damage. The introduction of other drugs in the illicit drug market, like xylazine—an animal sedative known as "tranq" or the "zombie drug"—is not only deepening addiction but also causing severe wounds, sometimes necessitating amputation. These toxic drug combinations are escalating the drug crisis in ways that baffle even experienced service providers.

In Thunder Bay, service providers emphasized the way in which classifying these deaths as “overdoses” obscures the fact that someone is intentionally contaminating the drug supply:

> **“But when it gets put into other drugs and sometimes intentionally, we see a lot of things that are classified as overdoses that are not…Someone spiked an amount of drugs to intentionally kill someone without ever being charged with it.”**
>
> – SERVICE PROVIDER, THUNDER BAY

They also stressed that public health statistics about who uses drugs obscures some stark realities about drug use and their potential risks:

> “I just think the crisis that we're dealing with, in inner city areas especially, is people that are willing to do whatever… Then on the flip side, people that are willing to sell them whatever, right? They don't care if it's a lethal dose because it's a dose nonetheless… The other thing with, like fentanyl, is the people that are using fentanyl to use fentanyl typically aren't the ones that are on the street. The people that are using fentanyl by accident and dying by accident are the ones that don't know what it is.”
>
> – SERVICE PROVIDER, THUNDER BAY

In Thunder Bay, the impact of COVID-19 and the influx of gangs from Southern Ontario were identified as significant drivers behind the dramatic changes in the unregulated drug market. One service provider vividly described this shift:

> “In just my 20 years as a service provider, [the drug crisis] has changed drastically. And the only thing, when you ask that question, the first thing that comes into my mind is the gang stuff—the outsiders, from outside of the city, coming in and taking advantage. And the cruelty. And for me, that's the first thing that comes into my brain when I think, why is it different now? And it's the gangs."
>
> – SERVICE PROVIDER, THUNDER BAY

Another Thunder Bay service provider clarified the nature of these transient suppliers and smaller groups of gangs rather than established, “organized” groups, making combating the illicit drug market even more challenging:

> “There are no organized gangs. And that's the reason…because the source is somewhere else, and it's just individuals who are coming and supplying down here. So, it's hard to squash it."
>
> – SERVICE PROVIDER, THUNDER BAY

Systemic Gaps and Barriers

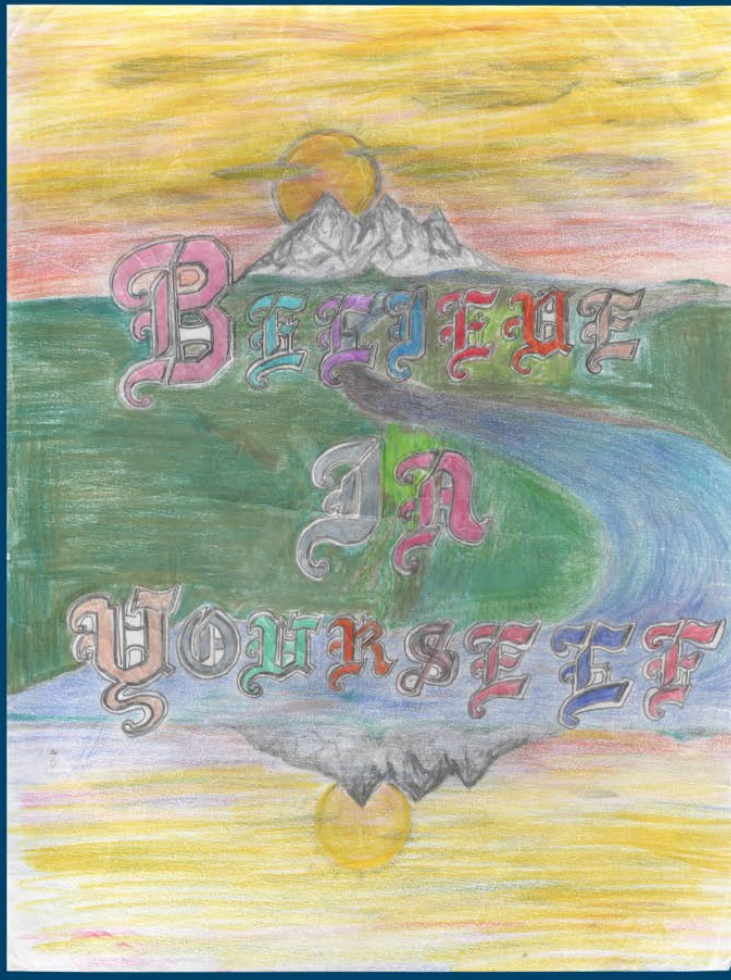
"Lack" was a consistent theme among local service providers across the justice, health, and social services. Lack of housing options. Lack of treatment. Lack of follow-up care after treatment. Lack of support after release from custody. Lack of support *in* custody. There is not enough of anything and there also aren't enough people to provide the care that is desperately needed.

A severe shortage of doctors, nurses, psychiatrists, psychologists, and community workers, both in community and correctional settings, is crippling efforts to manage the toxic drug crisis and keep people out of custody. These "lacks" continue to drive the crisis and create significant barriers to care. When considering the path forward, many local experts highlighted the need to address these systemic shortfalls and strengthen the capacity of health and social services to meet the needs of people who use drugs.

> **"We have such high numbers of fatalities. We don't have any other sites to refer people to…We don't have anywhere else to refer folks to. So when you don't have a safe consumption site, everywhere becomes an unsafe consumption site."**
>
> – SERVICE PROVIDER, SUDBURY

> **"These are people's lives. These are people's lives. Like, full stop. Forget the politics. Forget everything else. These are people's lives. We don't have adequate resources in this city. This crisis, like, COVID-19 exacerbated things. Of course, the drug poisoning crisis has gone off the rails, the housing crisis, everything. And our city hasn't been able to catch up."**
>
> – SERVICE PROVIDER, SUDBURY

Long are the days,
When your life's like a maze,
Up and down,
All over town,
Searching for drugs,
Hanging with thugs,
Take it from me,
I'd rather be free,
Trapped in this cell,
Is my living hell.



This life of chaos and drugs is where I've arrived,
Of happiness and freedom I've been so deprived.
Through addiction my life has been broken & torn,
leaving me hopless and feeling forlorn.
looking through bars every morning I wake,
praying the Lord my soul to take.
There must be a path to better life I'm sure,
the road to recovery/Redention the Cure.
Now as I look through those gaps & the chains,
Hope for my future is all that remains.

Lack of harm reduction, treatment, and long-term recovery services.

Local service providers across all Northern Ontario sites consistently highlighted a critical gap: communities experiencing drug poisoning surges are treatment and service deserts. In the absence of adequate resources and infrastructure, the local criminal legal system is forced to fill this gap. However, involving people who use drugs in the criminal legal system—through arrest and incarceration—only escalates burdens on justice, health, and social services. It is therefore important that individuals who use drugs have access to evidence-based supports for harm reduction, treatment, and recovery before they enter the criminal legal system, and throughout their incarceration and reintegration journeys to prevent future criminal legal involvement.

By focusing the public debate on ways to enforce treatment for people who use drugs, we overlook the barriers faced by people actively seeking treatment. We consistently heard that most individuals who use drugs face limited options. Waitlists are egregious—one service provider noted that people "get frustrated and lose hope." This lack of accessible services and supports, in turn, "contributes to more substance use."

Our site visit to Sudbury took place not long after its safe consumption site was officially closed. The Spot, which was opened by Reseau ACCESS Network in September 2022, operated for two years without any provincial funding. Since it closed, everywhere else in downtown Sudbury has become an "unofficial" unsupervised consumption site.

