

BUILDING A SAFE, HEALTHY, AND INCLUSIVE PETERBOROUGH: CANDIDATE BRIEFING

LOCAL REALITIES:

CANDIDATE ACTIONS TO PURSUE:



Social Services & Systems Navigation:

- Complex system navigation; high caseworker turnover; OW/ODSP requires specific system knowledge and is nearly impossible for residents without a primary care provider.

- **Embed Navigators:** Put service navigators in accessible public locations (e.g., public libraries, transit hub, etc.).
- **Champion "No Wrong Door" Approach:** Work with partners to ensure seamless client handoffs across city services.



Governance & Lived Experience

- Relying on the justice system as a catch-all drives high recidivism and imposes unpayable fines on marginalized residents.
- Individuals most affected by substance use and homelessness are often disenfranchised and unable to vote.

- **Embed Community Voice:** Formally include people with lived and living experience as well as youth in municipal decision-making processes and advisory panels.
- **Health-First Policy:** Shift city policy away from criminalization and toward community care.



Housing as Healthcare

- Housing and healthcare outcomes are directly linked; without stable housing, individuals cannot achieve wellness, leading to higher long-term healthcare and shelter costs.
- The loss of community spaces—such as the closure of the local CTS site—leaves a critical gap in safe gathering and climate response options.

- **Housing First:** Commit to Housing First models connected to comprehensive wrap-around care.
- **Proactive Warming/Cooling Planning:** Establish permanent, proactive seasonal heating and cooling spaces before extreme weather hits.
- **Equitable Ward Distribution:** Ensure supportive housing options across all city wards.



Emergency Services & Safety

- Overdose calls continue to strain emergency services & Police continued to be used as “catch-all”.
- The closure of the local CTS site resulted in a loss of 200 to 300 naloxone kits previously distributed into the community each month.
- Gaps in data-sharing logistics make real-time crisis tracking difficult.

- **City-Wide Naloxone:** Train and equip all city employees to administer naloxone and recognize overdoses.
- **Data Integration:** Resolve data logistics gaps to improve emergency tracking

WHAT THE EVIDENCE SAYS

Involuntary Treatment

- There is **no evidence that involuntary/mandatory treatment is effective** or more effective than voluntary treatment in producing positive health outcomes; **rather, evidence indicates that it can create further harm, including an increased risk of a potentially fatal overdose.**
- Many people who use drugs (PWUD), healthcare providers, and health policy experts suggest that **improving the voluntary treatment system, rather than expanding involuntary detention in the absence of adequate services, would lead to better outcomes.**
- Other considerations include potential issues around the risk of disproportionate impacts on marginalized groups, as well as concerns regarding impacts on civil liberties and charter rights.

All above cited from [Addictions & Mental Health Ontario, 2026](#).

The Impact of Consumption and Treatment Services (CTS) Site Closures

- Participants consistently described these sites not merely as supervised drug consumption sites, but as **places where they received integrated health and social services.**
- 69.5% increase in EMS-treated opioid toxicities across the province of Ontario in the 6 months starting April 2025 following the closure of supervised consumption sites.
- In the 9 months prior to the site closures (August 2024 - March 2025), there was a 47% decrease in emergency department visits for opioid-related toxicities across Ontario. Since April 2025, this trend has reversed with a 67% increase in emergency department visits (March - September 2025).
- There was a 19.4% increase in confirmed and probable opioid toxicity deaths from April-October 2025.
- Evidence from Canada, Australia, and Europe has shown that Safe Consumption Sites are associated with: Reduced overdose mortality; Decreased HIV and hepatitis C transmission; Increased uptake of addiction treatment; Reductions in public injecting.

All above cited from Evidence Brief: "[What the Evidence Says about Defunding Ontario's Remaining Supervised Consumption Sites](#)", 2026

Housing IS Healthcare

- Safe, stable housing gives people the foundation they need to improve their health, manage mental health and addictions, and participate in the community.
- **Supportive housing is also a practical investment:** CMHA Ontario reports that **every \$10 invested in supportive housing results in an average \$21.72 in savings across health care, social services and justice systems, while a shelter bed costs roughly three times as much as supportive housing.**
- For Peterborough, investing in affordable and supportive housing should be seen as an investment in both the health of our community and the strength of our local economy.

All above cited from [CMHA Ontario](#)

Gender Equity in Addictions Treatment

- Peterborough has expanded local residential treatment options (Paddock Wood), but there remains a significant gap for women seeking publicly funded, bed-based care with nearest facility in Oshawa.
- This geographic displacement can separate women from their families, children, community supports and existing care providers at a time when connection is particularly important.
- **Peterborough needs equitable, locally accessible addictions treatment options that recognize the different barriers and circumstances experienced by women and men.**