



Peel Substance Strategy 2026-2031

Co-designed with and by community



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Acknowledgements

Land acknowledgement

Peel Region operates within the treaty lands of the Mississaugas of the Credit First Nation and the traditional territory of Anishinaabeg, Haudenosaunee, and Huron-Wendat nations. For thousands of years, Indigenous peoples inhabited and cared for this land and continue to do so today. We are grateful to have the opportunity to work in this territory, and in doing so, respect the land's significance for all people in Peel.

African ancestral acknowledgement

Peel Region acknowledges the settlers of African descent whose ancestors were forcibly displaced as part of the transatlantic slave trade, brought against their will, and made to work on these lands. We believe that advancing Indigenous sovereignty and Black liberation are deeply and inextricably linked to one another and we remain committed to advancing both.

Drug toxicity crisis acknowledgement

Peel Region acknowledges the profound and ongoing losses experienced as a result of the drug toxicity crisis and harms related to both legal and illegal substances. These losses and the grief that accompanies them, are immeasurable. We recognize the continuing impacts of this crisis and remain committed to responding through community-informed approaches that centre equity and inclusion for all residents of Peel.

Many of us are grieving, both individually and as a community. In this document, we share data about the health impacts of substance use with deep respect and appreciation for what these numbers represent, and for the loved ones, friends, families, and colleagues whose lives they reflect.



Executive summary

The Peel Substance Strategy provides a coordinated, community informed approach to addressing the drug toxicity crisis and the broader health impacts of substance use across the region.

Grounded in equity, inclusion, and shared leadership, the strategy responds to the serious and ongoing harms experienced by individuals, families, and communities. It acknowledges the profound losses caused by an increasingly toxic unregulated drug supply, the effects of stigma, and longstanding barriers to care, and commits to advancing compassionate, evidence informed solutions rooted in lived and living experience.

Central to the strategy is a comprehensive co-design process that brings together people most affected by substance use alongside service providers, families, caregivers, community organizations and partners, as well as interest holders. Through meaningful engagement, community insights have shaped the framework, goals and potential actions, which encompasses all substances – legal and illicit. This approach strengthens trust, confronts systemic inequities, and ensures that services and policies reflect the realities and needs of Peel’s diverse communities.

The strategy focuses on four interconnected areas: prevention; harm reduction; treatment, recovery and wellness; and substance use policy and regulations, to enable system level change. Each area is informed by local data, community voice, and best practices in public health, mental health, and substance use health. Cross cutting commitments to trauma and violence informed practice, cultural safety, anti stigma approaches, and meaningful partnership, guide all aspects of the strategy.

By centering lived experience and fostering collaborative, community driven solutions, the Peel Substance Strategy aims to reduce substance related harms, improve access to timely and appropriate services, strengthen community capacity, and save lives. It represents a shared commitment to building a healthier, more equitable, and more connected future for everyone in Peel.

Co-Chairs message

We are proud to present the Peel Substance Strategy, an all of community approach to reduce substance-related harms, enhance equity, and improve health and social outcomes for people who use substances. This strategy reflects the expertise and lived experiences of people who use substances, family, caregivers, and community partners, ensuring that solutions are grounded in both evidence and community voice.

Paul Sharma, Director, Chronic Disease and Injury Prevention, Peel Public Health



We are proud to present the Peel Substance Strategy, a community-driven plan grounded in equity, evidence, and lived experience. This Strategy reflects the voices of those most affected by substance use and provides actionable steps to reduce harm, improve health outcomes, and strengthen collaboration across Peel.

Adam Chalcraft, Harm Reduction Program Director, Moyo Health & Community Services (formerly Peel HIV/AIDS Network)





Acknowledgement of working groups

The Peel Substance Strategy was co-designed with guidance and advisement from its' working groups:

Awareness and Engagement Working Group

Supported community engagement and awareness, including meaningful participation of people who use substances, and knowledge-sharing.

Implementation and Reference Working Group

Provided strategic direction for co-designing the Peel Substance Strategy and ensured integration of equity and lived experience throughout the plan.

Sincere gratitude to all community members, service providers, and people with lived or living experience of substance use who contributed their time, insights, and expertise.

Membership includes

- Algoma University
- Central West OHT / William Osler Health System
- City of Brampton - Community Safety and Well-Being Office
- City of Mississauga - Open Window Hub
- CMHA Peel-Dufferin
- Conseil scolaire catholique
- MonAvenir
- Conseil scolaire viamonde
- Dufferin-Peel Catholic District School Board
- EFry Hope and Help for Women
- Embrace Agency to End Violence
- Erin Mills Connect
- EveryMind
- Family Transition Place
- Indwell
- LAMP – East Mississauga CHC
- Mississauga OHT
- Moyo Health & Community Services / Peel Drug Users Advisory Panel
- Ontario Provincial Police – Caledon Detachment
- Our Place Peel
- Peel Addiction Assessment and Referral Centre (PAARC)
- Peel Children’s Aid Society
- Peel District School School
- Peel Regional Paramedic Services
- Peel Regional Police
- Polycultural Immigrant and Community Services
- Peel Poverty Action Group (PPAG)
- Punjabi Community Health Services
- Region of Peel – Health Services / Public Health
- Region of Peel – Human Services
- Roots Community Services
- Sheridan College
- Services and Housing In the Province (SHIP)
- SOCH Mental Health
- Students Overcoming Substance Use Disorder and Addictions (SOUDA)
- The Compass
- The Dam
- Toronto Metropolitan University
- Town of Caledon
- Trillium Health Partners
- University of Toronto Mississauga
- WellFort Community Health Services
- William Osler Health System - Withdrawal Management Centre
- YMCA - YSAP



Introduction

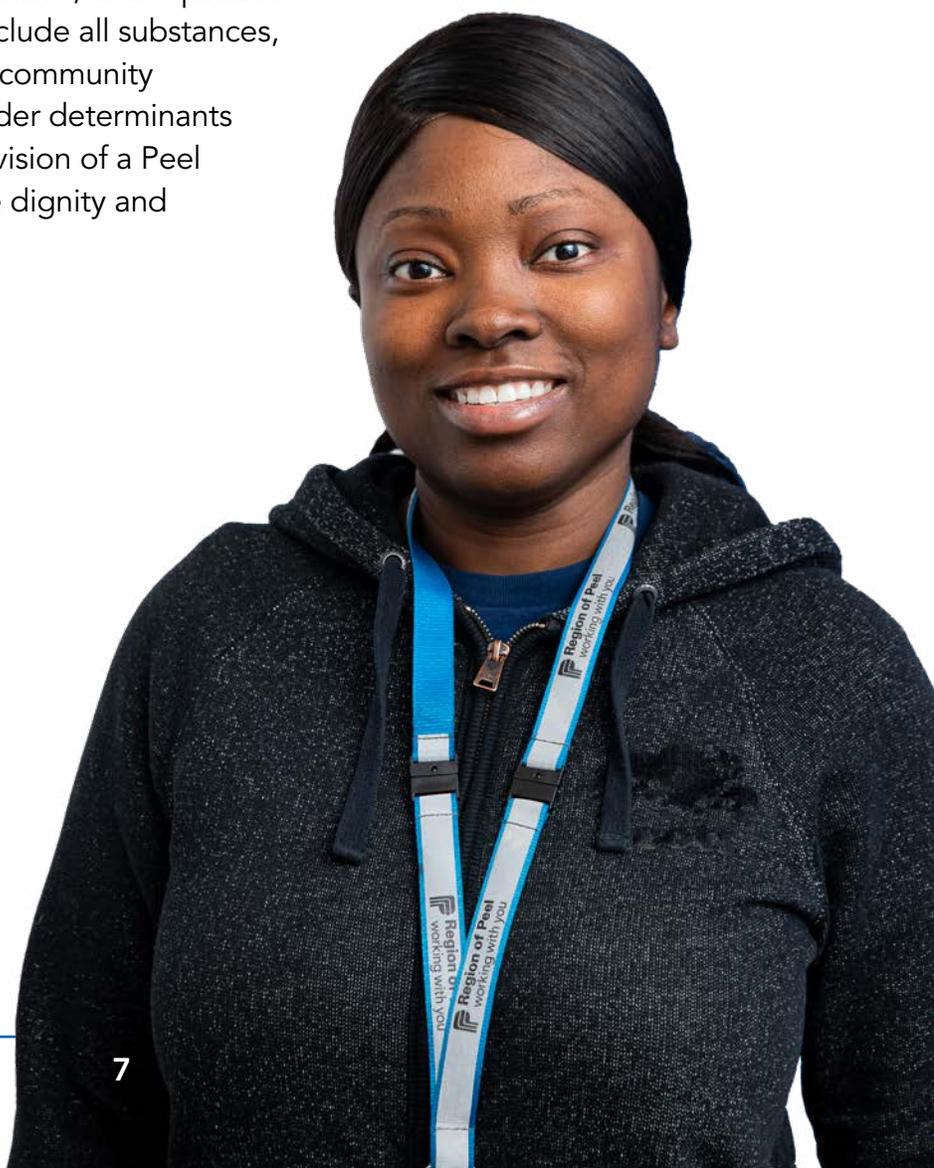
Peel region is comprised of Brampton, Caledon and Mississauga. It is one of the most diverse and rapidly growing communities in Canada. Home to more than 1.6 million residents, Peel's population is shaped by rich cultural diversity, significant newcomer communities, and a wide range of social and economic experiences. This diversity brings strength, but it also highlights important inequities in access to health promoting resources such as stable housing, income security, mental health and substance use supports, and culturally safe care. These inequities influence health outcomes across the region, including substance use health.