Sault Ste. Marie never had an official safe consumption site. As a result, service providers reported that they find their clients at community organizations that are not staffed or resourced for it. Local service providers explained that people use near a service provider because they know that "if someone is in trouble, they will be responded to." Other service providers in Sault Ste. Marie complained that without designated spaces for people to safely consume drugs, people who are trying to "stay sober" worry about accessing services that are also popular among people who are still using. These conversations reminded us of the importance of having services that are specific to people who are still using drugs and need access to care and life-saving resources, as well as services for people in recovery or trying to abstain from drug use.

At the time of our site visits, Thunder Bay had the only supervised consumption site in Northern Ontario. Shortly after our research team completed its visits and focus groups, the provincial government announced plans to close and effectively ban safe consumption sites across the province. However, even before this announcement, safe consumption sites were already steeped in controversy. For the people who use them, the staff who operate them, and their advocates, these sites are not seen as the singular solution to the toxic drug crisis or substance use disorders. Instead, they are viewed as merely an essential component of a necessary public health infrastructure.

Throughout our discussion, local experts and service providers imagined what it would be like to have designated spaces for different needs: safe consumption sites for people who use drugs, more detox centres for people withdrawing from drug use, and a variety of different treatment and recovery options. We were reminded by local service providers that despite the rhetoric, harm reduction, treatment and recovery are not mutually exclusive. Harm reduction is often the bridge to treatment. It is also a way to support people who may need to go to addiction treatment multiple times

before they are on a path to lifelong recovery. One service provider we spoke to offered a perspective on harm reduction that differs from media portrayals, describing it as giving people who use drugs "some breathing space."

Though medical standards recognize that relapse is a common part of substance use disorder, because of the lack of services available, it's impossible for treatment providers to have the kind of "open door" policies needed for people to return to treatment repeatedly. Service providers in Sudbury explained that because treatment facilities have limited capacity, they often have fixed start days meaning that once the 20 beds are filled, they are not available to others during the treatment cycle, even if 14 of the 20 people in the program drop out or get kicked out before the end of treatment.

We also learned that in the absence of the full spectrum of harm reduction, treatment and recovery supports, clinics that prescribe and dispense methadone and suboxone have proliferated across the North. Both methadone and suboxone are medications for what is called "opioid agonist therapy," that are used to suppress cravings and symptoms of withdrawal from other opioids such as fentanyl, oxycodone, or heroin.

It is not surprising that there is an abundance of these clinics, most of which are privately owned. In 2011, the province introduced financial incentives to encourage doctors and pharmacies to deliver opioid agonist therapies, creating a boom in the number of OHIP-funded facilities. Across Northern Ontario, public health experts, doctors, and other frontline workers have been sounding the alarm about the rapid influx of privately owned methadone clinics. The service providers we spoke to recognize that suboxone and methadone play a life-saving role in treatment, but without a proper therapeutic relationship with a trusted healthcare provider, patients aren't getting the holistic care they need from methadone clinics alone. While there are often many methadone clinics taking patients in these Northern cities, primary care physicians, mental health services and other crucial supports are often inaccessible.

> **"No one is looking at the patient's holistic care and putting them on a plan– they are simply getting methadone."**
>
> – SERVICE PROVIDER, SAULT STE. MARIE

> **"Methadone clinics aren't getting at the root cause of substance use."**
>
> – SERVICE PROVIDER, THUNDER BAY

Patients sometimes see a doctor in person at these clinics, but the appointments are often conducted through television screens with someone who could be hundreds of kilometres away. Physicians monitor the doses of methadone or suboxone their patients are receiving and issue prescriptions. As one provider in Sault Ste. Marie explained:

> **"There are referring physicians at these clinics, but there are few that prescribe anything that isn't methadone – so if you are on diabetic medication, for example, they will just stop at methadone."**

Service providers told us there is danger in thinking that one single intervention–like medication–will suddenly make everything better: **"No one is looking at the patient's holistic care and putting them on a plan–they are simply getting methadone."** Unless **"people can pay for it themselves,"** there are a lot of gaps on the road to recovery. At all three sites, detox services and aftercare support were limited or unavailable. Even Narcotics Anonymous (NA) meetings were notably lacking in the North. It is critical to integrate interventions across settings, from healthcare, to justice, to housing and social services. Adopting a comprehensive public health approach requires establishing the necessary infrastructure.

Lack of access to healthcare

Local experts were concerned about barriers to healthcare. When access is limited, the criminal legal system steps in to fill the gap. Police officers, judges, and corrections personnel have to act as brokers for healthcare, treatment and other services. But this shouldn't be their role. For many people who struggle to get access to healthcare in the community, incarceration may be the first time they are able to see a nurse or doctor. However, because the majority of those incarcerated in Ontario's correctional facilities are on remand, long-term healthcare planning including connecting people with primary care providers, diagnosing and treating mental health or cognitive issues, and treating substance use disorders remains inconsistent and often unavailable.

Though the Ministry of the Solicitor General operates a small number of designated treatment facilities in the province, we were told by service providers in Sudbury that "their lawyer has to request it" and "they need at least a nine-month sentence" to be eligible. He explained that "you've got guys that are begging to go, but the court's not going to give them a nine-month sentence…so they can get into treatment."

The transition from jail to the community, described in more detail below, creates a fundamental break in healthcare access that can escalate issues, especially when it comes to continuing their medications. Service providers in Sault Ste. Marie shared that the doctor on contract at the Algoma Treatment Centre also works in the community which means that many people are able to go right back to the same doctor after they are released - fostering continuity of care and continuation of medications. But this type of consistent healthcare support is rare.

Lack of supportive housing

Discussions at the intersection of the toxic drug crisis and the correctional system are incomplete without addressing housing. Persistent debates about whether the housing crisis causes the drug crisis, or if the challenge lies in housing individuals with high needs, only perpetuate inaction. We cannot solve either issue by deferring responsibility. Nor can we effectively support individuals struggling with substance use disorders without investing in supportive housing.

Service providers in Thunder Bay, Sault Ste. Marie, and Sudbury described the difficulty of lining up treatment and post-treatment supportive housing when the resources that exist are so limited. One worker in Thunder Bay explained the problem: "People need to go to detox prior to being housed, but beds can't be held and therefore people often do not have anywhere to go post detox."

The lack of supportive housing options across the North is pronounced: **"People have passed away due to freezing in the cold and not being able to access support. There are not enough spaces for people to go."** At the same time, service providers recognized the "housing

first" models do not build in the necessary support needed to ensure someone can maintain stable housing. Some people require 24-hour on-site support. Others only require intensive support for a short period of time before they can transition to greater independence. Barriers to accessing what limited supportive housing is available is compounded by the transience that results from being incarcerated and living on the street. People can be transferred from one institution to another while they are incarcerated, making it difficult to maintain connections to supportive services, or hold their spot on a supportive housing list. When people are incarcerated, they are considered under "institutional care" and therefore, no longer "homeless," which results in their names being dropped from housing priority lists. For those who are housed, incarceration often jeopardizes their housing and can lead to eviction.

> **"I can really speak to some of the barriers in housing from the justice perspective. This is a situation I've been in many times where I have a client who's being released from custody, and with how backed up the courts are, sometimes you are getting remanded for months. Then finally on your court date, you've had no planning in place because you don't know when you're getting out. Finally, two months down the road, you go into court. They say, 'all right, there you go. You're out. You're out of jail.' I've had a lot of struggle with the [District Social Services Board] putting people on a housing waitlist while they're incarcerated, even if they have a release date because of these remands"**
>
> – SERVICE PROVIDER, THUNDER BAY

The service providers we spoke with explained that different types of housing need to be available across a spectrum of support–including transitional housing to help people move from custody to more stable, supportive housing or treatment. As one frontline worker in Sault Ste. Marie explained, "We need some steps in between to help people who are…coming out of the system." Others spoke about these "in-between" places needing to be properly resourced: "Hotels aren't sufficient for transitional housing because individuals get roped back into substance use" without the right support in place.

