

A large, stylized graphic of a hand with fingers curled, holding a city skyline. The skyline includes several buildings and the CN Tower. The text 'MODEL CITY HALL' is centered within the hand's palm.

MODEL CITY HALL



PUBLIC HEALTH IN TORONTO

COMMITTEE CHAIRS:

SONYA PALLAPOTHU & SIMRAN POWER

#MCH2021

Dear Delegates,

Hello, my name is Kate Folsetter! I am honoured to be one of your Academic Directors for Model City Hall 2021. I am a senior at Westdale Secondary School in Hamilton. Next year, I will be attending the University of Ottawa to study Conflict Studies and Human Rights in French Immersion. I am very excited to have been chosen to work at the House of Commons to work as a parliamentary page. I am passionate about psychology, helping others, social issues, human rights and politics. I love to learn languages. I am fluent in French and I am learning Spanish. In my spare time I enjoy being outside, walking my dog Mazie, swimming, doing art, writing spoken word poetry and spending time with my friends.

I am part of Westdale's Model UN delegation, poetry club, and Student Council. I am so excited to be a part of Model City Hall 2021. I first attended Model City Hall in 2018 when I was in Grade 9. I loved getting the opportunity to debate municipal political issues. I am passionate about dismantling the systems of oppression that impact women, LGBTQ2S+ community, People of colour, Indigenous peoples and people with disabilities. I am passionate about making a difference and making municipal government accessible to youth.

As an Academic Director I worked to help train Committee Chairs, help write background guides and host the delegate training. I am so lucky to be a part of such a wonderful event and I hope you have an enjoyable time at Model City Hall 2021. I encourage you to try your best and take every opportunity given to you! I look forward to meeting you virtually! If you have any questions don't hesitate to contact me at academic@modelcityhall.org.

Kind regards,

Kate Folsetter

Dear Delegates,

My name is Rand Amer and I am pleased to be one of your Academic Directors at Model City Hall 2021. I am a senior at Westdale Secondary School in Hamilton. Over the past several years, I have been a member of the Model UN club at my school, and I participated in Model City Hall Hamilton as a delegate during the February 2020 conference. In addition, I am an editor for my school's newspaper and a member of the HOSA club. In my spare time, I enjoy going on long hikes, kickboxing, knitting, and spending time with my cats. I am thrilled to be working with you as you take part in the second virtual conference of Model City Hall!

When I first participated in Model City Hall Hamilton as a delegate, I saw that the conference amplifies the voices of today's youth—tomorrow's leaders—by creating a safe space in which they can come together and hold meaningful discussions with one another. It was also riveting to collaborate with like-minded youth about issues that impacted our families, friends, neighbours, and communities, and subsequently find purposeful resolutions without the biases and pressures of political affiliations.

I am especially eager for the upcoming conference in May. Despite the unprecedented challenges we have faced in the past year, we have seen a major interest and a willingness in students to change the status quo and positively impact the world, even if it is on a small scale. After all, big changes always start small!

I hope that your participation in this conference will empower you to transform your communities for the better. If you have any questions regarding the conference, please email Model City Hall at academic@modelcityhall.org and we will be happy to assist you.

Regards,

Rand Amer

CONTENT WARNING

Due to the unpredictable nature of the debates in Model City Hall, it is difficult to control what exactly will be discussed by guest speakers and during committee and networking sessions. We strive to make the conference a safe and inclusive environment for all participants, staff, and guest speakers. We also value mental health and believe in the importance of self-care. **With that in mind, this year's committees will include topics such as mental illness, substance abuse, violence, sexual assault, discrimination, and oppression.**

For your mental health and emotional wellbeing, please ensure that you are aware of the potentially triggering topics that your committee may discuss. If you must leave the committee session at any point in time, please try to inform your Committee Chairs in advance. In addition, you can direct a message to a MCH staff member for support or fill out the [Delegate Report Form](#) during the conference. A member of the executive team will connect with you to resolve the issue. We also suggest reaching out to a trusted friend or family member for support.

We have included a list of mental health resources for youth in Ontario that you can access:

Kids Help Phone: 1-800-668-6868 or visit kidshelpline.ca

Crisis Service Canada: 1-833-456-4566

First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310

Trans Lifeline: 877-330-6366

LGBT Youth Line: 1-800-268-9688 or text 647-694-4275

Canada Drug Rehab Addiction Services Directory: 1-877-746-1963

National Eating Disorder Information Centre: 1-866-633-4220

Crisis Text Line: Text HOME to 686868

Committee Chair Welcome

Dear delegates,

I, Sonya Pallapothu, am one of the Committee Chairs for the *Public Health in Toronto Committee*, and am a senior at Westdale Secondary School. I plan on pursuing political science at McGill University in the coming Fall and hope to be admitted to a law school in the country following my B.A. I participated in Model City Hall Hamilton in February 2020 before the COVID-19 pandemic, and am so grateful to have done so since it fortified the significance of municipal politics and reminded me that youth voice is crucial for transforming a community for the better.

I, Simran Powar, am the other committee chair for the *Public Health in Toronto Committee*, and am a senior attending Westmount Secondary School. I plan on pursuing a career in the medical field post-secondary. Specifically, I want to complete my undergraduate degree and hopefully attend medical school. This would be my first year participating in a Model City Hall Conference, and I am looking forward to the valued discussions on the various compelling topics. This is an exceptional opportunity for the youth to communicate their thoughts and to give prominence to the city's affairs as well as prevalent issues.