Substance use health in Peel reflects a complex interplay of individual, social, and structural factors. Residents face a wide spectrum of experiences with substances, ranging from beneficial and non problematic use to experiences of stigma, criminalization, and harm. The ongoing drug toxicity crisis has intensified these challenges, contributing to preventable deaths and creating deep and lasting impacts on families, communities, and the broader health and social service system. At the same time, many people encounter health impacts and barriers to accessing timely, affordable, and culturally responsive supports, particularly those who experience poverty, racism, housing instability, or limited access to mental health care.

Peel's response to the drug toxicity crisis has been supported by the Peel Opioid Strategy, a coordinated framework focused on prevention, harm reduction, treatment, justice, and enforcement. The opioid strategy included key interventions such as harm reduction programming, naloxone distribution, mobile outreach, and until recently, a clinic offering supervised consumption services that help to prevent fatal overdoses, alongside other harm reduction services that reduce infectious disease transmission, as part of a suite of services to connect people with a range of health and social supports. Since 2019, Peel's Opioid Strategy has been central to reducing harms in the region, with this clinic connecting over 760 clients to care since opening in 2024.

A growing recognition of substance use as a public health and equity issue guides the work in Peel. This approach acknowledges that substance related harms are not distributed equally and that addressing them requires a coordinated response grounded in compassion, evidence, and the voices of people with lived and living experience. Improving substance use health means focusing not only on treatment, but also on prevention, harm reduction, mental health supports, and changes to the social and structural conditions that influence substance use.

The Peel Substance Strategy builds on this understanding, aiming to create a more integrated, responsive, and equitable system of care by expanding to include all substances, both legal and illicit. By centering community priorities and addressing the broader determinants of health, the strategy supports a vision of a Peel where all residents can experience dignity and improved well-being.





Current landscape of substance use in Peel

Substance use in Peel continues to drive serious health impacts, system pressures, and inequities, underscoring the urgency for a Peel Substance Strategy. Peel residents experience significant morbidity, mortality, and preventable harms as a result of many legal and illicit substances including opioids, alcohol, cannabis, tobacco, vaping, and the use of multiple substances together, otherwise known as polysubstance use. To effectively address the harms of substance use in Peel, we need comprehensive, community informed action that is grounded in local data.

Opioids

Opioid toxicity remains a major public health concern. In 2025 alone, Peel recorded 52 confirmed opioid toxicity deaths (January to September); 126 paramedic naloxone calls, 924 emergency department (ED) visits for suspected opioid toxicity, and 247 confirmed ED presentations for opioid toxicity. The unregulated drug supply remains highly toxic: among deaths involving fentanyl in 2024, 72% also involved cocaine, 56% unregulated benzodiazepines, and 28% methamphetamine, while xylazine was detected in 10 deaths across 2023 to 2024. These patterns demonstrate a polysubstance environment that increases overdose risk and complicates intervention. Harms are not evenly distributed; between 2024 and June 2025, accidental opioid related deaths disproportionately involve men (83%), unemployed residents (56%), and people experiencing homelessness (20%).



Alcohol

Alcohol continues to drive the greatest overall substance related health burden. In an average year among Peel residents 15 years and older, alcohol contributes to an estimated 295 deaths, 1,730 hospitalizations, and 14,208 emergency department visits. Youth access remains notable, with 58% of students in 2023 reporting that alcohol is easy to obtain, and co use with other substances, particularly cannabis and opioids, continues to elevate risk nationally. Policy shifts that increase alcohol availability further heighten the need to address its harms to health.



Cannabis

Cannabis use remains a significant contributor to acute care utilization and youth related health harms. In 2023, Peel recorded 772 cannabis related mental health ED visits, with the highest rates occurring among young adults aged 20 to 29. In addition, there were 92 cannabis poisoning related ED visits among Peel residents in 2023. Among students in grades 7 to 12, 12% reported past year cannabis use in 2023. Accessibility remains a concern with 38% of secondary students reporting cannabis is easy to access.



Tobacco

Tobacco continues to cause substantial preventable harm despite lower smoking prevalence in Peel than across Ontario. In an average year, tobacco use contributes to 4,860 hospitalizations, 7,000 ED visits, and over 900 deaths in Peel. Youth access persists, with 44% of students from grade 7 to 12 reporting cigarettes are easy to obtain. Ongoing disparities affect younger pregnant individuals, residents working in specific occupations, and households where second-hand smoke exposure remains elevated (affecting 11% of non-smokers).



Vaping

Vaping presents a growing challenge, particularly among youth and emerging adults. In 2023, 8% of Peel students in grades 7 to 12, reported vaping in the past year, compared to 13% in Ontario. Moreover, intensity of use remains a concern with 37% of Peel student e-cigarette users in grades 7 to 12, having reported daily vaping, and 81% reported using nicotine-containing products, in the past year. In 2023, 61% of students reported easy access to e-cigarettes.



Polysubstance use

Polysubstance use is a defining characteristic of substance related harm in Peel. Toxicology data from the Office of the Chief Coroner for Ontario, reveals that among deaths where fentanyl/fentanyl analogues were detected in 2024 (n=75) the following drug types were also identified:

- Cocaine: 54 cases (72%)
- Unregulated benzodiazepines: 42 cases (56%)
- Methamphetamine: 21 cases (28%)



Furthermore, emerging additives such as xylazine was detected in 10 opioid toxicity deaths in 2023 and 2024, contributing to more complex overdoses and risk of death.

This data illustrates a landscape marked by ongoing drug toxicity, high preventable health impacts, youth and young adult vulnerability, and deepening inequities. The complexity and interconnectedness of substance related harms demonstrate the need for a comprehensive Peel Substance Strategy that advances prevention, harm reduction, treatment, recovery, and wellness along with supportive policies and regulations to improve health and well-being across Peel.