Lack of continuity of care

As described earlier in this report, the transition from jail to community is especially dangerous for people who use drugs. Service providers in Thunder Bay, Sault Ste. Marie, and Sudbury discussed many of the reasons why the risk of drug poisoning is so high after someone is released from custody and the challenges in implementing effective safeguards. Service providers across Northern Ontario highlighted a critical gap in continuity of care as individuals transition from correctional facilities back into their communities.

> **"They were using at this level before they went in and now they've been in for a month or six or whatever it is, and they think that they can get out and use the same amount and you can't. Your tolerance is not there."**
>
> – SERVICE PROVIDER, SUDBURY

Tolerance isn't the only issue. Many people are released without necessary services in place, including prescriptions or primary care to continue treatment or medications initiated inside the institution. Without these life-saving medications, many people return to problematic drug use to manage withdrawal symptoms and other mental health challenges. People are also released back into the very same circumstances that contributed to their high-risk substance use to begin with–confronted by the same triggers with little support to manage or address them.

> **"And I think that's probably one of the most frustrating things is seeing the ones that actually do want the help and want to make those changes, but they can't do it on their own and there is no option."**
>
> – SERVICE PROVIDER, SUDBURY

> **"And the lack of access if someone's ready to go to treatment, well, there's going to be a wait."**
>
> – SERVICE PROVIDER, SUDBURY

We learned that getting people from corrections to treatment who want to go can be exceptionally challenging. Service providers explained that some treatment facilities require people to stay sober in the community for a period of up to three weeks after they are released from custody before they can be accepted for treatment. Some treatment facilities put these mandates in place to ensure that the limited spots that are available for treatment are available to those who are motivated to stay in treatment. This three-week period in the community is in place to ensure that people in custody are saying "yes" to treatment because they want to do it, not because they feel pressured by a staff in the jail, a probation officer in the community, or their lawyer to go. On the other hand, many people use their time in jail to detox from drugs and a direct transition from jail to treatment could significantly increase their chances of success.

Even when direct transition from jail to treatment is possible, and an individual is at the top of a waitlist, successful recovery hinges on several other aligning factors. We learned that navigating multiple complex systems and services severely disrupts continuity of care; people often lack clarity on where to go or who to approach first upon release. Improved collaboration among social services, healthcare, and corrections is crucial to ensure individuals have their Ontario Disability Support Program (ODSP) activated, prescriptions readily available, a primary healthcare contact established immediately upon release, together with other supportive services like housing.

To ensure continuity of care, workers in the community need to be able to connect with people prior to their release. "In-reach" programs and other reintegration services that start inside the jail have higher success. Some service providers described it as a "warm hand-off" and a way to build trust. Since COVID-19, however, more agencies are struggling to connect with people while they are still inside.

> **"[The jails are] always on lockdown. Always. So even agencies like ourselves that are trying to provide a free service, we still have a hard time accessing. And that's actually one of the things that I try and bring to**

their attention when I go to bench and bar meetings with our local justices, is talking about why alternatives to incarceration are so important, because we can't even access these people. It's a free service, and we can't even get in. Speaking about logistics and challenges, that's a big problem."

– SERVICE PROVIDER, SUDBURY

Continuity of care is especially difficult to maintain when people are on remand and released from custody with little notice. The service providers we spoke to pointed to a profound breakdown between systems that should be working together. The courts determine whether or not someone should be detained. Correctional services are responsible for housing the remanded individual or releasing them when a court order determines it. But when service providers describe the conditions in jail and the barriers to reintegration to legal professionals, they're "shocked." As one service provider put it, "they're the ones sending them there and [they] have no idea what happens afterwards."

"Everyone in the cross-sector of health/ justice needs to know what the rest of the system is doing to effectively do their jobs. They need to be more connected to the consequences."

– SERVICE PROVIDER, SAULT STE. MARIE

According to service providers, a key reason for the breakdown in continuity of care is that those involved in each system–court, corrections, healthcare, housing, and social services–don't fully grasp what others are doing or are expected to do. Consequently, it's frequently left to the individual navigating these systems, or in a best-case scenario, an experienced community worker, to bridge communication gaps and identify the appropriate next steps.

Lack of human resources

Across Northern Ontario, service providers described an overwhelming feeling of burnout. We heard that since COVID-19, staff vacancies and turnover have been a problem across the North. At the same time, focus group and interview participants described staff as being more unreliable and desensitized, which is impacting client care. They also described that because service providers have been raising the alarm about the toxic drug crisis, housing crisis, and lack of resources for so long with little change, many are starting to lose hope. In fact, some service providers said it was starting to feel as if their voices were actively being excluded from policy development on these issues.

"I see a lot of people are very burnt out by the overwhelm in what's being asked of people working in the community."

– SERVICE PROVIDER, THUNDER BAY

"Nurses in hospitals are also burnt out and end up treating patients poorly because of it. They are inundated with mental health and substance use patients that should be dealt with another way."

– SERVICE PROVIDER, THUNDER BAY

Workers in Sudbury echoed these concerns, explaining that medical professionals do not get enough training to work with people's substance use issues. In Sault Ste. Marie, we learned that some walk-in clinics have closed due to doctor and nursing shortages. Others are forced to operate by appointment only to manage the patient-load.

The human resource crisis is not only being experienced in the community and in healthcare settings, but also being experienced across Ontario's jails. Overcrowding and limited staffing in Ontario's correctional facilities have not only worsened internal conditions (poor living conditions, reduced access to healthcare, and increased violence, for example) but have also effectively shut out the very supportive programs vital for successful community reintegration.

In the absence of the right human resources, others start to fill in the gaps. We heard troubling stories from harm reduction workers with lived experience about local citizens trying to support their unhoused neighbours in encampments and provide harm reduction support without knowing how to do it. The practices they described were both unsafe and unethical, even though they may have been coming from a good place. It is a stark reminder of the importance of adequately resourcing harm reduction services so they can be delivered by trained care providers.

Service providers at all three sites explained that staffing shortages place increased burdens on the service providers that are working. In one community, service providers explained that a key agency serving at least 50 people only has funding to employ four staff. On any given day, there are at least an additional 30 people outside the agency who might be using drugs. They explained, "if someone goes down outside," staff inside will need to respond, "leaving 47 people in a low-barrier setting. It's unmanageable." Another service provider explained that they "are seeing staff burnout every week." Even if more funding was secured to hire additional staff, "no one wants to work there."

Service providers also explained that there is not just a disconnect between workers on the ground and policymakers, they also expressed feeling disconnected from their executive directors and leaders. "It is a different population now," one frontline worker explained to us. Even when their leaders had frontline experience, it has become an entirely different job in the drug crisis.

Lack of sustained funding for the things that are working.

Building a more robust health-centered response to the toxic drug crisis is also inevitably related to the availability and distribution of funding. Even when funding is available to get projects off the ground, there is never enough to sustain them. Lack of collaboration between service providers creates competition for limited funding, gaps in service, and often unnecessary duplication. Service providers were also concerned that there was debate among different government ministries about which ministry should be responsible for funding.

Many of the community organizations we visited are supported by a patchwork of local, provincial and federal funding that are cobbled together with foundation grants and private donations to sustain their operations. Some grants are small or short-term and can be limited in terms of how money can be spent. Funding opportunities come and go as new priorities emerge. But most of the service providers expressed that in light of the challenges that have emerged with the toxic drug crisis, the resources to address them have remained the same:

> “Now we’re working with a lot of the same financial resources we’ve always had, and yet doing far, far more.”
>
> – SERVICE PROVIDER, THUNDER BAY

Identifying and writing funding applications is a lot of work. We learned that many of the funding opportunities in the North are “lumped together.” This means that organizations in Sudbury are competing for the same funding as those in Thunder Bay, even though they serve completely different communities, far away from one another. Even when organizations are successful in getting funding, it is often not enough to hire and retain full-time social service workers because most positions are dramatically underfunded.