The *Public Health in Toronto Committee* will explore pertinent issues currently impacting the city of Toronto through the lenses of Assault and Violence, Substance Abuse, and Mental Health. This committee was inspired by the Board of Health committee within Toronto City Council, which concentrates on important healthcare-related issues in the city. Through the collection of data and creation of policies, the Board of Health committee aims to provide solutions regarding current health- and well-being-related issues in order to maintain a safe and healthy environment for Torontonians. The Model City Hall *Public Health in Toronto Committee* will similarly draft resolutions to the problems that Toronto currently faces, which will be considered by city councillors. Within Topic A: Assault and Violence, you will be tasked to discuss the prevalence of domestic violence, gang violence, and sexual assault in Toronto. In Topic B: Substance Abuse, dialogue pertaining to alcohol and drug use, and stigmas surrounding substance abuse will be in motion. Finally, within Topic C: Mental Health, mental illness and conditions, self-harm and suicide, and stigmas surrounding mental health will be explored in depth.

Thank you for choosing to participate in this committee, and we hope you are able to leave the conference with newfound knowledge and perspectives.

Sincerely,

Sonya Pallapothu and Simran Powar

TOPIC A: Assault and Violence

Overview

In Canada, crime overall has decreased since 2000 where the 2019 crime percentage was around 30% lower than the top levels in 2003. Similarly, heinous crime and property-related misconduct have followed this overall pattern with rates declining 23% and 39% sequentially during a similar time span. The severity of the crimes carried out has also been on the decrease, as per the Crime Severity Index (CSI) which tracks the crimes perpetrated according to the crime's seriousness. Drug-related crimes expanded marginally over this period however started consistently dropping since 2011. In Canada, the new legalization of recreational marijuana is anticipated to further decline such offences. The regions with the highest crime rates include Yukon, Nunavut and Northwest Territories, all of which have higher property and violent crime than average. There were 1.8 homicides for every 100,000 Canadian residents in 2019. This is about double the rate of countries in Western Europe. Nonetheless, it is three times less than the United States, where there are 5 homicides for every 100,000 residents in 2019.¹

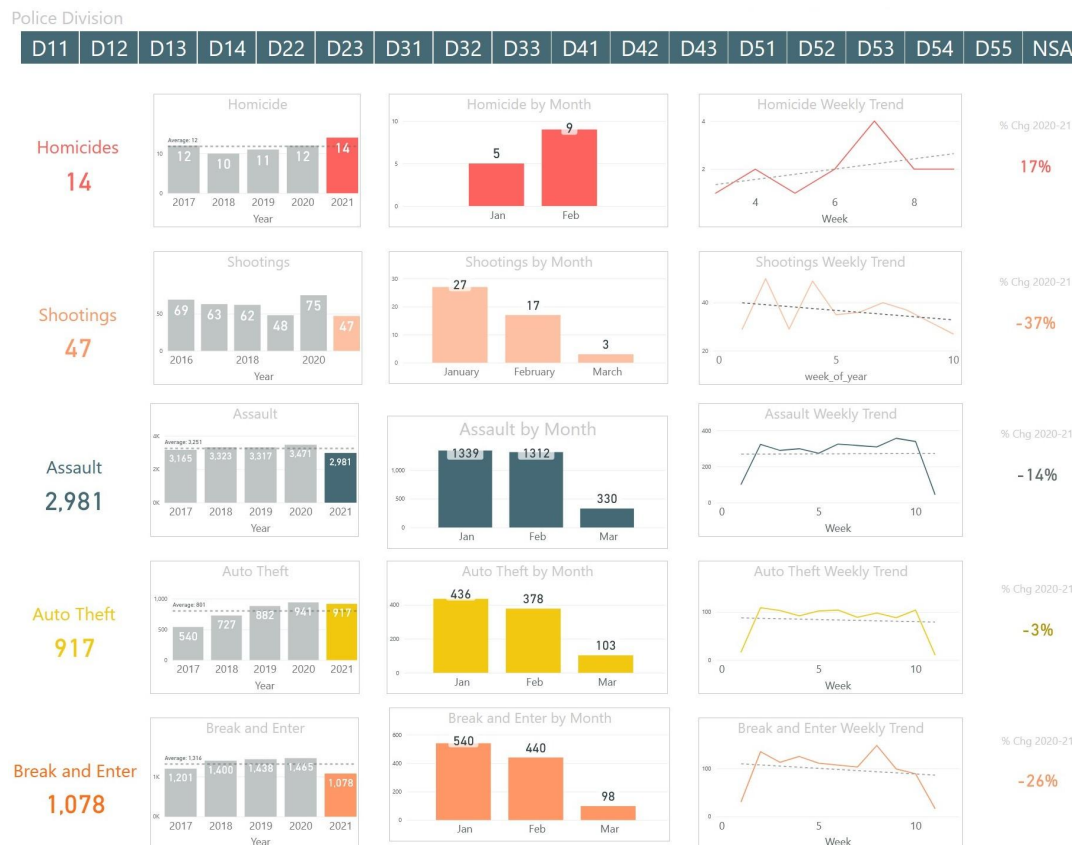
Additionally, in Canada, crimes between intimate partners represent one in every four violations that have been reported to the police. Around 97,500 Canadians are reportedly victims of domestic violence, this constitutes 341 domestic violence victims for every 100,000 people. By far most of these casualties (80%) were women. By and large, studies show that crimes against dating partners were far more prevalent than spousal violence, about 1.6 incidents greater than the rate for spouses (408 for every 100,000 individuals versus 250 for every 100,000 individuals).²