Connections between substance use health and social determinants of health

Substance use is the use of any psychoactive substance, which covers all legal and illegal substances, including alcohol, opioids, methamphetamines, and cannabis. Some people may use substances occasionally; others use more regularly. The spectrum of substance use shows that there is a broad range of substance use – from abstinence to dependence. An individual’s substance use may change throughout their life, due to a variety of reasons including:

- Medical purposes
- Personal enjoyment
- Religious or ceremonial purposes
- To cope with stress, trauma or pain

The spectrum of use image was adapted from Health Canada.



(Health Canada, 2022)

The substance use continuum illustrates that people engage with substances in many different ways: from abstinence to occasional or beneficial use, to more frequent use, to high risk use, and dependence. Each stage includes different experiences, needs, and risks, and therefore requires different types of supports.

The Peel Substance Strategy connects directly to this continuum by aligning prevention, harm reduction, and treatment, recovery and wellness with the realities people face at different points along their substance use journey.

At the earliest points of the continuum, prevention focuses on strengthening protective factors and reducing risks before harms occur. This includes addressing the social, structural, and environmental conditions that influence substance use, increasing public awareness, and ensuring culturally responsive early supports across the lifespan. Prevention aligns with individuals who may be abstinent, experimenting, or using substances occasionally, and works to create the conditions, such as stable housing, mental well-being, and positive social connection that reduce the likelihood of harmful use.

Further along the continuum, harm reduction supports people who may be using substances more frequently or in ways that increase health and social risks. Harm reduction does not require abstinence, recognizing that substance use may occur in society, and instead focuses on minimizing harms through safer use supplies, overdose prevention tools, drug checking, mobile outreach, and non judgmental support. It meets people where they are at regardless of whether they seek reduced use, safer use, or no change at all. It supports autonomy, dignity, and safety. Furthermore, harm reduction serves as a critical engagement tool that helps health and social service providers rebuild trust with people who use substances (PWUS), countering the pervasive stigma that often strains these relationships. By fostering safer, stigma free connections, harm reduction increases the likelihood that PWUS will seek support to improve their health and access needed care, including treatment.

At the later stages of the continuum, treatment, recovery, and wellness respond to individuals who experience high risk use, dependence, or substance related harms. This includes clinical interventions such as withdrawal management, medication assisted treatment, counselling, mental health supports, and long term recovery pathways like housing, peer support, cultural belonging, and wellness programs. Treatment aligns with the part of the continuum where people may want to reduce, stabilize, or stop their use, but also recognizes that recovery is not linear and must be defined by the individual.

Taken together, the continuum reinforces that no single approach is sufficient. Prevention, harm reduction, and treatment are interconnected and mutually reinforcing. They ensure that residents in Peel receive the right type of support at the right time, grounded in equity, trauma informed practice, and lived and living experience. This alignment allows the strategy to meet people wherever they are on the continuum, reduce system gaps, and ultimately improve health and social outcomes across the region.

Public health's role in prevention and harm reduction

Prevention and harm reduction together form the foundation of a comprehensive, public health approach to substance use health in Peel.

Prevention focuses on addressing the social, structural, and environmental factors that influence substance use health, with the goal of reducing harms before they occur by strengthening protective factors, expanding public awareness, and ensuring early, culturally responsive supports across the lifespan.

Harm reduction is an evidence based, client centred public health approach that reduces harms associated with substance use without requiring abstinence. It reflects a public health view that early, non judgmental support enhances health outcomes and lessens healthcare system strain, even when individuals are not ready for treatment. It includes policies, programs, services, and practices that minimize potential harms such as preventing drug overdoses and reducing exposure to blood borne infections (e.g., HIV, Hepatitis B and C) through strategies ranging from life saving interventions like naloxone distribution and needle exchange to system level advocacy that addresses the broader social determinants of health. Central to harm reduction is respect for personal autonomy and the recognition that people who use substances are best positioned to determine how they can reduce harm, supported through non judgmental, stigma free, and non coercive strategies that enhance their knowledge and skills to stay safer and healthier.

Health equity is embedded across both prevention and harm reduction approaches, ensuring that supports respond to the needs of populations that experience marginalization and exclusion, including people who use substances. Meaningful engagement and involvement of people with lived and living experience of substance use in developing, implementing, and evaluating these strategies helps to ensure that policies and programs are effective, responsive, and equitable.



Access to supports and services

Access to harm reduction supports in Peel is essential to reducing substance related harms, addressing inequities, and connecting residents to vital health and social services. Peel Public Health delivers free, confidential, low barrier services across Brampton, Caledon and Mississauga, through the Peel Works Mobile Harm Reduction Program. The program offers safer use supplies, overdose prevention tools, drug checking materials, wound care kits, education, and referrals—available regardless of income, housing status, or health card access. The vans operate Monday to Saturday, 1 to 11 p.m.

Community agencies are also central to harm reduction access in Peel. Moyo Health & Community Services, along with other health and social service partners, provides culturally responsive, trauma informed supports that complement Peel Public Health's services. Moyo offers safer use supplies, wound care resources, counselling, harm reduction education, and referrals, and plays a critical role in creating welcoming, stigma free spaces for residents. These partners help connect individuals to broader supports such as primary care, mental health services, housing resources, and treatment pathways, strengthening the continuum of care across the region.



From March 2024 until March 2025, an Urgent Public Health Need Site (UPHNS) funded by the Region and operated by Moyo Health & Community Services with clinical leadership from WellFort Community Health Services, provided supervised consumption, drug checking, onsite clinical care, and wraparound supports. Before new Ontario government legislation mandated this closure, the site offered life saving services including overdose prevention, wound care, counselling, and direct pathways to housing, mental health supports, and treatment. Over 760 visits and more than 210 unique clients were supported at the site during this year period, preventing overdoses and reducing infectious disease transmission across the region. After the closure, Peel Public Health enhanced its mobile harm reduction program to maintain access to essential services and continue overdose prevention efforts were reaching those in need.

Together, Peel Public Health, Moyo Health & Community Services, community health centres, and other local community agencies form a critical network of prevention, harm reduction and treatment supports. Collaboration across the system ensures that residents continue to have access to non judgmental, evidence informed services that reduce harms, promote health, and connects people to broader care systems. Harm reduction remains a key focus of Peel Region’s ongoing strategy to address the drug toxicity crisis and its health impacts, strengthen health equity, and meet the needs of Peel residents.

In January 2026, Canadian Mental Health Association (CMHA) Peel Dufferin as the lead operator, opened the new Homelessness and Addiction Recovery Treatment (HART) Hub in Brampton. CMHA Peel Dufferin is delivering an integrated model of care to address the urgent needs of individuals experiencing homelessness and addiction.

The HART Hub offers fully integrated, wraparound services—including primary care, social services, crisis support, addiction treatment, housing assistance, and mental health care, all in one location. By removing barriers and streamlining access to coordinated supports, the Hub strengthens opportunities for individuals to stabilize, recover, and rebuild their lives.

Social determinants of health and health equity

The Social Determinants of Health (SDOH) are the social, economic, and environmental conditions in which people live, work, learn, and age. These determinants such as income, housing stability, education, employment opportunities, immigration status, social supports, and neighbourhood environments, shape people's daily experiences and strongly influence their overall health and well-being. They determine access to resources, exposure to stress, and the degree of power and opportunity individuals have to live healthy lives.

The SDOH are essential to understanding why substance related harms are not experienced equally across communities. Factors such as precarious employment, financial strain, discrimination, unstable housing, food insecurity, and limited access to culturally safe services can increase vulnerability to substance use harms and reduce people's ability to seek, access, or benefit from supports. These same determinants also influence risk of overdose, access to harm reduction tools, treatment pathways, and long term recovery outcomes.

Peel's population is diverse and rapidly growing, with significant variations in income, housing affordability, immigration experiences, and neighbourhood level resources. These intersecting determinants contribute to uneven health outcomes across Peel. For many residents, particularly racialized communities, newcomers, and those facing socioeconomic barriers, structural inequities amplify risks related to substance use while limiting access to effective care.



