

Tackling Ontario's addictions, homelessness, and mental health crisis

Issue

Ontario is in crisis. An estimated 10% of Ontarians use substances problematically (CMHA, 2024). The Government of Ontario estimated in 2024 that there are 234,000 people homeless (Pinkerton & Hauen, 2024). Further, 6.7 million Canadians are living with a mental health condition (CMHA, 2016). It's time for the Province to make substantial long-term investments in facilities, supports, and programs to improve health outcomes and living standards for our most vulnerable.

Background

It is time for the Government of Ontario to make substantial, long-term investments to address the crisis around addictions, homelessness, and mental health. An average of 7 people died from opioid use every day in 2023 in Ontario (RNAO, 2023). One in five Canadians experience mental illness every year (CAMH, 2024). Meanwhile, homelessness is on the rise and rapidly increasing. It increased 67% from 2007 to 2016, at which point it accelerated and increased a further 290% from 2016 to 2023 (Pinkerton, 2024).

We see this crisis visibly in our communities. Nearly every community in Ontario has people living rough, even through our cold Ontario winters. We see people experiencing mental health struggles in our public spaces and businesses. Drug paraphernalia and people using drugs are a common sight on our streets and in our parks.

While not everyone who is homeless struggles with mental health or addictions, these issues are intertwined. Similarly, there are many Ontarians struggling with addictions and mental health issues hidden away in their homes and workplaces. The construction industry is disproportionately impacted by the crisis, with its workers accounting for nearly 1 in 13 opioid toxicity deaths (NSC, 2023).

The result of this crisis is poor health and social outcomes for hundreds of thousands of Ontarians. This all comes at a high financial cost as well. There is a lack of data on the overall costs on our system, but people in crisis engage with supports at the most expensive part of the process. One night in the hospital costs nearly \$7,000, a visit from EMS can be close to \$1,000, and a shelter bed can be more than \$300/night (CIHI, 2023; ApexProConsulting Inc., 2019; Newcombe, 2023). It's difficult to find accurate and up-to-date data on the cost of this crisis as it is not being tracked or reported. A study from the Canadian Medical Association back in 2017 found the costs of being homeless in Canada ranged from \$15,530 to \$341,535, with those with mental illness generating higher costs (Latimer et al., 2017).

There is a financial toll on our business community. When people are living rough and dealing with addictions and mental health in public spaces it is often the businesses who take on a large portion of the challenges. Businesses are cleaning up drug paraphernalia and human waste. They're dealing with safety concerns among staff and patrons, resulting in a loss of customers and challenges retaining staff. Costly investments in security are not stemming the flow of lost revenue.

Social service agencies are struggling to address the roots of the issue at the local level. There are few addictions treatment centres, mental health facilities, and supportive housing options for those

living on the margins. The wait lists are long and not conducive to moving people toward better health outcomes. It will take action from all levels of government, but the Province needs to take the lead on this public healthcare crisis. Many of the provincial funding opportunities are focused on operating funds with short turnarounds. It's difficult to get the appropriate zoning, permits, and approvals to retrofit an existing building for something like a detox centre, let alone run a successful fundraising campaign and complete construction. Municipalities, charities, and non-profits are desperately working to address these issues at the local level, but they need significant and long-term support from the Province to properly tackle this crisis in our communities and change the trend toward better housing and health outcomes.

This crisis has been building for more than two decades and spans multiple governments. Similarly, it will take time and multiple election cycles to build the support network that will properly address this crisis. As an old proverb states, the best time to plant a tree was 20 years ago. The second-best time is today. We need to invest in the infrastructure today to properly address our homelessness and mental health crisis for decades to come.

Recommendations:

That the government of Ontario:

1. Calculate and assess the costs of addressing homelessness, addictions, and mental health issues (hospital visits, paramedic services, social service outreach, police interactions, etc.) to quantify the current cost of this crisis
2. Declare an emergency on homelessness and create a plan with a timeline and goals to improve people's housing security, reduce addictions, and improve mental health outcomes
3. Eliminate wait times for mental healthcare and addictions treatment by investing in additional mental health and addictions facilities, including capital funding for new constructions
4. Invest in supportive housing, including capital and operating funds, to help transition people into secure housing.

References

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