Stigma and Distrust

> “The system we have in place is very blame heavy for people who are suffering from addiction.”
>
> – SERVICE PROVIDER, THUNDER BAY

Stigmatization of people who use drugs and resistance toward harm reduction and patient-centered decision-making continue to persist among legal system stakeholders, health providers, and policymakers. Too often approaches to substance use disorders in community and correctional settings rely on coercive, abstinence-based treatment models that punish people who continue to use drugs or relapse rather than offering them resources and support to work toward their recovery. Recognizing that abstinence is the goal for some but not all people who use drugs is an important principle of harm reduction that should inform all responses to drug use.

People who use drugs have long played critical roles in developing community-led responses to preventing overdose, promoting wellness and safety for themselves and their peers, and pushing for policy change. Community initiatives that save lives, support recovery, and prevent disease transmission are led by people who use drugs. Many of the service providers we spoke to during our focus groups told us that it was their lived experience as people who used drugs that motivated their work. It also made them better workers. Better able to connect with clients. Better at building trusting relationships. Better at understanding the trauma that can lead to substance use issues.

> “Drug addiction is a very lonely experience–speaking from experience–you isolate yourself from family, friends–all you know are other addicts who you can't really trust. So you need a place for them to go where they will be accepted and maybe one day they will come and say they want treatment. It only takes one bad experience and then they don’t want to talk to you.”
>
> – SERVICE PROVIDER, SAULT STE. MARIE

We heard from service providers that local reporting on the toxic drug crisis and the encampments can be very stigmatizing and often relies on misleading or inaccurate information.

Stigma and mistreatment towards people who use drugs has also contributed to distrust, even towards community-based service providers. The language used to talk about drug use can contribute to stigma: One service provider in Thunder Bay explained that words like “clean” and “not clean” can impact how people feel about themselves.

Service providers told us troubling stories about the nature of this sigma. In Sault Ste. Marie, we heard that a Facebook community posts pictures of people using drugs. In Sudbury, one service provider talked about people living on the street getting eggs thrown at them:

> “...The other day when I was walking down the main strip to work, I saw an egg on the ground. And I thought, that's odd. Why would there be an egg on the ground? And I went back and I found an article about people egging the unhoused population”
>
> – SERVICE PROVIDER, SUDBURY

Across Northern Ontario, service providers described that people who use drugs are “judged for their appearance” or “not taken seriously” when trying to access critical services like healthcare. This creates further barriers to people who use drugs seeking out support when they need it. Conversely, the flip side of stigma is increased lack of trust among people who use drugs for service providers, and health, legal and social service professionals.

> “People who have been incarcerated, who are living in homelessness, who have substance use issues, who don’t trust the government–I don’t blame them for any of those things. We’re all one second away from any of that at any given point in our lives and I think that it’s just a real trust of community.”
>
> – SERVICE PROVIDER, THUNDER BAY

> “Even if you’re a really great community service provider, there’s still that mistrust of walking through the door to do it. And people really need that sort of individual support as they exit systems of harm…like walking with people. So instead of just, we’re going to cab you here, drop you

off, here's you're things, take care. You know? It's dismissive. The system itself is broken."

– SERVICE PROVIDER, THUNDER BAY

It's easy to understand the distrust people who use drugs or have been incarcerated feel towards the healthcare and criminal legal systems, and even towards service providers themselves, when you learn about their experiences accessing care. Consider these two stark examples shared by service providers:

One provider told us about a client repeatedly visiting the emergency room for shortness of breath. They were turned away each time, simply because staff assumed it was a mental health or substance use issue. It was only later discovered that the client had emphysema, a serious lung condition, which healthcare providers had failed to investigate.

Another service provider in Sault Ste. Marie recounted a family who tried to get care for their three-year-old. Emergency room doctors repeatedly turned them away because they were from "one of those addresses." When the family finally found a clinic that would see their child, they learned the toddler had a congenital heart defect. These incidents aren't isolated; they reflect systemic biases that fuel a deep-seated lack of trust.

WHAT'S NEXT?

Every single death is a tragedy. At the heart of this tragedy lies a serious systemic breakdown: a correctional system overwhelmed and ill-equipped to manage what is fundamentally a public health issue. A critical re-examination of incarceration's role in the toxic drug crisis is essential to finding the most effective path forward.

This research was undertaken to address a critical knowledge gap: the intricate relationship between the correctional system—and the broader criminal legal system—and the toxic drug crisis remains underexplored. There is a notable absence of information and evidence regarding effective programs and services that support individuals struggling with substance use issues both while in custody and upon release. This research deficit reflects a larger, systemic issue: our correctional system frequently operates in isolation from other crucial social institutions that individuals rely on before, during, and after incarceration.

This institutional disconnect fosters a significant breakdown in understanding across various systems. Ambiguities in funding, inefficiencies in processes, and persistent communication gaps collectively obscure accountability, making it difficult to ascertain which service provider, or even which ministry, is responsible for delivering essential care. Consequently, when institutions struggle to define responsibility, individuals seeking support are left without clear pathways to access services. For those working within our communities and jails, efforts to improve these conditions often feel insurmountable, as their efforts are focused on managing the current crisis rather than implementing sustainable, systemic solutions.

The findings of this report make clear that punitive, enforcement-led approaches to drug use have deepened harm and further strained already overburdened systems. What is required instead is a coordinated public health framework that recognizes substance use as a health and social issue, not a criminal one. This includes expanding community-based harm reduction, treatment, and recovery options across Northern Ontario; strengthening reintegration pathways through transitional housing and in-reach healthcare that bridges custody and community; and improving continuity of care through integrated collaboration between health, social, and correctional systems. Meaningful progress also depends on sustained investment in Indigenous-led, community-driven solutions that address the ongoing impacts of colonization and systemic racism, alongside reducing reliance on criminalization and limiting custody for low-risk individuals while ensuring access to voluntary, evidence-based care.

Addressing this complex problem requires moving beyond single-track thinking and reactive interventions. The notion that one solution will fix everything is dangerous. Harm reduction, for instance, should not be pitted against treatment because both are integral to a comprehensive continuum of care for managing substance use disorders. The path forward demands systemic transformation guided by two simultaneous shifts. First, there needs to be a fundamental reorientation from punishment to public health. Second, this reorientation must be supported by a comprehensive continuum of care that addresses a person's needs before, during, and after correctional system contact.

This isn't a call for isolated new programs, but for the creation of a coherent, human-centered system that redefines public safety through a public health lens.

The most effective strategy begins by keeping people who use drugs out of the criminal legal system wherever possible. The most efficient, humane, and fiscally responsible solution is to redirect resources upstream to robust community-based alternatives. By expanding and adequately funding services already informally serving this role—such as detox centres, supportive housing, and voluntary, accessible treatment and recovery programs—the criminal legal system can then focus on its intended purpose. Research consistently demonstrates that investing in treatment alternatives not only saves money but also leads to significantly better outcomes.

For those who are incarcerated, the transition from custody to community represents the most dangerous period for people who use drugs, as evidenced by alarmingly high rates of post-release deaths. A structured and compassionate bridge to and from treatment—with transitional housing in what our key informants called the "in-between" places—is essential to prevent these tragedies.

While this report does not prescribe a single solution, the evidence strongly suggests that a fundamental shift towards a public health framework is the only way to effectively address this multifaceted challenge. This requires a coordinated, multi-sectoral approach across the correctional, health, and social services. It means investing strategically in community-based alternatives to divert people from the system, transforming in-custody care to meet health needs, and establishing tailored supports and real infrastructure to ensure a seamless reintegration into their communities.