Advancing health equity requires acknowledging and actively addressing these unequal conditions. A health equity approach recognizes that the systems shaping substance use health are not experienced the same way by all residents, and that meaningful change must prioritize those most affected by structural disadvantage. This includes designing services that are culturally safe, trauma informed, linguistically accessible, and responsive to the diverse lived realities within Peel. By removing barriers, tailoring supports, and improving access to high quality care, a health equity approach strengthens the reach and effectiveness of the strategy across Peel's diverse communities.

Peel can address both the immediate impacts of the drug toxicity crisis and the broader conditions that influence substance use and related outcomes. This means designing policies and programs that are informed by lived and living experience to deliver equitable and culturally responsive services. Addressing and responding to the root causes of these inequities as a component of prevention, harm reduction, and treatment, supports a more effective, coordinated approach that reduces barriers and promotes equitable outcomes for all communities in Peel.





Centering the voices of community in Peel

Co-design is an approach to developing public health programs and services that actively involves the people most affected in shaping the solutions. It brings together staff, service users and clients, families, caregivers, and community members to ensure that the final program or service reflects the real needs and experiences of those who will use it.

This approach is grounded in meaningful partnerships between people with lived and living experience and those with professional or technical expertise. By working collaboratively, individuals most impacted contribute directly to defining priorities, shaping decisions, and informing program design in ways that are relevant and impactful.

Co-design is part of the broader principle of co creation, which values both the collaborative process and the outcomes that emerge from shared leadership. It emphasizes mutual respect, transparency, and the co ownership of solutions that are more equitable, effective, and community informed.

The Peel Substance Strategy has been shaped through a co-design process that meaningfully centres the voices, experiences, and leadership of people most affected by substance use, drug toxicity, and related harms and was implemented through intentional capacity building efforts which included training service providers on how to facilitate engagement sessions with their clients to support their participation in the co-design.

Engagement activities such as surveys, focus groups, one-on-one conversations and anonymous feedback walls have helped ensure that diverse perspectives are represented. The process prioritized creating culturally safe, trauma-informed, and equitable spaces where people felt respected and empowered to contribute. These community-informed insights have directly influenced the design of the framework, strategic goals and recommended actions ensuring the strategy reflects what people in Peel need and value most.

This process stayed true to the co-design approach by intentionally listening to the voices and expertise of people with lived and living experience and then validating and deepening these insights with the Peel Substance Strategy Working Group, composed of over 70 partners across 40 organizations, through a strategic World Café workshop. Together, these co-design activities guided goal setting, helped identify gaps in services, and shaped solutions that are culturally responsive, inclusive, and grounded in real world experience.

By embedding lived and living experience throughout the process, not just as participants but as co-designers, Peel Region is ensuring that the substance strategy is rooted in community knowledge, equity, and shared ownership.

Across 10 microgrant recipients and Peel’s Harm Reduction Outreach Team, over 250 individuals including people with lived or living experience of substance use, youth, families, caregivers were engaged through:



- Surveys



- Focus groups

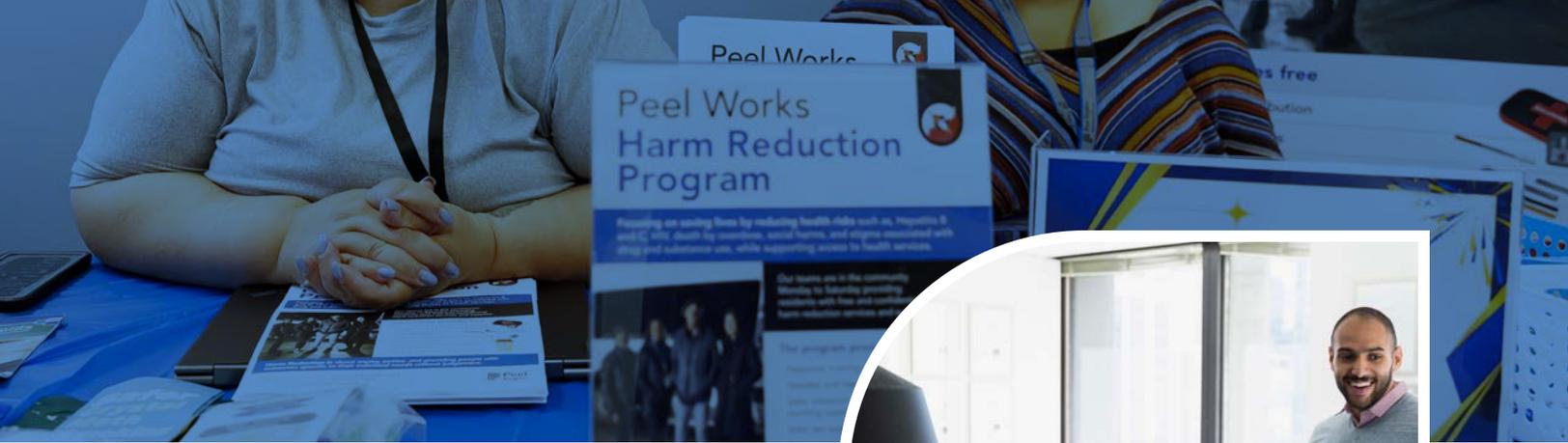


- 1:1 conversation



- Anonymous feedback walls

70 partners including people with lived or living experience of substance use, were engaged across 40 organizations to inform and shape the strategy



Principles used for developing the Peel Substance Strategy

The Peel Substance Strategy was developed using a set of guiding principles that intentionally shaped every stage of its creation. These principles ensured that the voices, knowledge, and leadership of people with lived and living experience were centred throughout the development process and that equity, collaboration, and accountability remained foundational. Co-designed with people with lived and living experience, these principles informed how priorities were identified, how decisions were made, and how the strategy evolved, reflecting shared values for an equitable, coordinated, and person centred substance use health system in Peel.

People with lived and living experience were provided meaningful, compensated roles that ensured their leadership shaped the planning, service design, and evaluation of our process. An explicit equity and intersectional lens was used throughout development, recognizing how overlapping identities influence substance use health and ensuring decisions and actions focused on reducing systemic barriers for Peel's diverse communities. The development process also leveraged partner organizations experience in trauma-informed and culturally safe practices, so that engagement efforts happened in spaces where participants felt respected, understood, and safe to share their experiences and insights. Strategy development followed a no wrong door and continuity of care approach to encompass discussions around all substance use and the need for integrated and coordinated pathways. Anti stigma approaches guided conversations, language choices, and engagement practices, allowing community members to participate without the fear of judgment. Decisions were further strengthened through local data and evidence informed community input, combining data with real world experiences. Finally, an emphasis on evaluation, learning, and innovation ensured that insights from engagement were continually reflected upon, refined, and translated into a strategy that is responsive, practical, and grounded in community expertise.



Peel Substance Strategy framework

The strategic framework operates from a health-first lens with people, families and community at the centre, and includes 4 interconnected areas: prevention, harm reduction, treatment, recovery and wellness and substance use policies and regulations. 12 goals cut across each of these domains coupled with five enablers which will drive forward the work needed to reduce substance-related harm and improve health and social outcomes. The input received through the co-design process informed the development of the mission, vision, framework, enablers, and goals.

Mission

To advance substance use health in Peel by promoting health, equity, and inclusion across the lifespan through evidence-informed, community-driven, and stigma-free approaches.

Vision

In Peel, substance use health is met with compassion, people are supported at every stage of their journey through coordinated care, and systems work together to foster dignity, connection and well-being.



Enablers

1. Equity and intersectionality

Address inequities by recognizing how overlapping identities shape people's experiences and ensuring all decisions reduce barriers.