Specifically, Toronto has been a fairly safer city compared to other cities in Canada. According to a new report on cities worldwide, Toronto is considered the safest city in North America. The report

¹ "Topic: Crime in Canada," Statista, <https://www.statista.com/topics/2814/crime-in-canada/>.

² Government of Canada, Statistics Canada, "Section 3: Intimate Partner Violence," Government of Canada. Statistics Canada, November 30, 2015, <https://www150.statcan.gc.ca/n1/pub/85-002-x/2013001/article/11805/11805-3-eng.htm>.

additionally ranked Toronto as the 6th safest city in general.³ However, the ongoing pandemic has led to an influx of crimes. The activity of homicides, shootings, assault, auto theft, break and enter, robbery, sexual assault, and theft have increased throughout the years in the 18 police divisions of Toronto. The following graphic depicts that the cases in each crime category have increased from 2019 to 2020. As seen from the statistics below, the number of homicides in 2019 increased from 11 to 12 the following year. Similarly, the number of shootings increased from 48 to a staggering 75 from 2019 to 2020. Furthermore, assault, auto theft, break and enter, robbery, sexual assault and theft over cases have also seen an increase from 2019 to 2020.⁴



³ Alexandra Mae Jones, "Toronto Is the Sixth Safest City in the World: Report," CTVNews, August 31, 2019, <https://www.ctvnews.ca/canada/toronto-is-the-sixth-safest-city-in-the-world-report-1.4573536>.

⁴ "Homicide," Toronto Police Service Public Safety Data Portal, <https://data.torontopolice.on.ca/pages/homicide>.



Current Situation: Domestic Violence

Domestic violence has always been a prevalent issue in our society. The following statistics and cases adumbrate the increase in such a nefarious crime due to the COVID-19 pandemic. Firstly, the support from family and friends has been cut off or severely limited for many people as a result of the ongoing pandemic and the restrictions put in place. This has caused a spike in the calls received by Canada's Assaulted Women's Helpline; from September 1 to December 31, 2020, the helpline fielded 20,334 calls, whereas last year, there were 12,352 calls during the same time.⁵

Toronto has also been affected severely. Reports from Toronto Police data indicate that officers investigated 4,669 occurrences related to intimate partner abuse and domestic violence in 2020, compared with 5,031 occurrences in 2019. Shelter Movers is a volunteer organization that offers moving services with no cost to women who are victims of domestic violence. The organization has seen a significant increase in the use of its services since the start of the pandemic. Before the pandemic, the organization was moving approximately 20 families per month. During the pandemic, this number has soared to 30 families per month.⁶

⁵ Nicole Thompson, "Domestic Violence Reports Continue to Rise Due to COVID-19 Pandemic," CP24, February 15, 2021, <https://www.cp24.com/news/domestic-violence-reports-continue-to-rise-due-to-covid-19-pandemic-1.5309133?cache=yes%3FclipId%3D89950%3FclipId%3D1944223%3FAutoPlay%3Dtrue>.

⁶ Gilbert Ngabo, "Toronto Police Domestic Violence Reports Have Dropped amid Pandemic as Advocates Warn Abuse Is Going Undetected," Thestar.com, February 18, 2021,

Additionally, Gillian Freeman, the executive director of the non-profit [Victim Services of York Region](#) says, “Anecdotally, it looks like the numbers have tripled, it feels as though it tripled overnight,” Gillian also acknowledged that the organization, which works in close association with the police, has been receiving around 30-60 referrals, in comparison to approximately a dozen referrals prior to the COVID-19 pandemic. The York Region Police has also witnessed domestic incidents increase by about 18%. These numbers reflect all helpline calls to residences and not just for domestic and intimate partner violence. For the most part, regional relief agencies have been struggling to handle the surge of domestic violence cases.

Current Situation: Gun Violence

Next to domestic abuse, gun violence has also been a pertinent issue in Toronto. In 2019, the Toronto Raptors won their very first NBA championship. To celebrate, more than a million fans came together in Nathan Phillips Square. However, four people were injured when an armed individual opened gunfire. There were also 14 reported cases of gun violence in just a single weekend during the month of August in 2019.⁷

In 2020, the highest number of shootings reported was 86, including 41 casualties and 6 deaths, which occurred in 31 Division in the Jane and Finch neighbourhood. The second-highest rates of gun violence occurred in 43 Division in Scarborough, resulting in 48 shootings, 16 casualties, and 5 deaths. Similarly, 42 Division in Toronto had 41 shootings, 18 casualties, and 4 deaths. The month of August witnessed 68 shootings in total. The number of shootings declined at the beginning of the lockdown prior to bouncing back up to the undeniable levels seen in the course of recent years. Toronto numbers do not encompass the numerous shootings found in the Peel, York, and Durham locales; a considerable lot of

<https://www.thestar.com/news/gta/2021/02/18/toronto-police-domestic-violence-report-have-dropped-amid-pandemic-as-advocates-warn-abuse-is-going-undetected.html>.