[1] Paul Robinson et al., "Over-representation of Indigenous persons in adult provincial custody, 2019/2020 and 2020/2021," *Juristat*, July 12, 2023, https://www150.statcan.gc.ca/n1/pub/85-002-x/2023001/article/00004-eng.htm.

[2] For more information on decriminalization in Portugal, see: "Decriminalization in Portugal: Setting the Record Straight," Transform Drug Policy Foundation May 13 2021, available at: https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight#:~:text=In%20the%20first%20five%20years,there%20were%2076%20recorded%20deaths).

[3] Statistics Canada (2024) Average counts of adults in provincial and territorial correctional programs. Retrieved from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510015401&pickMembers%5B0%5D=1.7&cubeTimeFrame.startYear=1982+%2F+1983&cubeTimeFrame.endYear=2022+%2F+2023&referencePeriods=19820101%2C20220101

[4] Health Quality Ontario, *Health In The North: A Report On Geography And The Health Of People In Ontario's Two Northern Regions* (Toronto: Queen's Printer for Ontario, 2017), https://www.hqontario.ca/System-Performance/Specialized-Reports/Health-Equity-in-Northern-Ontario.

[5] Aya Dufour and Jonathan Migneault, "Northern Ontario's 5 Largest Cities Continue To Have Highest Opioid Death Rates In Province," CBC News, May 10, 2023, https://www.cbc.ca/news/canada/sudbury/opioid-overdose-rates-northern-ontario-1.6837321.

[6] CATIE, "Increased Risk Of Death In Canadian Study Of People Who Fall Out Of Care For HIV And Hepatitis," CATIE News, July 2, 2024, https://www.catie.ca/catie-news/increased-risk-of-death-in-canadian-study-of-people-who-fall-out-of-care-for-hiv-and.

[7] Daniel Max Crowley et al., "Considering the Child Welfare System Burden from Opioid Misuse: Research Priorities for Estimating Public Costs," *The American Journal of Managed Care* 25, (2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC7895335/#:~:text=Although%20federal%20data%20on%20the,care%20entry%20and%20poor%20foster.

[8] Ana M. Ning, "Syndemic Connections: Overdose Death Crisis, Gender-Based Violence and COVID-19," *Societies (Basel, Switzerland)* 14, no. 9 (2024): 185, https://www.mdpi.com/2075-4698/14/9/185; Rebecca Stone and Emily F. Rothman, "Opioid use and Intimate Partner Violence: A Systematic Review," *Current Epidemiology Reports* 6, no. 2 (2019): 215-230, https://link.springer.com/article/10.1007/s40471-019-00197-2.

[9] B. Hamzat et al., *Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication And Healthcare Use* (Toronto, ON: Ontario Drug Policy Research Network, 2024).

[10] Nishnawbe Aski Nation, "Resolution: 09/92. Prescription drug abuse state of emergency" (Thunder Bay, ON: Nishnawbe Aski Nation, 2009); Chiefs of Ontario, *Prescription Drug Abuse Strategy: Take a Stand* (Toronto, ON: Chiefs of Ontario, 2010).

[11] Emily Groot, "Geographical Narcissism and Ontario's Opioid Crisis," *Canadian Journal of Public Health* (2025), DOI: 10.17269/s41997-025-01019-3; Alexandra Nunn et al., "Opioid-Related Deaths in Northern Ontario in the Early COVID-19 Pandemic Period," *Canadian Journal of Public Health*, 116(3): 344-355, doi: 10.17269/s41997-024-00906-5; Thunder Bay District Health Unit, *Opioid Use and Impacts in Thunder Bay District: Situational Assessment, 2023* (Thunder Bay District Health Unit, 2023),

https://www.tbdhu.com/sites/default/files/files/resource/2023-07/Opioid%20Use%20and%20Impacts%202023%20WEB.pdf.

[12] Registered Nurses Association of Ontario, "Ontario's escalating overdose crisis," 2023, https://rnao.ca/media/6688/download?inline.

[13] Heather M. Orpana et al., "Canadian trends in opioid-related mortality and disability from opioid use disorder from 1990 to 2014 through the lens of the Global Burden of Disease Study," *Health Promotion and Chronic Disease Prevention in Canada* 38, no. 6 (2018): 234-243, https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-38-no-6-2018/original-quantitative-research-canadian-trends-opioid-related-mortality-disability-1990-2014-lens-global-burden-disease-study.html; Lisa Belzak and Jessica Halverson, "Evidence Synthesis - the Opioid Crisis in Canada: A National Perspective," *Health Promotion and Chronic Disease Prevention in Canada* 38, no. 6 (2018): 224-233, https://pmc.ncbi.nlm.nih.gov/articles/PMC6034966/pdf/38_6_2.pdf.

[14]Government of Ontario, Office of the Chief Coroner, *Opioid Toxicity Deaths in Ontario*, 2024, last accessed June 13, 2025, https://odprn.ca/wp-content/uploads/2024/05/OCC_Opioid-Mortality-Summary-202_Q4-April-2024.pdf; Government of Canada, "Canada's Overdose Crisis and The Toxic Illegal Drug Supply," last accessed June 13, 2025, https://www.canada.ca/en/health-canada/services/opioids/overdose-crisis-toxic-illegal-drug-supply.html

[15] Public Health Ontario, *Evidence for Strategies that Address Substance-Use Related Stigma*, 2024, last accessed June 21, 2025, https://www.publichealthontario.ca/-/media/Documents/E/2024/evidence-strategies-substance-use-related-stigma.pdf?rev=33766e9437904100a3de0622979ae28d_lang=en

[16] Drug Rehab Services, "Waiting Lists for Drug and Alcohol Rehabs in Canada," 2024, last accessed June 21, 2025, https://www.drugrehab.ca/waiting-lists-for-drug-alcohol-rehabilitation-in-canada.html#:~:text=For%20example%2C%20in%20Manitoba%20and,and%2042%20days%20in%20Ontario

[17] Centre for Addiction and Mental Health, *Mental Health in Canada: COVID-19 and Beyond*, 2020, last accessed June 21, 2025, https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf

[18] Canadian Mental Health Association, "Rural and Northern Community Issues in Mental Health," 2009, last accessed June 21, 2025, https://ontario.cmha.ca/documents/rural-and-northern-community-issues-in-mental-health/#:~:text=in%20these%20communities.-,In%20Ontario%2C%20the%20basket%20of%20services%20in%20rural%20and%20northern,and%20local%20demand%20for%20services

[19] According to 2024 data from the Office of the Chief Coroner, Thunder Bay leads the list with 80 deaths last year – a rate of 69.14 per 100,000 people. Sault Ste. Marie follows with 38 deaths (48.36 per 100,000), Timmins records 18 deaths (40.74 per 100,000), and Greater Sudbury places seventh with 59 deaths (32.81 per 100,000). The provincial rate is 14.3 per 100,000 people with 2231 opioid-related deaths reported in Ontario last year. See also: Keena Alwahaidi, "Thunder Bay Tops Ontario's Opioid Death Rates for Another Year," CBC News, May 25, 2025, https://www.cbc.ca/news/canada/thunder-bay/thunder-bay-opioid-overdoses-1.7541435; Farihah Ali et al., "Client Experiences using a New Supervised Consumption Service in Sudbury, Ontario: A Qualitative Study," *PLoS One* 18, no. 10 (2023): e0292862, https://pmc.ncbi.nlm.nih.gov/articles/PMC10578573/.

[20] "Due to the ongoing impacts of colonization, generational trauma, and racism, deaths due to toxic drugs are far more common among Indigenous people than among other populations in Canada. Rates are as much as 5 to 7 times greater among First Nations in the provinces of Ontario, BC, and Alberta." See:

Canadian Public Health Association, "Public Health Approaches To The Toxic Drug Crisis," 2025, p. 6, https://www.cpha.ca/sites/default/files/uploads/policy/toxic-drug-crisis/2025-toxic-drug-supply-ps-e.pdf.