2. Continuity of care

Ensure seamless, coordinated transitions across services so people experience consistent support through a no wrong door approach.

3. Lived experience co-leadership

Embed meaningful, compensated leadership roles for people with lived and living experience in all planning, delivery, and evaluation.

4. Culturally safe and enriched practices

Provide trauma-informed, anti-oppressive, community-designed services that affirm identity and ensure people feel respected and understood.

5. Community engagement and trust

Build trust through transparent decisions, clear communication, meaningful engagement, and evidence-driven, equitable system stewardship.

Prevention

Prevention focuses on addressing the social, structural, and environmental factors that influence substance use health, with the goal of reducing harms before they occur. Guided by the strategy's prevention and equity oriented goals, this domain strengthens protective factors such as positive social connection, mental health, and community belonging. Prevention includes expanding public awareness across the lifespan, reducing stigma, and ensuring early supports are accessible, culturally responsive, and shaped by intersectional, equity focused approaches. It also recognizes stable housing, and comprehensive community programs and services are essential foundations for well-being. Prevention efforts work to build resilience, strengthen supportive environments, and reduce future substance related harms for individuals, families, and communities.

Harm reduction

Harm reduction includes policies, services, and practices that aim to reduce the health, social, and legal harms associated with substance use by meeting people where they are at. Aligned with the strategy's goals, this domain includes expanding harm reduction and overdose prevention services, enhancing mobile and community based supports, and integrating peers and people with lived and living experience in meaningful leadership roles. Harm reduction emphasizes dignity, autonomy, compassion, and cultural safety, while reducing stigma at individual, community, and system levels. This domain ensures that people can access safer use supplies, overdose prevention tools, education, and low barrier pathways to care, regardless of circumstance.

Key Insights From the Community

"Breaking stigma is the biggest thing."

"Substance use is a symptom of a deeper problem."

"Destigmatize drug use, people would feel better if they are not isolated due to their substance use..."

Providing culturally sensitive support, offering programs in different languages, and educating youth about healthy coping strategies can help."

"We need places that understand our culture. Otherwise, people just won't go."

"Many men won't go for counselling because they can't explain themselves in English."

Key Insights From the Community

"Service providers who have the medical and the lived experience — that's what worked for me..."

"Harm reduction saves lives even without abstinence."

"Restore harm-reduction—meet us where we are."

"People use drugs to numb the pain of their current and previous trauma."

"But once I was here, and I had housing, I cut down a lot too."

Treatment, recovery, and wellness

This domain represents a coordinated continuum of clinical, therapeutic, and community supports that help individuals improve health, reduce harms, and build meaningful, self directed lives. Treatment includes evidence based services such as withdrawal management, medication assisted treatment, counselling, mental health care, and integrated primary care. Recovery and wellness emphasize long term supports including housing, peer support, cultural and community belonging, and life skills development. Reflecting the strategy's goals, this domain focuses on improving system coordination, strengthening transitions across the continuum of care, embedding mental health and substance use health integration in treatment, wellness and recovery supports and services, and building workforce capacity to sustain high quality, culturally responsive care. The aim is to ensure individuals receive continuous, person-centered care that promotes stability, autonomy, and overall well-being.

Substance use policies and regulations

Substance use policies and regulations shape how services are governed, how populations are supported, and how stigma, criminalization, and inequities are addressed across the system. This domain aligns with the strategy's goals by informing advocacy efforts, promoting evidence informed policies, and strengthening regulatory approaches that improve access to care to support health, protect human rights, and enhance system sustainability. It includes municipal, provincial, and federal policy work; organizational and workplace policies; and systemic actions focused on equity, justice, and reducing harms associated with substance use. Effective policy leadership strengthens partnerships, enhances system integration, and ensures the conditions are in place for individuals and communities to thrive.

Key Insights From the Community

"Another issue is the... treatment plan that focuses on stopping the use, but individuals who feel they do not want to completely stop are hesitant to reach out for services."

"I was and am ready for treatment, but I will have to wait months just for a detox... I end up back on the streets, using and surviving."

"When I say 'screening,' all I really want to be asked... 'How's your physical health? How's your mental health? How's your substance use health?' No one asks these things."

"Detox is good for short term, but what we really need is longer-term rehab and stable sober living."

"They jumble everyone together... you don't know who's suffering from what. It's confusing and it makes it hard to know where to go or what support is for who."

"Another issue is the presentation of the treatment plan that focuses on stopping the use, but individuals who feel they do not want to completely stop are hesitant to reach out for services"

Peel Substance Strategy goals

Prevention

- Promote positive social connection as a protective factor to reduce substance-related harms and support well-being
- Develop an intersectional, equity-focused approach to substance use
- Reduce stigma at individual, community, and system levels

Harm reduction

- Expand prevention, outreach, and public awareness across the lifespan
- Bolster harm reduction and overdose prevention supports to meet people where they are at
- Center peer and lived experience leadership in system design and delivery
- Embed housing as a foundation for health, wellness, and recovery

Treatment, recovery and wellness

- Integrate mental health and substance use health supports across the system
- Improve continuity, coordination and integration across the continuum of care
- Strengthen systems and partnerships to support access to care

Substance use policies and regulations

- Build system and workforce capacity to sustain high-quality care
- Enhance advocacy, policies and regulatory approaches and system sustainability for substance use health





Strategic goals by domain and potential actions

Domain: Prevention	
Goal and definitions	Potential actions for organizations involved in the strategy
<p>Promote positive social connection as a protective factor to reduce substance-related harms and support well-being</p> <p>Strengthen positive social connection with community, family, peers, and service providers as well as informal support providers as a core protective factor to reduce substance-related harms and support well-being</p>	<ul style="list-style-type: none"> • Expand low-barrier, inclusive community programming in trusted spaces such as libraries, schools, community centres, faith-based settings, and youth wellness hubs. • Invest in and support peer-led, grassroots networks and community-building initiatives that foster belonging, mentorship, and mutual support. • Integrate social prescribing approaches across health, education, and social services to connect individuals to community-based supports. • Strengthen family-focused education and support programs that build communication, understanding, and coping skills. • Use informal and digital tools to connect individuals across the lifespan such as youth, seniors, and isolated communities.

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<p>Develop an intersectional, equity-focused approach to substance use</p> <p>Address substance-related harms through an intersectional, equity-focused approach that recognizes systemic inequities and the social determinants of health, such as age, immigration status, ethnicity, language, income, disability, and housing stability, to improve access to care.</p>	<ul style="list-style-type: none"> • Conduct equity reviews of policies, programs, and access pathways to identify and remove systemic barriers. • Expand culturally enriched, linguistically appropriate, and community-led services. • Strengthen cross-sector system partnerships to co-design, deliver and evaluate outreach and supports that meet the needs of the community • Increase flexibility in eligibility program requirements to reduce exclusion and increase access to social determinants of health (i.e., housing).
<p>Reduce stigma at individual, community, and system levels</p> <p>Reduce substance use stigma among family, caregivers, friends, service providers, systems, and the public to dispel myths, improve help-seeking, access to care, and outcomes for people with lived and living experience of substance use.</p>	<ul style="list-style-type: none"> • Embed anti-stigma and anti-oppression training across all service sectors, co-delivered by people with lived and living experience. • Update policies, protocols, and communications to reflect person-centred, non-judgmental language and practices. • Launch public awareness efforts that dispel myths/fears, normalize help-seeking, harm reduction, and recovery along diverse pathways. • Promote welcoming, non-judgmental, culturally enriched service environments. • Support organizational culture change initiatives that address stigma in decision-making, policies and care delivery.
<p>Expand prevention, outreach, and public awareness across the lifespan</p> <p>Prevent substance-related harms by increasing early prevention, public awareness, and outreach across schools and community settings, supported by accessible communication that normalizes help-seeking and harm reduction supports.</p>	<ul style="list-style-type: none"> • Expand age-appropriate, evidence-informed prevention and identification programs in schools and youth-serving settings. • Develop public awareness and outreach initiatives that promote upstream supports and services. • Launch culturally relevant public awareness campaigns. • Tailor prevention and outreach efforts to support diverse communities across the lifespan.