⁷ David McGuffin, "Why Gun Violence Is Surging In Toronto," NPR, January 17, 2020, <https://www.npr.org/2020/01/17/794510796/why-gun-violence-is-surging-in-toronto>.

which occurred in the area highways this current year.⁸ So far, Toronto has already witnessed 39 shootings and 8 deaths from the start of 2021.⁹

Current Situation: Sexual Assault

Sexual assault cases have been peaking in Canada for the past couple of years. In March 2021, the police examined about 12 distinct claims of sexual misconduct including youngsters that have been "circulating online" lately. In a news conference, police addressed that the investigators across the city are leading various investigations concerning claims of sexual misconduct at Toronto-region secondary schools. Police say that the claims involved "high-school-aged boys sexually assaulting and/or physically assaulting high-school-aged girls" and are flowing through web-based media posts as well as online petitions. Police stated, "To date, there have been approximately 12 reports which are being actively investigated. Anyone who has been sexually assaulted is encouraged to come forward to the police and make a report." Police have not said whether there is an association between the reports.¹⁰ Statistics show that there had been an increase of sexual assault cases from 2019 to 2020; the cases went from 465 to 517 respectively. Statistics from Toronto Police Service also show that thus far, there are 398 sexual assault cases in 2021.¹¹

⁸ Postmedia News, "Violent 2020 Almost Surpasses Last Year's Gun Crime Figures," *Torontosun*, January 01, 2021, <https://torontosun.com/news/local-news/violent-2020-almost-surpasses-last-years-gun-crime-figures>.

⁹ Morganne Campbell, "Families, Stakeholders Speak out about Gun Violence in Toronto," *Global News*, February 20, 2021, <https://globalnews.ca/news/7652836/toronto-gun-violence-solutions/>.

¹⁰ Chris Fox, "Police Investigating at Least a Dozen Allegations of Sexual Assault at Toronto-area High Schools," *CP24*, March 19, 2021, <https://www.cp24.com/news/police-investigating-at-least-a-dozen-allegations-of-sexual-assault-at-toronto-area-high-schools-1.5354623>.

¹¹ "ASR-Analytics," Toronto Police Service Public Safety Data Portal, <https://data.torontopolice.on.ca/pages/asr-analytics>.

Past Strategies

In hopes to combat domestic violence, the city of Toronto implemented various strategies. There are shelters that have been put in place to assist domestic violence victims fleeing their violent households. The shelter workers work extremely hard to accommodate the victims with their needs. The staff and the volunteers at the shelters provide the necessary help, whether it is emotional, legal, housing, medical, and/or financial support. There are numerous shelters in the Toronto area, two of which are Women's Habitat and North York's Women Shelter. The shelters have been very successful in recent years, assisting with individuals' transitions to a safer living environment.¹² There are also numerous helplines that are available in assisting domestic violence victims.

Additionally, the city of Toronto has pushed to combat the arising issue of gun violence in the city. Toronto is bringing back the focus on the root cause of gun violence by issuing new grants that will provide \$2 million in funding to youth violence prevention projects in various community agencies. Mayors also requested the Canadian Border Agency to work with local police more efficiently. A CBSA spokesperson stated it has "renewed its engagement with partners like the Greater Toronto Area, the RCMP, and international partners, to deter and interdict the illegal importation of firearms. This is one of the agency's top priorities." Additionally, when Doug Ford was asked about the federal government's plan to ban assault-style weapons at a press briefing, he replied, "The only way to truly tackle gun violence is to crack down on the illegal guns being smuggled in daily at our borders." The government is enforcing stricter gun laws to restrict the smuggling of weapons.¹³

¹² "Ontario," ShelterSafe, March 12, 2020, <https://sheltersafe.ca/ontario/>.

¹³ Wendy Gillis, "Why Gun Violence Is Still High in Toronto, Even amid the Pandemic Lockdown," Thestar.com, May 08, 2020, <https://www.thestar.com/news/gta/2020/05/08/why-gun-violence-is-still-high-in-toronto-even-amid-the-pandemic-lockdown.html>.

Guiding Questions:

- How can Toronto school boards educate young students on the severe consequences of committing a crime?
- What image do social media platforms portray of crimes relating to guns, fights etc.? Do these media portrayals influence or motivate the crime rates? If yes, how so?
- What other plans/laws can the government implement to restrict crimes (e.g. gun violence, sexual assault, domestic violence etc.)?
- What are some other reasons why the COVID-19 pandemic has led to the influx of crimes such as domestic violence?

Links for Further Research:

- [Common Triggers for Domestic Violence Attacks](#)
- [Coalition For Gun Control](#)
- [Ending Violence Association of Canada](#)
- [TPS Crime Statistics - Shooting and Firearm Discharges](#)

TOPIC B: Substance Abuse

Overview

For the purpose of discussion, substance abuse encompasses the exploitation of street, prescription, and over-the-counter drugs, as well as alcohol.