[21] Chiefs of Ontario, "Opioid-related toxicity and deaths continue to rise among First Nations in Ontario," June 21, 2025, https://chiefs-of-ontario.org/opioid-related-toxicity-and-deaths-continue-to-rise-among-first-nations-in-ontario/.

[22] Government of Canada, *Opioid-related poisoning and anoxic brain injury in Canada: a descriptive analysis of hospitalization data* (Ottawa: Public Health Agency of Canada, 2021); Erin L. Winstanley et al., "Neurocognitive Impairments and Brain Abnormalities Resulting from Opioid-Related Overdoses: A Systematic Review," *Drug and Alcohol Dependence* 226, (2021): 226:108838. doi: 10.1016/j.drugalcdep.2021.108838; Sophie A. Kitchen et al., "Trends and Outcomes of Serious Complications Associated with Non-Fatal Opioid Overdoses."Drug Alcohol Depend (2021): 225:108830, doi: 10.1016/j.drugalcdep.2021.108830.

[23]Public Health Ontario, "People who died from a substance-related overdose faced significant gaps in treatment, report finds," Public Health Ontario, March 6, 2024, https://www.publichealthontario.ca/en/About/News/2024/03/ODPRN-Report.

[24] Sophie A. Kitchen et al., "Trends and Outcomes of Serious Complications Associated with Non-Fatal Opioid Overdoses in Ontario, Canada," *Drug and Alcohol Dependence* 225, (2021), https://www.sciencedirect.com/science/article/pii/S0376871621003252?via%3Dihub; Alexander Caudarella et al., "Non-Fatal Overdose as a Risk Factor for Subsequent Fatal Overdose among People Who Inject Drugs," *Drug and Alcohol Dependence* 162 (2016): 51-55, https://www.sciencedirect.com/science/article/pii/S0376871616000995

[25] Ellen C. Rowlands Snyder et al., "A Cross-Sectional Study of Factors Associated with Unstable Housing among Marginalized People Who use Drugs in Ottawa, Canada," *PLoS One* 16, no. 7 (2021), https://pmc.ncbi.nlm.nih.gov/articles/PMC8248707/.

[26]Nicolette Joh-Carnella et al., "Caregiver Drug use in Ontario Child Welfare Investigations: The Need for Coordinated Intervention," *Child Abuse & Neglect* 121 (2021): 105261-105261, https://www.sciencedirect.com/science/article/pii/S0145213421003343.

[27] Susan C. Boyd, *Busted: An Illustrated History of Drug Prohibition in Canada*, ed. Curran Faris (Winnipeg: Fernwood Publishing, 2017).

[28] Susan C. Boyd, Connie I. Carter, and Donald MacPherson, *More Harm than Good: Drug Policy in Canada* (Black Point, Nova Scotia: Fernwood Publishing, 2016).

[29] Colleen Daniels et al., "Decolonizing Drug Policy," *Harm Reduction Journal* 18, no. 1 (2021): 120-120, Robyn Maynard, "Drug Policy and Racism," Canada Drug Policy Coalition, 2021, https://drugpolicy.ca/about/racism/. British Columbia Assembly of First Nations, "Toxic Drug Crisis Disproportionately Impacting Indigenous Peoples Calls for Emergency Joint Response," 2024, https://www.bcafn.ca/news/toxic-drug-crisis-disproportionately-impacting-indigenous-peoples-calls-emergency-joint; Akwatu Khenti, "The Canadian War on Drugs: Structural Violence and Unequal Treatment of Black Canadians," *The International Journal of Drug Policy* 25, no. 2 (2014): 190-195.

[30] Department of Justice Canada, "Over-representation of Indigenous persons in adult provincial custody, 2019/2020 and 2020/2021," https://www.justice.gc.ca/eng/rp-pr/jr/oip-cjs/p3.html.

[31] Butsang, Tenzin, et al. "Opioid toxicity deaths in Indigenous people who experienced incarceration in Ontario, Canada 2015–2020: a whole population retrospective cohort study." *The Lancet Regional Health–Americas* 41 (2025).

[32] For more information on bail, see JHSO Report John Howard Society of Ontario, *Rethinking Justice: Finding Common Ground* (Toronto, ON: John Howard Society of Ontario, 2025.) Available at: https://johnhoward.on.ca/wp-content/uploads/2025/10/Rethinking-Justice-Finding-Common-Ground-Remand-Report.pdf

[33] Sandra Bucerius, Kevin D. Haggerty, Luca Berardi, "The Everyday Life of Drugs in Prison," *Crime and Justice* 52, 7 (2023): 83-123.

[34] John Howard Society of Ontario, *Rethinking Justice: From Incarceration to Encampment* (Toronto, ON: John Howard Society of Ontario, 2025. Available at: https://johnhoward.on.ca/wp-content/uploads/2025/07/Rethinking-Justice-Housing-Report-From-Incarceration-to-Encampment.pdf; John Howard Society of Ontario, *Locked Up. Locked Out: The Revolving Door of Homelessness and Ontario's Justice System* (Toronto ON: John Howard Society of Ontario, 2024). Available at: https://johnhoward.on.ca/wp-content/uploads/2024/06/Locked-Up-Locked-Out-Final-Report.pdf

[35] Ontario, Ministry of the Solicitor General, "Rates of recidivism (re-conviction) in Ontario," 2019, https://www.ontario.ca/page/rates-recidivism-ontario

[36] R. Nauta, "Curbing Crime with Employment: Exploring Work as Crime Prevention for Canadians with Criminal Records," Cardus, 2023, https://www.cardus.ca/research/work-economics/reports/curbing-crime-with-employment/; R. Nauta, "Humanizing Criminal Records: Toward a View of the Whole Human Person," Cardus, 2023, https://www.cardus.ca/research/work-economics/reports/humanizing-criminal-records/; Canadian Civil Liberties Association, "False Promises, Hidden Costs: The Case for Reframing Employment and Volunteer Police Record Check Practices in Canada," 2014, https://www.ccla.org/recordchecks/falsepromises; C. Uggen, "Work as a Turning Point in the Life Course of Criminals: A Duration Model of Age, Employment, and Recidivism," *American Sociological Review* 65, no. 4 (2000): 529–46, https://doi.org/10.2307/2657381.

[37] John Howard Society of Ontario, *Rethinking Justice: From Incarceration to Encampment* (Toronto, ON: John Howard Society of Ontario, 2025. Available at: https://johnhoward.on.ca/wp-content/uploads/2025/07/Rethinking-Justice-Housing-Report-From-Incarceration-to-Encampment.pdf

[38] Lourdes Button et al., "Opioid-Related Deaths in Ontario Correctional Facilities and Penitentiaries (2009–2019)," *Forensic Science, Medicine, and Pathology* 19, no. 3 (2023): 357-363.

[39] Ontario Human Rights Commission. (2020, February 12). *Report on conditions of confinement at Toronto South Detention Centre*. https://www.ohrc.on.ca/en/report-conditions-confinement-toronto-south-detention-centre; Sapers, H. (2011, March 8). *Speaking notes for Mr. Howard Sapers, 2011 Alberta Law Review Lecture, University of Alberta*. Office of the Correctional Investigator of Canada. https://oci-bec.gc.ca/en/content/speaking-notes-mr-howard-sapers-2011-alberta-law-review-lecture-university-alberta-2011-03

[40] Ontario Chief Coroner's Expert Panel on Deaths in Provincial Custody. (2023). An Obligation to Prevent: Report from the Ontario Chief Coroner's Expert Panel on Deaths in Custody. Available at: https://www.ontario.ca/document/obligation-prevent-report-ontario-chief-coroners-expert-panel-deaths-custody

[41]Benedikt Fischer, Elnaz Moghimi, and John Weekes, "The burden of drug overdose deaths among correctional populations: implications for interventions," *CMAJ* 196, no. 43 (December 2024): E1414-E1416, https://doi.org/10.1503/cmaj.241661.