Domain: Harm reduction

Goal and definitions	Potential actions for organizations involved in the strategy
<p>Bolster harm reduction and overdose prevention supports to meet people where they are at</p> <p>Scale up harm reduction and overdose prevention supports across community, housing, and health settings, respecting individual choice.</p>	<ul style="list-style-type: none"> • Expand mobile outreach, community-based harm reduction services as well as self-referral services. • Increase naloxone distribution, training, and overdose response supports for individuals, families, and communities. • Integrate harm reduction approaches into community services, housing/shelters, and treatment settings. • Strengthen post-overdose outreach and follow-up supports in high-risk settings. • Promote harm reduction education and culturally enriched communication across settings.
<p>Centre peer and lived experience leadership in system design and delivery</p> <p>Embed peer and lived experience leadership across planning, policy development, service delivery, and evaluation to build trust and to ensure services reflect real community needs.</p>	<ul style="list-style-type: none"> • Establish compensated lived and living experience advisory roles with real decision-making authority. • Expand peer roles across outreach, navigation, clinical, housing, and crisis response settings. • Support co-design and co-evaluation of programs, policies, and communications. • Invest in training, supervision, and supports for peer workers. • Embed lived experience perspectives within governance and accountability structures. • Develop training and career pathways for peer workers.
<p>Embed housing as a foundation for health, wellness, and recovery</p> <p>Prioritize stable, safe, low barrier housing options, as a foundational condition for wellness for people who use substances, supported by comprehensive wraparound services.</p>	<ul style="list-style-type: none"> • Integrate harm reduction, peer and wrap-around supports within housing settings coupled with long-term case management. • Provide education and training to landlords and housing providers on substance-use health to build shared understanding on harm reduction practices to reduce stigma and support tenant stability and well-being. • Expand access to supportive housing options for people who use substances. • Develop low-barrier transitional housing options that support safety and life stabilization. • Align housing policies with trauma-informed and harm reduction principles.

Domain: Treatment, wellness and recovery

Goal and definitions	Potential actions for organizations involved in the strategy
<p>Integrate mental health and substance use health supports across the system</p> <p>Ensure substance use supports and services are fully integrated with mental health, trauma-informed supports, and concurrent disorder care, recognizing mental health as both a risk factor and a protective factor for substance use.</p>	<ul style="list-style-type: none"> • Expand co-located and collaborative care models that bring mental health and substance use providers together. • Strengthen information-sharing agreements; simplify privacy and consent processes. • Embed trauma-informed approaches into all service environments and practices. • Develop shared care pathways and clear transition protocols across crisis, acute, and community-based services.
<p>Improve continuity, coordination and integration across the continuum of care</p> <p>Reduce system fragmentation by improving transitions across emergency response, enhancing provider coordination, and building integrated service pathways across the continuum of care.</p>	<ul style="list-style-type: none"> • Establish coordinated access and care navigation approaches that ensure no wrong door. • Support warm handoffs and shared care planning between providers and sectors. • Formalize partnerships and roles across health, social services, housing, and justice systems. • Improve transitions between 911 and emergency services, inpatient, withdrawal management, outpatient, and community-based care. • Strengthen follow-up and continuity for individuals leaving crisis, justice or residential settings.
<p>Strengthen systems and partnerships to support access to care</p> <p>Address barriers to timely and meaningful access to substance use services, including wait times, cost, transportation, cultural and linguistic appropriateness, service environments, eligibility criteria, and unclear navigation pathways.</p>	<ul style="list-style-type: none"> • Explore non-traditional partnerships to expand substance use health services. • Develop centralized and simplified access points that support navigation and referrals. • Address practical barriers such as transportation and childcare. • Strengthen communication and coordination among service providers to clarify pathways to care.

Domain: Substance use policies and regulations

Goal and definitions	Potential actions for organizations involved in the strategy
<p>Build system and workforce capacity to sustain high-quality care</p> <p>Strengthen system quality and sustainability of substance use health services through mandated capacity building, continuous learning, and workforce supports that reduce stigma, improve tailored care, and prevent burnout.</p>	<ul style="list-style-type: none"> • Develop a core training framework covering harm reduction, trauma-informed care, equity, and concurrent needs. • Support communities of practice, mentorship circles and cross-sector learning opportunities. • Implement workforce well-being and burnout prevention strategies. • Strengthen supervision, mentorship, and career pathways for all staff and peers. • Invest in quality improvement infrastructure to support continuous learning.
<p>Enhance advocacy, policies and regulatory approaches and system sustainability for substance use health</p> <p>Strengthen advocacy positions, policy, funding, governance, and policy or regulatory frameworks to sustain coordinated, equitable, and evidence-informed substance use health supports and services.</p>	<ul style="list-style-type: none"> • Establish policy frameworks that formalize principles such as no wrong door, harm reduction, and equity. • Develop advocacy positions to address all levels of government that prioritize the voices and needs of people with lived and living experience of substance use. • Align funding opportunities to support long-term sustainability and flexible, community-responsive services.



Equity and an intersectional approach to substance use health

An equity and intersectional lens is essential to understanding and addressing substance use health in Peel, where residents' experiences are shaped by overlapping social, economic, cultural, and structural factors.

The strategy recognizes that the social determinants of health, including income, housing stability, education, immigration status, social supports, and neighbourhood environments, directly influence vulnerability to substance related harms and access to care.

These determinants do not impact all communities equally; racialized residents, newcomers, people experiencing poverty, and those facing stigma or discrimination encounter specific barriers to timely, culturally safe, and judgment free supports.

An intersectional approach ensures the strategy addresses both individual needs and the systemic inequities such as racism, colonialism, language barriers, and housing instability that shape substance use experiences. Rooted in principles of equity, it supports culturally grounded, trauma informed, community designed services that uphold dignity and well-being. Embedding this lens across the breadth of strategy development and implementation, helps shift power, build trust, and ensure the strategy remains community driven and responsive to diverse realities.

Commitment to equity-deserving groups

The Peel Substance Strategy commits to intentional, community specific actions. To demonstrate this commitment, partners provided opportunities for their distinct communities to inform and address inequities for Black, African and Caribbean communities; Indigenous communities; and South Asian communities, aligned with the strategy's Framework, Enablers, Goals, and Potential Actions.

Black, African, and Caribbean communities

Black, African, and Caribbean communities in Peel experience substance related harms within a broader context of anti Black racism, criminalization, cultural stigma, and limited access to mental health and social supports. Community insights highlight the need for culturally grounded, accessible, and non judgmental services.

Key commitments include:

- **Culturally safe, intersectional approaches:** Embedding culturally safe, intersectional, and community grounded approaches that reflect the diversity of Black, African, and Caribbean identities, including the role of culture, faith, identity, and lived experience in healing.
- **Strengthened Black led partnerships:** Strengthening partnerships with Black led and Black serving organizations that offer trusted and affirming spaces where people feel understood and respected.
- **Stigma reduction:** Reducing stigma at individual, family, community, and system levels, acknowledging its impact on early intervention and help seeking.
- **Culturally aligned harm reduction:** Expanding culturally aligned harm reduction and outreach, including youth friendly, anonymous, virtual, and low barrier pathways to care.
- **Addressing racism related stress and trauma:** Investing in long term, affordable counselling; trauma informed supports; and culturally aligned mentors or peers with lived experience.
- **Workforce and system capacity:** Building capacity in anti Black racism, cultural humility, trauma and violence informed practice, and community defined models of care.
- **Policy and system advocacy:** Advocating for system changes that reduce criminalization and over medicalization, and that expand access to holistic, culturally grounded prevention, harm reduction, treatment, and recovery supports.