Substance abuse has long been a topic of concern around the world, though it often was and continues to be regarded as a criminal issue rather than a health-related one. The causes of substance abuse are diverse, so it is difficult to narrow them down to a shortlist, though there are a few common reasons. Genetics can greatly influence an individual's tolerability or vulnerability to the addictive properties of a substance. Individuals may also fall victim to the effects of the substance on their brain; for example, a person who is addicted to alcohol may have turned to the substance in the first place to achieve a euphoric state of mind. The environment in which an individual grows up can also heavily influence their habits pertaining to substance abuse. A child who grows up in a household where drugs and alcohol are prominently used may regard these harmful substances without consequences and turn to them early on in their life. The environment can also pertain to the living conditions of an individual, as low quality of life can lead to substance abuse as a coping mechanism. Involvement with the criminal justice system can heavily impact an individual's decision to use and abuse substances as well.

Physically, harmful substances can increase the risk of illness and infection by weakening one's immune system and substantially impact the major organs of the body, like the heart, liver, lungs, and brain. Psychologically, substance abuse can manifest into paranoia, aggressiveness, hallucinations, impaired judgement, loss of self-control, insomnia, changes in cognitive ability, and mental health issues such as depression, anxiety, and panic disorders.^{14,15} From a social perspective, individuals abusing

¹⁴ "Effects of drug abuse and addiction," Gateway Foundation, accessed April 4, 2021, <https://bit.ly/2RyilZo>.

¹⁵ Jamie Eske, "What are the effects of drug abuse?" Medical News Today, published June 17, 2020, <https://bit.ly/32nIVH2>.

substances will likely experience relationship problems, poor work or academic performance, and “lose interest in formerly enjoyable activities”.¹⁶

In June 2018, cannabis was legalized in Canada for recreational use. Prime Minister Justin Trudeau explained that legalizing the drug would allow the government to better control its distribution and implement tougher penalties against illegal movement and use, but cannabis use among Canadian youth has increased since its legalization. According to a recent study, “youth cannabis use remains common with ever-use increasing from 30.5 percent in 2016-2017 to 32.4 percent in 2018-2019.”^{17,18}

Logically, Toronto, being the largest metropolitan area in Canada, would be susceptible to the same effects of the legalization of cannabis as the rest of the country. According to a 2019 study conducted by CAMH, past-year cannabis use had jumped by 5.7% from 2018 to 2019.¹⁹ This study also found that “electronic cigarette use increased significantly between 2018 and 2019, from 9.2% to 12.8%” in Ontario, but respondents living in Toronto were one of the groups where the increase was most evident.²⁰ Another study conducted by CAMH in 2017 revealed that Toronto youth between the ages of 18 and 29 “typically report high levels of (substance abuse)”, and sometimes exceed the provincial average for alcohol, cannabis, e-cigarette, and opioid use.²¹

¹⁶ Jamie Eske, “What are the effects of drug abuse?” Medical News Today, published June 17, 2020, <https://bit.ly/32nIVH2>.

¹⁷ Mitch Potter, “How Canada’s new pot laws will impact youth remains ambiguous,” The Toronto Star, updated October 15, 2018, <https://bit.ly/3dn8COB>.

¹⁸ Angela Stelmakowich, “Legalizing recreational weed has not reduced youth use as expected, Canadian study finds,” The Growth Op, published March 15, 2021, <https://bit.ly/3akKaef>.

¹⁹ Yeshambel T. Nigatu et al., “CAMH Monitor eReport 2019: Substance Use, Mental Health and Well-Being Among Ontario Adults,” CAMH, published 2021, <https://bit.ly/3dorZGp>.

²⁰ Yeshambel T. Nigatu et al., “CAMH Monitor eReport 2019: Substance Use, Mental Health and Well-Being Among Ontario Adults,” CAMH, published 2021, <https://bit.ly/3dorZGp>.

²¹ Rahul Gupta, “Analysis: Why are young adults in Toronto prone to substance use?” Toronto.com, published February 7, 2019, <https://bit.ly/3gg2Ob9>.

Past Strategies

The Toronto municipal government has implemented strategies to combat substance abuse in the past. In response to drug overdoses in Toronto, the *Community Dialogue on a Public Health Approach to Drug Policy: Report* was conducted in July 2018. Through the results of this survey, the [Toronto Overdose Action Plan](#) was updated in 2019 to cover how the municipal government would act on key concerns. In 2005, the Toronto Drug Strategy Advisory Committee released [The Toronto Drug Strategy: A Comprehensive Approach to Alcohol and Other Drugs](#), which covered major plans of action for substance prevention and aid, and outlined intergovernmental and other methods of implementing the initiative. In 2010, [The Toronto Drug Strategy Status Report](#) was released, which highlighted which of the goals that were discussed in the 2005 Drug Strategy Report were achieved, and introduced new initiatives. Other strategies that Toronto and private organizations have used and currently use to combat substance abuse are: crisis helplines, counselling, holistic approaches, supervised consumption sites, and rehabilitation centres. Some of these services also offer treatments that are tailored for specific groups (e.g. RAAM clinics for Anishnawbe individuals). Additionally, the Toronto Police Service implemented the [Mental Health and Addictions Strategy](#) in 2019, which aimed to act on 8 major sections.