[42] Ibid.

[43] Emily Groot et al., "Drug Toxicity Deaths after Release from Incarceration in Ontario, 2006-2013: Review of Coroner's Cases," *PLoS ONE* 11, no. 7 (2016): e0157512, https://doi.org/10.1371/journal.pone.0157512.

[44] For a concise history of Canada's approach to drug use, see: Susan C. Boyd, *Busted: An Illustrated History of Drug Prohibition in Canada*, ed. Curran Faris (Winnipeg: Fernwood Publishing, 2017).

[45] Akwasi Owusu-Bempah and Tahira Rehmatullah, *Waiting to Inhale: Cannabis Legalization and the Fight for Racial Justice* (Cambridge: MIT Press, 2023).

[46] British Columbia Centre for Disease Control, "Decriminalization in B.C.," 2023, http://www.bccdc.ca/health-info/prevention-public-health/decriminalization-in-bc.

[47] Safiyya Ahmad, "From Decriminalization to Recriminalization in BC Drug Policy," BC Civil Liberties Association, 2024, https://bccla.org/wp-content/uploads/2024/10/From-Decriminalization-to-Recriminalization-in-BC-Drug-Policy.pdf.

[48] Canadian Public Health Association, *Framework For A Public Health Approach To Substance Use*, 2024, https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/2024-PHASU-PolicyStatement-e.pdf.

[49]Ruth Wilson Gilmore adapted the term "organized abandonment" from Peter Drucker to give a name to the intentional disinvestment in communities that leads to the gradual disappearance of safe housing, reliable jobs, clean water, healthy food, and a social safety net. This process, in turn, fosters great need for police presence and criminalization to fill the cracks of a broken system. See: Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (University of California Press, 2007).

[50] Derren Major, "Feds Reject Toronto's Request To Decriminalize Simple Possession Of Illicit Drugs," CBC News, May 17, 2024. https://www.cbc.ca/news/politics/federal-government-reject-toronot-decriminalization-1.7208335; Toronto Public Health, *Toronto's Model of Decriminalizing Drugs for Personal Use*, 2023, https://www.toronto.ca/wp-content/uploads/2023/03/94de-Torontos-Model-of-Decriminalizing-Drugs-for-Personal-use-March-22-2023-FINAL.pdf.

[51] Liam Casey, "Judge seeks more clarity on facts in supervised consumption site legal challenge," CBC News, April 7, 2025, https://www.cbc.ca/news/canada/toronto/lawyers-recalled-supervised-consumption-site-case-1.7503483.

[52] *The Safer Municipalities Act, 2024 - Restricting Public Consumption of Illegal Substances Act, 2024*, Legislative Assembly of Ontario, https://www.ola.org/en/legislative-business/bills/parliament-44/session-1/bill-6.

"In 2024, Canadian Alliance to End Homelessness commissioned Abacus Data to conduct a survey in which only 12 percent of Ontarians supported" stronger law enforcement measures to clear encampments…." See: Sharif Hassan, "Outreach Workers Say Ontario Encampments Are 'necessary' Amid Lack Of Shelter," CBC News, 2024, https://www.cbc.ca/news/canada/toronto/homeless-encampments-ontario-outreach-workers-ford-1.7417800.

[53] Liam Casey and Allison Jones, "Ontario to examine involuntary addiction treatment for people in jail, on parole, probation," *CBC News* May 1, 20205, https://www.cbc.ca/news/canada/toronto/ontario-involuntary-addiction-treatment-1.7523729.

[54] Ashley Joannou and Nono Shen, "New B.C. corrections unit offers involuntary care for mental health, addictions," *CBC News,* April 25, 2025, https://www.cbc.ca/news/canada/british-columbia/bc-involuntary-care-mental-health-addictions-1.7518511

[55]Canadian Center on Substance Use and Addiction, "Involuntary Treatment for Severe Substance Use Disorders," 2025, https://www.ccsa.ca/sites/default/files/2025-02/Involuntary-Treatment-Evidence-Brief-en.pdf; Canadian Mental Health Association, "Involuntary Care Already Exists in BC, But Is It Working?," CMHA, September 18, 2024, https://bc.cmha.ca/news/involuntary-care-in-bc/.

[56] The majority of studies compare involuntary to voluntary treatment. In practice, enforcing involuntary treatment is only applicable if the patient has explicitly declined voluntary treatment, much like in other psychiatric illnesses. Therefore, voluntary treatment does not represent the true alternative to when involuntary treatment would be used.

[57] Massachusetts Department of Public Health, *An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014)* (2016), 38-40, https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-september-2016/download; D Becker, "Group of Civilly Committed Men Sues Mass.Alleging Gender Discrimination in Section 35 Law," *CommonHealth*, March 15, 2019, https://www.wbur.org/news/2019/03/14/masac-section-35-lawsuit; Farhad R. Udwadia and Judy Illes, "An Ethicolegal Analysis of Involuntary Treatment for Opioid Use Disorders," *The Journal of Law, Medicine & Ethics*, 48 (2020): 735-740. DOI: 10.1177/1073110520979383

[58]Anders Ledberg and Therese Reitan, "Increased Risk of Death Immediately After Discharge from Compulsory Care for Substance Abuse," *Drug and Alcohol Dependence* 236 (2022): 109492-109492, https://www.sciencedirect.com/science/article/pii/S0376871622002290.

[59]Steve Kisely et al., "Efficacy of Compulsory Community Treatment and use in Minority Ethnic Populations: A Statewide Cohort Study," *Australian and New Zealand Journal of Psychiatry* 54, no. 1 (2020): 76-88.

[60]Anees Bahji et al., "Effectiveness of Involuntary Treatment for Individuals with Substance Use Disorders: A Systematic Review," *The Canadian Journal of Addiction* 14, no. 4 (2023): 6-18, https://journals.lww.com/cja/fulltext/2023/12000/effectiveness_of_involuntary_treatment_for.2.aspx?context=latestarticles&casa_token=3KwKfeBP_8gAAAAA:fuuKk80toBE6HhqIn_c_R_D3d07Ahruc5CJQBxSeO21R-ZxOQkeZn6x5gPm87qrcWCodz6RFqcqtvXLO8o1gmCg.

[61] Ibid.

[62]Francesca Di Paola et al., "Involuntary Hospital Admission in the Treatment of People with Severe Substance Use Disorder," *The Canadian Journal of Addiction* 14, no. 1 (2023): 22-25, https://journals.lww.com/cja/abstract/2023/03000/involuntary_hospital_admission_in_the_treatment_of.5.aspx.

[63]In the 1950s, the British Columbia Government prompted a study on addiction that took place at Oakalla Prison. The 600-page report that resulted from the study has been cited as the reason a drug addiction treatment clinic was never able to materialize in B.C. in the 1960s further entrenchment of drug prohibitionist policy, see: George H. Stevenson Drug Addiction in British Columbia Unpublished Manuscript (Vancouver: University of British Columbia, 1956).

[64]See, for example, Lindsay Laurier McCormick, "A group living unit for drug addicts: an assessment of the narcotic drug addiction research and treatment units at Oakalla Prison Farm, 1956-1960" (MA thesis, University of British Columbia, 1960).