Indigenous communities

The strategy acknowledges the rights, histories, and lived experiences of First Nations, Inuit, and Métis Peoples. Indigenous partners emphasized the need for culturally grounded, trauma informed, and self determined approaches that honour Indigenous views and healing practices.

Key commitments include:

- **Culturally rooted and land based healing:** Expanding access to ceremony, land based care, traditional healing, and Elder and Knowledge Keeper guidance.
- **Addressing intergenerational trauma:** Supporting approaches that recognize the impacts of colonialism, systemic racism, and chronic illness.
- **Safe, low barrier supports:** Creating respectful, judgment free spaces with culturally safe harm reduction and referral pathways.
- **Indigenous led partnerships:** Strengthening relationships with Indigenous led organizations and supporting Indigenous advisory structures.
- **Internal capacity building:** Providing training and mentorship led by Indigenous partners to ensure culturally safe, trauma and violence informed care.
- **Honouring diverse healing journeys:** Recognizing multiple definitions of wellness and healing.
- **Navigation and wraparound supports:** Improving pathways and referrals to culturally aligned care within and beyond Peel.
- **Learning across regions:** Building on Indigenous informed models from across Ontario and Canada.
- **Advocating for systemic change:** Supporting policies and practices that reduce barriers and uphold Indigenous rights, dignity, and well-being.

South Asian communities

The strategy recognizes the cultural, linguistic, and intergenerational factors shaping substance use in South Asian communities. Community insights emphasize how alcohol use can be normalized, stigmatized, and closely tied to family dynamics and stress.

Key commitments include:

- **Culturally and linguistically safe supports:** Working with South Asian led organizations to expand culturally relevant and language appropriate services.
- **Reducing stigma and “Log Kya Kehengay” pressures:** Promoting culturally relevant education and trusted community messaging to reduce secrecy and shame.
- **Family focused care:** Developing models that support families through navigation hubs, counselling throughout the substance use spectrum.
- **Youth prevention and education:** Expanding culturally tailored school based programs on coping, stigma, peer pressure, and emotional health.
- **Improving awareness and access:** Increasing outreach, linguistic materials, workshops, and navigation supports.
- **Culturally safe harm reduction:** Offering low barrier supports, alcohol free social alternatives, and non shaming approaches that meet people where they are.
- **System competency and representation:** Increasing South Asian staff and supports, and culturally aligned environments to build trust.
- **Supporting mental health needs:** Expanding access to culturally relevant mental health supports, including men’s mental health and stress management programs.
- **Community and faith partnerships:** Working with gurdwaras, mandirs, mosques, community centres, and youth groups to deliver education and awareness.
- **Inclusive language:** Using accessible terms like “problem drinking” or “drinking to cope” to reduce stigma and promote early help seeking.



From shared goals to shared action

The Peel Substance Strategy sets the foundation for a long term, coordinated, and equity focused approach to improving substance use health across the region. Looking ahead, the strategy commits to advancing the following shared actions to ensure sustained impact, strengthened partnerships, and improved outcomes for residents.

The Peel Substance Strategy will be implemented from 2026 to 2031 through a coordinated, community informed, and equity driven approach that ensures the framework and goals are translated into meaningful action and sustainable system change. Implementation will be guided by shared leadership, regular communication, coordinated planning, and continuous evaluation with partners to ensure the strategy remains responsive to community needs and emerging trends.

Co governance and collaborative leadership

Implementation will be supported by a co governance model that centres shared decision making between Peel Region, people with lived and living experience, community partners, and interest holders.

This model includes working groups aligned with each of the strategy's 4r core domains. These working groups will:

- Lead collaborative planning and action
- Provide lived experience and expert, technical insight
- Identify emerging needs, systemic gaps, and opportunities
- Support coordination across sectors
- Ensure accountability to the strategy's principles and commitments

This structure ensures that implementation is community driven, transparent, and grounded in diverse perspectives.

Implementation planning

A detailed implementation plan will outline the actions, timelines, roles, and resources required to advance the strategy. The plan will:

- Translate the framework, goals and potential actions into clear, phased activities
- Identify lead and supporting partners
- Integrate equity, cultural safety, and lived experience into all areas of work
- Establish mechanisms for cross sector collaboration and problem solving
- Ensure activities reflect evolving community priorities and local context

The implementation plan will be reviewed and adapted regularly to respond to changing needs, new evidence, and system capacity.

Communications and engagement

A comprehensive communications and engagement plan will support clear, accessible, and consistent messaging about the strategy. This includes:

- Sharing updates, progress, and learning with community, partners and interest holders
- Reducing stigma through ongoing public education and culturally relevant messaging

- Engaging equity deserving communities through culturally grounded and language appropriate communication channels
- Ensuring people with lived and living experience remain meaningfully involved throughout implementation

This approach will strengthen public understanding, build trust, and support system wide alignment.

Performance measurement and evaluation

Performance measurement and evaluation will ensure accountability and guide continuous improvement across the strategy. This includes:

- Developing indicators aligned to the framework
- Measuring progress across prevention, harm reduction, treatment, recovery, wellness, and policy and regulations initiatives
- Reporting findings transparently to partners, interest holders, and communities
- Using evaluation results to refine implementation, improve outcomes, and strengthen equity

Evaluation will be ongoing and iterative, ensuring the strategy remains adaptive, evidence informed, and responsive to the needs of residents.

Alignment with other regional initiatives and strategies

The Peel Substance Strategy is a key priority for Peel Public Health and Peel Region partners, such as Anti-Human Trafficking, Community Safety and Well-being, Housing and Homelessness, and Poverty Reduction due to the intimate relationship between social determinants of health and substance use. Alignment with Peel Region initiatives will ensure that the Peel Substance Strategy is fully integrated as a unifying framework that guides coordinated, equitable, and sustained action across the region for substance use health.

5-year strategy

The implementation of the Peel Substance Strategy is designed to evolve over time. Through co governance, coordinated planning, strong communication, and continuous evaluation, the strategy will remain a living framework for 5 years while remaining nimble to adapt to new insights, emerging issues, and community priorities. This approach ensures that the strategy continues to advance health equity, reduce harms, and strengthen the system of care for all residents in Peel.

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Appendix I – Microgrant recipients

Organization	Proposal	Population group
Indwell	Voices that matter – Shaping Services through Lived Experience	Individuals with lived or living experience of substance use, including those currently accessing harm reduction services, supportive housing, or navigating homelessness Addressing gaps for racialized, 2SLGBTQIA+, Indigenous, and newcomer populations
Moyo Health & Community Services	Substance Use Stigma Assessment	Individuals who use drugs that represent different communities of drug users
Our Place Peel	Real Talk – focus groups	Youth 16 to 24 years
PAARC	Community Voices on Harm Reduction for Opioid Use	Focus on newcomers and racialized communities
Peel Poverty Action Group (funding Not for Profit Trustee is Real People Collaboration)	Place Based Engagement people with lived and living experience of Substance Use	People with lived and living experience People with lived and living experience/ service users at The Compass and Regeneration.
Peel Regional Paramedic Services	Insights into life-saving interventions like naloxone and CPR are underused	People with lived and living experience
Punjabi Community Health Services	Strengthening Community Connection and Building Resilience	People with lived and living experience Individuals and families Providers (directly engage equity-deserving groups, including newcomers, racialized populations, youth, and 2SLGBTQ+ community members)
SHIP	Ensuring Your Voice Is Heard	People with Lived/and Living Experience with substance use challenges.
Soch Mental Health	Community Conversations to Identify Program and Policy Needs of Punjabi South Asian Families in Peel Affected by Problem Drinking	Virtual focus groups with Punjabi-speaking affected family members (AFMs) of individuals experiencing problem drinking within Peel
Students Overcoming Substance Use Disorder and Addictions Society of Canada (SOUDA)	Breaking Barriers: South Asian Youth Conversation Circles on Harm Reduction and Recovery in Peel Region	South Asian Youth who use substances or are experiencing homelessness
YMCA - YSAP	Immigrant Youth experiences with substance use	Youth

Appendix II - What we heard – expanded summary of community input

This appendix provides an expanded synthesis of themes emerging from community engagement, microgrant supported activities, and working group discussions throughout 2025 to 2026. These insights reflect the lived experiences, priorities, and aspirations of people with lived and living experience of substance use.