Current Situation: Alcohol Use

According to *T.O. Health Check: An Overview of Toronto's Population Health Status*, 3 in 4 adults and 1 in 3 students in Toronto consumed alcohol in 2019, and alcohol was “the most common drug for which people attended provincially-funded substance abuse treatment programs”.²²

Social factors such as discrimination, colonization, and other forms of trauma can affect the rates of alcohol consumption in particularly vulnerable groups. Two of the most vulnerable populations are the LGBTQ+ community and Indigenous peoples. In 2015/16, the Toronto population over the age of 19 who identified as part of the LGBTQ+ community were “more than twice as likely to have frequent heavy

²² Paul Fleischer, “T.O. Health Check: An Overview of Toronto's Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

drinking episodes and to exceed the Low-Risk Alcohol Drinking Guidelines compared to those who reported being heterosexual”; homophobia, discrimination, and other trauma lead to alcohol consumption as a coping mechanism.²³ In 2016, only 47% of the Indigenous population over the age of 14 reported that they “abstained or rarely engaged (less than once per month) in heavy drinking”, while 83% of the general population reported “fewer than monthly heavy drinking episodes in the past 12 months”.²⁴ There is a clear inequity in these statistics between Indigenous populations and the general Toronto population due to colonization, intergenerational trauma, and racism. Similar to the LGBTQ+ community, many Indigenous individuals who abuse alcohol do so as a coping mechanism.

Crisis helplines, counselling services, and rehabilitation centres are widely offered for individuals who wish to receive treatment or aid when depending on alcohol.

Current Situation: Drug Use

Second to alcohol, cocaine has been reported as the “most problematic substance requiring treatment” with approximately 1-2 deaths per 100 000 due to cocaine in Toronto.²⁵ In fact in 2017, crack cocaine was noted as a ‘problem substance’ “among 27% of [Toronto residents] attending provincially-funded substance use treatment programs, and powder cocaine” was noted in 23% of the Toronto residents.²⁶

²³ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

²⁴ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

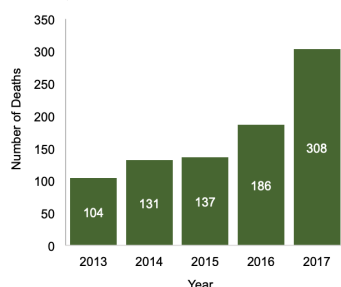
²⁵ “Drug Abuse Facts,” Teen Challenge, accessed April 5, 2021, <https://bit.ly/3e6mOdG>.

²⁶ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

In 2017, a recorded 1 071 visits to the Emergency Department (ED) in Toronto hospitals were due to cannabis consumption, and cannabis use was considered to be the most common among adults in Toronto (14%) than it was in the GTA (9%) in 2015/16.²⁷

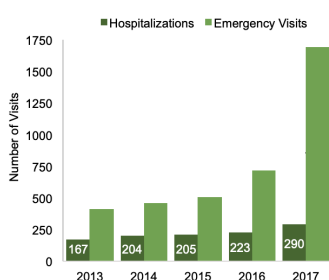
Death from opioid poisoning in Toronto has increased “significantly over the past 10 years”; even between 2013 and 2017, there was a 290% increase in opioid-related ED visits (Figure 7.2), and the

Figure 7.3: Deaths Due to Opioid Poisoning, Toronto, 2013 to 2017



Data Source: Source: Public Health Ontario, Interactive Opioid Tool, 2013 to 2017. Accessed on October 23, 2018.

Figure 7.2: Emergency Department Visits²⁸ and Hospitalizations Due to Opioid Poisoning, Toronto, 2013 to 2017



Data Source: Source: Public Health Ontario, Interactive Opioid Tool, 2013 to 2017. Accessed on February 28, 2019.

number of deaths due to opioid-poisoning have also increased between 2013 and 2017 (Figure 7.3).²⁸

Indigenous peoples are considered to be a vulnerable population for drug use as well, where 63% of Indigenous adults over the age of 14 stated that they

consumed cannabis in 2016, which is 49% higher than the rate of cannabis consumption for the general population within the same year.²⁹

To combat drug use, the city of Toronto has implemented multiple effective strategies, including supervised consumption sites and crisis help lines. Following the Overdose Action Plan, Toronto opened the city’s first permanent supervised consumption site in November of 2017.³⁰ Succeeding this major event, more supervised consumption sites were opened across Toronto.

²⁷ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

²⁸ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

²⁹ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

³⁰ “Supervised Consumption Services,” City of Toronto, accessed April 5, 2021, <https://bit.ly/2QdTvO9>.

Stigmas Surrounding Substance Abuse

Stigmas surrounding substance abuse are persistent and add an additional burden to individuals who depend on substances. Some examples of common stigmas include the following: the user is actively choosing to live an unhealthy and dangerous lifestyle; those abusing hard drugs such as cocaine are degenerate and criminal; women who use drugs are irresponsible and are compromising their reproductive roles.³¹ These prominent stigmas were collected by Toronto healthcare professionals and published in 2020 within the report titled *Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada*.