[65]Tara M. Watson, "The Elusive Goal of Drug-Free Prisons," *Substance Use & Misuse* 51, no. 1 (2016): 91-103, doi: 10.3109/10826084.2015.1089907

[66] John Howard Society of Ontario. "Fractured Care." Available at: https://johnhoward.on.ca/wp-content/uploads/2016/04/Fractured-Care-Final.pdf

[67] Cayley Russell, et al. "Overall and substance use-specific healthcare utilization among individuals with and without criminal justice involvement in Ontario, Canada," *Int J Prison Health (2024)* 2025, https://www.emerald.com/ijoph/article/doi/10.1108/IJOPH-06-2024-0034/1265242/Overall-and-substance-use-specific-healthcare.

[68]United Nations Office on Drugs and Crime, *The Nelson Mandela Rules: The United Nations Standard Minimum Rules for the Treatment of Prisoners* (New York: United Nations, 2015), https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf.

[69] Kristian Mjåland, "Exploring prison drug use in the context of prison-based drug rehabilitation," *Drugs: Education, Prevention and Policy* 23, no. 2 (2016): 154-162, https://www.researchgate.net/publication/294420897_Exploring_prison_drug_use_in_the_context_of_prison-based_drug_rehabilitation; Ben Crewe, "Prison Society in the Era of Hard Drugs," *Punishment and Society* 7, no. 4 (2005): 457–81; A. Graham Bird et al., "Anonymous HIV Surveillance in Saughton Prison, Edinburgh," *AIDS* 6, no. 7 (1992): 725–34.

[70] Ontario Ministry of Health and Long-Term Care. *Every Door Is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy*. Queen's Printer for Ontario, July 2009, https://ontario.cmha.ca/wp-content/uploads/2016/08/Every-Door-the-Right-Door-July09-MH-discussion-paper.pdf

[71] Howard Sapers, *Corrections in Ontario: Directions for Reform* (Ontario: Independent Advisor on Correctional Reform, 2017), https://www.ontario.ca/page/corrections-ontario-directions-reform.

[72]Emily Groot, "Geographical Narcissism and Ontario's opioid crisis," Special Section on the Public Health Response to the Toxic Drug Crisis in Canada: Commentary. Canadian Journal of Public Health, 2025. Available at: https://link.springer.com/article/10.17269/s41997-025-01019-3

[73]Health Quality Ontario, *Health in the North: A report on geography and the health of people in Ontario's two northern regions* (Toronto: Queen's Printer for Ontario, 2017).

[74]The Canadian Forum on Civil Justice, *Rural & Remote Access to Justice: A Literature Review*, 2015, https://cfcj-fcjc.org/wp-content/uploads/Rural-Remote-Lit-Review-N-Aylwin-and-L-Moore.pdf.

[75]Office of the Solicitor General, *A High-Level Summary of the Court Security and Prisoner Transportation Program Review*, 2022, last accessed June 21, 2025, https://tecumseh-pub.escribemeetings.com/filestream.ashx?DocumentId=29420.

[76] We consulted a few resources to identify Indigenous place names and histories at each of our three research sites. For more information about the history of N'Swakamok (Sudbury), see: Greater Sudbury, "Indigenous Relations," available at: https://www.greatersudbury.ca/live/indigenous-relations/ ; Jason Marcon, "Then & Now: A brief history of local Indigenous communities," Sudbury.com October 30,

2024, available at: https://www.sudbury.com/then-and-now/then-now-a-brief-history-of-local-indigenous-communities-9731771

[77]Colin Freeze, "In Sudbury's Fading City Core, A Call For A Lifeline To Stem The Opioid Crisis," *The Globe and Mail*, April 7, 2025, https://www.theglobeandmail.com/canada/article-in-sudburys-fading-city-centre-a-call-for-a-lifeline-to-stem-the/.

[78]Richard Cooke, "Total Depravity: The Origins of the Drug Epidemic in Appalachia Laid Bare," Longreads, 2019, https://longreads.com/2019/05/22/total-depravity-the-origins-of-the-drug-epidemic-in-appalachia-laid-bare/

[79]William S. Shaw, Cora Roelofs, and Laura Punnett, "Work Environment Factors and Prevention of Opioid-Related Deaths," *American Journal of Public Health (1971)* 110, no. 8 (2020): 1235-1241, https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305716

[80] Tara Gomes et al., "Lives lost to opioid toxicity among Ontarians who worked in construction," Ontario Drug Policy Research Network, Toronto, ON, 2022, https://odprn.ca/research/publications/opioids-in-the-construction-industry/.

[81]Sudbury.Com, "Anonymous Funding Keeps Sudbury Drug Consumption Site Open For Now," 2024, https://www.sudbury.com/local-news/anonymous-funding-keeps-sudbury-drug-consumption-site-open-for-now-8358420#:~:text=The%20City%20of%20Greater%20Sudbury,31%2C%202023%2C%20said%20R%C3%A9seau; Farihah Ali et al., "Client Experiences Using a New Supervised Consumption Service in Sudbury, Ontario: A Qualitative Study," *PLoS One* 18, no. 10 (2023): e0292862, doi:10.1371/journal.pone.0292862, https://pubmed.ncbi.nlm.nih.gov/37844109/.

[82]This statistic is based on data obtained by The Sudbury Star. See: Laura Stradiotto, "Family seeks answers regarding jail death in Sudbury," *The Sudbury Star*, May 19, 2025, https://www.thesudburystar.com/news/local-news/family-seeks-answers-regarding-jail-death.

[83] In 2015, guards and the jail protested outside the office of then MPP Glenn Thibeault stating that "conditions inside aren't suitable for animals … but they think it's suitable to house people in." See: Jenny Lamothe, "Renovations, new staff improve conditions at Sudbury Jail," Sudbury.Com, April 11, 2023, https://www.sudbury.com/local-news/renovations-new-staff-improve-conditions-at-sudbury-jail-6837706.

[84] For more information, see: "Indigenous Culture: Sault Ste. Marie Canal National Historic Site," Parks Canada, available at: https://parks.canada.ca/lhn-nhs/on/ssmarie/culture/autochtone-indigenous; "History" Sault Ste. Marie, available at: https://saultstemarie.ca/live/anishinabek/history/

[85]According to the Solicitor General, there are three treatment facilities in the province: Algoma Treatment and Remand Centre, the Ontario Correctional Institute, and the St. Lawrence Valley Correctional and Treatment Centre. Limited information is available about specific capacity, programs, and assessment criteria for these institutions. See: Ontario, "Inmate Information Guide: Adult Correctional Facilities," last modified February 21, 2024, https://www.ontario.ca/page/inmate-information-guide-adult-correctional-facilities.

[86] Logan Turner, "Life doesn't have to end behind bars, says ex-inmate, among those urging more addictions help in Ontario," CBC News, January 3, 2023, https://www.cbc.ca/news/canada/thunder-bay/addictions-treatment-ontario-corrections-1.6702215.

[87]Law 360 Canada, "Ontario ombudsman report highlights 'appalling' jail conditions, COVID-19 complaints," July 2, 2020, https://www.law360.ca/ca/articles/1751896; Ontario Ombudsman,

"*Annual Report 2023-2024*" (Report), 2024, Office of the Ombudsman of Ontario, available at: https://www.ombudsman.on.ca/en/our-work/annual-reports/2023-2024-annual-report.

[88] CBC News, "'It's not safe': MPP calls for Thunder Bay jail to be shut down," *CBC News*, June 25, 2020, https://www.cbc.ca/news/canada/thunder-bay/mamawka-thunder-bay-jail-1.5627271.

[89] When the Toronto South Detention Centre opened in 2014, it was meant to be a "progressive" facility, reflecting a "modern correctional philosophy" focused on rehabilitation. More than 10 years later, Toronto South is far from offering the kinds of progressive services and supports that the new building claimed to deliver. See: Raizel Robin, The $1-Billion Hellhole, *Toronto Life*, February 15, 2017, https://torontolife.com/city/inside-toronto-south-detention-centre-torontos-1-billion-hellhole.

johnhoward.on.ca

linkedin.com/company/jhso

instagram.com/jhsontario