1. Stigma and judgment as persistent drivers of harm

Participants consistently described stigma as a pervasive and harmful force shaping experiences across the continuum of substance use health. Community members noted that judgment and negative societal attitudes contribute to:

- Delays in seeking help and increased barriers to care
- Feelings of isolation, shame, and reduced sense of belonging
- Mistrust of systems and avoidance of services
- Exacerbation of risks related to overdose, unsafe use, and social marginalization

The community emphasized that reducing stigma must remain foundational for Peel's substance use health approach.

2. Social connection as both a protective and risk factor

Participants highlighted the need for positive relationships and a sense of belonging. Key insights included:

- Strong, positive social connections can prevent substance-related harms, support recovery, and promote well-being.
- The absence of connection—or fractured relationships—can increase vulnerability to substance use, mental health challenges, and crisis situations.
- Community-led programming, peer networks, and culturally meaningful activities were identified as essential pathways for building connection.

3. Mental health and substance use as deeply interconnected

Participants described mental health as inseparable from substance use health:

- Mental health challenges were identified as drivers of substance use for many individuals.
- Substance use was also noted as a coping strategy that can, in turn, worsen mental health.
- Fragmentation between mental health and substance use services was identified as a core barrier, reinforcing the need for integrated, coordinated supports.

4. Need for an intersectional and equitable approach

Engagement participants emphasized that substance use health cannot be addressed without recognizing:

- Systemic inequities shaped by race, gender, income, disability, colonialism, migration experience, and more.
- Experiences vary significantly across communities, and responses must be tailored to reflect those realities.
- Equity must be embedded across strategy implementation—from data collection to program delivery to evaluation.

5. Importance of peer-led and lived experience leadership

The value of peer co-leadership emerged strongly:

- People with lived experience contribute essential expertise that improves trust, program relevance, and system navigation.
- Peer-led supports were described as more accessible, culturally congruent, and emotionally safe.
- Meaningful inclusion requires proper compensation, training, and decision making power—not tokenism.

6. Continuum of care gaps and fragmentation

Participants described widespread challenges in navigating the system:

- Siloed mental health and substance use programs create confusion, duplication, and gaps.
- Transitions between services are inconsistent, with few warm handoff mechanisms.
- Waitlists, eligibility requirements, and limited hours further restrict access.
- Families and caregivers often carry the burden of coordination without adequate support.

7. Barriers to care

The community identified structural, systemic, and practical barriers that continue to limit access:

- Lack of transportation, child care, and flexible hours
- Long wait lists and high service thresholds
- Fear of discrimination or punitive consequences (e.g., child welfare involvement)
- Limited culturally safe or linguistically accessible services

Addressing these barriers was noted as critical to improving outcomes.

8. Capacity building and training needs

Participants expressed concerns with supports, services and staffing related to:

- Compassion fatigue, burnout, and insufficient supports for staff well-being
- Gaps in training related to trauma informed care, harm reduction, culturally safe practice, and substance use health
- Resources needed to sustain high quality, empathetic, and evidence informed service delivery

9. System advocacy and multi sectoral partnerships

Participants emphasized that meaningful change requires:

- Coordinated advocacy for long term, sustainable funding
- Cross sector collaboration, including with non traditional partners such as housing providers, schools, faith communities, and local businesses
- Strong governance mechanisms to ensure accountability and shared leadership

10. Increased outreach and public access to information

Community members want:

- Centralized, easy to understand information about supports
- More visible outreach efforts to reach people where they are
- Education and communication strategies that challenge stigma and promote health literacy

11. Strengthening harm reduction and overdose prevention services

Feedback stressed the importance of:

- Expanding harm reduction sites, supplies, and outreach
- Ensuring services are low barrier, culturally safe, and geographically accessible
- Normalizing harm reduction as a health focused, evidence based approach
- Leveraging peer roles within harm reduction teams

12. Prevention: tailored supports and messaging

Participants highlighted prevention priorities such as:

- Age appropriate, culturally informed education
- Community-led prevention initiatives
- Messaging that acknowledges systemic realities, trauma, and social determinants—not just individual behaviour

13. Housing with wraparound supports

Housing instability was described as a major determinant of substance use related harms:

- Participants stressed the need for safe, stable housing options
- Wrap around supports (e.g., case management, mental health care, harm reduction, cultural supports) were identified as essential
- Participants emphasized that recovery and stability are difficult without a safe place to live

14. Trauma informed, culturally safe, and language appropriate care

Indigenous, Black, racialized, immigrant, and 2SLGBTQIA+ community members emphasized:

- The need for relevant, culturally grounded supports
- Services that acknowledge historical and ongoing trauma
- Availability of programming in multiple languages
- Importance of building trust and accountability within service relationships

Appendix III – Substance strategy what you need to know 2-Pager

Substance use in Peel has reached a point where the health and social impacts can no longer be managed through reactive responses. Substance-related harms continue to rise, the unregulated drug supply is increasingly toxic, and significant health harms are linked to alcohol, tobacco, cannabis, and vaping. These harms are not experienced equally. Without a coordinated plan, preventable deaths will continue and inequities will grow.

What makes this strategy different

This is Peel's first community co-designed Substance Strategy. People with lived and living experience with substance use helped shape the plan. Their leadership ensures that programs and policies reflect real needs, not assumptions.

A unified, connected system

The strategy brings together prevention, harm reduction, treatment, recovery, and policy/regulations into one coordinated framework. This means:

- Fewer people falling through service gaps
- Clearer pathways for individuals, caregivers and families
- Providers working together instead of in silos
- A shared vision, shared goals, and shared trust and accountability across Peel

A shift toward compassion and evidence

The strategy promotes approaches that work and reduce harm:

- Harm reduction recognized as essential, life saving health care
- Prevention that considers housing, belonging, mental health, culture, and trauma
- Integrated care where substance use and mental health supports connect
- Public messaging grounded in dignity and compassion

Addressing long-standing inequities

Substance use harms are shaped by systemic issues like racism, colonialism, stigma, and language barriers. The strategy includes explicit commitments to:

- Black, African, and Caribbean communities
- Indigenous communities
- South Asian communities

By focusing on equity, Peel strengthens health and well-being across Peel.

Supporting the workforce

Service providers in Peel are experiencing burnout and resource strain. This plan invests in:

- Workforce training and capacity
- Peer led roles
- Cross sector collaboration
- Consistent standards and tools

A stronger workforce means better and more sustainable care for the community.

Saving lives and preventing harms

Through stronger harm reduction services, overdose prevention, integrated mental health supports, warm handoffs, culturally safe care, and upstream prevention, the strategy will help:

- Reduce deaths and harms to prevent overburdened hospitals and emergency services
- Reduced inequities through fair, accessible, and culturally safe supports
- Strengthened trust between communities and the systems that serve them
- Lower long-term health and social costs through prevention, early support, and integrated care

Shared action

The Peel Substance Strategy lays the groundwork for a future where substance use health is treated as a public health and human rights priority. It ensures people can access support at every stage of their journey and helps create a healthier Peel for everyone.



Peel Substance Strategy
2026-2031