As mentioned, under “Past Strategies”, one of the goals in the Toronto Police Service’s 2019 *Mental Health and Addictions Strategy* was to create a stigma-free environment for substance users. The qualitative study previously mentioned collected responses from Toronto healthcare workers on initiatives that can be implemented to counter substance abuse stigmas. One suggestion was to launch “an advertising campaign that was ‘light and fluffy,’ similar to the vaccination advertisements for Hepatitis A and B, in the form of TV commercials, posters on subways, or through other media” to possibly create intersectoral collaborations with agencies across the city. Another suggestion was to implement programmes for specific client groups that were tailored to individuals’ needs and therefore were more beneficial to their recovery.³²

³¹ Maureen A. Murney et al., “Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study,” *Taylor & Francis Online*, (2021), DOI: [10.1080/17482631.2020.1744926](https://doi.org/10.1080/17482631.2020.1744926).

³² Maureen A. Murney et al., “Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study,” *Taylor & Francis Online*, (2021), DOI: [10.1080/17482631.2020.1744926](https://doi.org/10.1080/17482631.2020.1744926).

Guiding Questions:

- Why should we regard substance abuse as a health-related issue rather than a criminal one?
- How can Toronto school boards work toward reducing vaping and alcohol consumption on campuses?
- How has the COVID-19 pandemic influenced substance abuse and its concerns in Toronto? How can these issues be alleviated during the pandemic?
- Choose at least one group that is vulnerable to substance abuse (e.g. Indigenous peoples, LGBTQ+ community, homeless individuals, sex workers, etc.) and collect relevant statistics and explore methods for reducing substance abuse rates within this population.

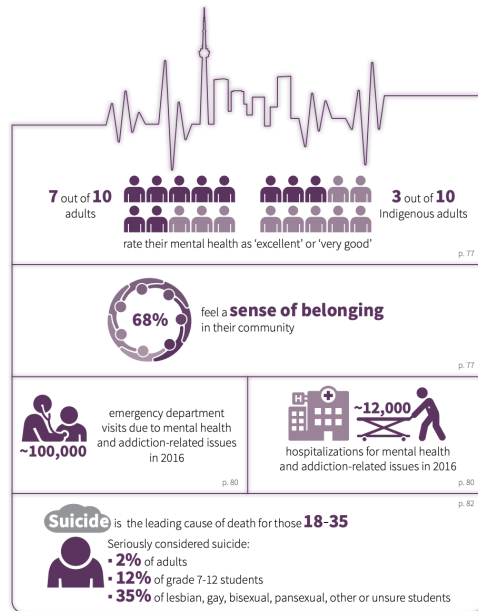
Links for Further Research:

- [Substance Abuse](#)
- [Addiction Rehab Toronto](#)
- [Street-Based Sex Work Needs Assessment](#) (for a better understanding on how substance abuse affects sex workers)
- [Impacts of the COVID-19 Pandemic On Substance Use Treatment Capacity In Canada](#)
- [Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety](#)

Topic C: Mental Health

Overview

Though regarded as a global issue, mental health stands as one of the pertinent social issues that Canada currently faces, with an estimated 1 in 4 Canadians living with a mental illness.³³ According to Statistics Canada, 65.9% of Ontarians reported having “very good or excellent” mental health in 2019, which was a 2.4% decrease since 2018.³⁴ In relation to these statistics, Ontarians have “perceived stress



levels that are the second highest in Canada.”³⁵ Two of the considered vulnerable populations for mental health are children and seniors; from 2019 to 2020, child and youth mental health centres in Ontario have seen a 20-50% increase in demand due to the COVID-19 pandemic, but even prior to it, Ontarians in need of mental health services were expected to wait for an average of 2.5 hours to receive help.³⁶ In addition, the National College Health Assessment survey of the Canadian student population in 2019 catalogued that 52% of students reported feeling depressed, 69% experienced anxiety,

12% considered committing suicide, and 2.8% of students attempted suicide.³⁷

Although this information is specific to Ontario and Canada, Toronto is inescapable from high mental illness rates. The infographic to the left provides the most recent information collected regarding mental health in Toronto. Indigenous peoples are another vulnerable group for mental health conditions

³³ “Ten incisive social issues in Canada today,” C2D2, accessed April 6, 2021, <https://www.c2d2.ca/>.

³⁴ “Table 13-10-0096-03 Perceived mental health, by age group,” Statistics Canada, updated April 16, 2021, <https://bit.ly/3tr30YB>.

³⁵ Andrea Karr, “How Canadians Feel About Their Mental Health, Ranked by Province,” Best Health Magazine, updated March 24, 2021, <https://bit.ly/3gja6dZ>.

³⁶ “Government of Ontario COVID-19 recovery must address mental health and addiction crisis warn experts,” Ontario CAMH, published October 6, 2020, <https://bit.ly/3tqiwx>.

³⁷ “Ontario Increases Mental Health Funding for Postsecondary Students,” Ontario Newsroom, published February 9, 2021, <https://bit.ly/3tuVsEn>.

and illnesses; in 2015/16, 31% of Torontonians Indigenous adults reported having “very good” or “excellent” mental health, “65% reported feeling happy ‘every day’ or ‘almost every day’ in the past month, and 59% reported being satisfied with their lives ‘every day’ or ‘almost every day’”.³⁸ These mental health rates derive themselves from intergenerational trauma, racism, and colonization. From these statistics, it is evident that Toronto is not only currently experiencing a mental health crisis alongside the pandemic, but is also suffering from a shortage of mental health professionals and services.

Past Strategies

Unfortunately, the city of Toronto has not worked toward combating mental health as much as hoped, and the majority of initiatives stemmed from the Ontario government. In light of the COVID-19 pandemic, the Ontario government provided \$7 million to increase access to mental health services for post-secondary students, and the Ministry of Health provided \$147 million in funding for additional mental health support for publicly-assisted colleges and universities.³⁹

Toronto funds 24/7 crisis lines such as the Toronto Distress Centre and Gerstein Centre, and the city promotes the prevention of mental illness through addressing its determinants, which is key for early identification of mental illnesses and timely referrals to appropriate healthcare services.⁴⁰

Description of Current Situation

The following data is predominantly extracted from Chapter 6 of the *T.O. Health Check: An Overview of Toronto's Population Health Status*. Though the report was released in 2019, the data primarily focuses on statistics between 2014 and 2018. In addition, the referenced statistics are not completely accurate, as they do not account for the individuals who do not seek help for their mental health. Within this section of the

³⁸ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

³⁹ “Ontario Increases Mental Health Funding for Postsecondary Students,” Ontario Newsroom, published February 9, 2021, <https://bit.ly/3tuVsEn>.

⁴⁰ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShE>.

background guide, the mental illnesses and conditions that are majorly impacting Torontonians will be highlighted, but this does not diminish the importance of speaking on topics outside of this spectrum. Therefore, we encourage you to explore other mental illnesses and conditions when researching.

Mental Illnesses and Conditions

The three most common mental illnesses and conditions currently impacting Torontonians are mood disorders, non-organic psychotic disorders, and stress. Mood disorders encompass conditions such as depression, bipolar disorder, and dysthymia. In 2015/16, 7% of Toronto adults over the age of 17 reported being diagnosed with a mood disorder and 7% of the same population reported having depression for which they experienced severe symptoms, while 15% of Toronto adults over the age of 17 experienced mild symptoms of depression.⁴¹ Though these statistics may be considered as low, keep in mind that mood disorders such as depression are often underdiagnosed and therefore are not representative of the actual Toronto population that lives with a mood disorder. Compared to the rest of Ontario, Toronto “had a higher rate for schizophrenia, delusional, and non-organic psychotic disorders (2.6 in Toronto compared to 1.6 in the rest of Ontario [per 100 population])”.⁴² In 2016, mood disorders were the most common mental health condition resulting in hospitalizations, with a rate of 0.7 per 1 000 people.⁴³ This statistic is probably higher in 2021 due to COVID-19.

Stress is also a major concern in Toronto. In 2015/16, Toronto collected data on the percentage of people for each age group that felt most days to be “quite a bit stressful” or “extremely stressful”:

⁴¹ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴² Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴³ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

Age Range (years)	18 and older	18-39	40-64	65 and over
<u>Percentage (%)</u> ⁴⁴	22	24	25	12

Table 6.1: Rates* of Mental Health and Substance-Related Emergency Department Visits and Hospitalizations by Leading Diagnosis Groups, Toronto, Fiscal 2016

Diagnosis Group	ED visits (per 100)			Hospitalizations (per 1,000)		
	Overall	Males	Females	Overall	Males	Females
Substance-related disorders	6.6	9.8	3.7	0.5	0.8	0.3
Anxiety disorders	4.4	3.9	4.9	0.2	0.2	0.3
Mood/affective disorders	3.0	2.6	3.3	0.7	0.5	0.8
Schizophrenia, delusional and non-organic psychotic disorders	2.6	3.6	1.8	0.6	0.7	0.4

* Age-standardized rates.
Data Source: National Ambulatory Care Reporting System (NACRS), Discharge Abstract Database (DAD), and Registered Persons Database (RPDB) (2016 fiscal year). Data provided by the Ontario Community Health Profiles Partnership.

According to a 2016 report named “A Profile of Wellbeing in Ontario”,

Torontonians experienced the most work stress in all of Ontario, and reported less participation in leisure activities, vacations, and physical activity than

other Ontarians.⁴⁵ Table 6.1 demonstrates the rates of ED visits and hospitalizations due to mental illnesses.

Toronto and private organizations offer crisis helplines to aid those living with mental health conditions. They also offer [counselling services](#). Additionally, the city and private organizations offer stress-management services, such as The Mindfulness Clinic. With the emergence of COVID-19, the city of Toronto added [helpful resources and tips](#) onto its website to aid individuals in coping and accessing services for their mental health.

Self-Harm and Suicide

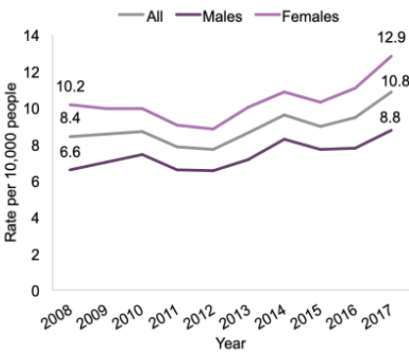
Self-harm is classified as “purposeful injury by cutting, burning, or ingesting poisonous substances.”⁴⁶ From 2015 to 2017, the rates of ED visits for self-harm in Toronto increased from 9.0 per

⁴⁴ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴⁵ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴⁶ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

Figure 6.2: Emergency Department Visits for Intentional Self-Harm, Toronto, 2008 to 2017

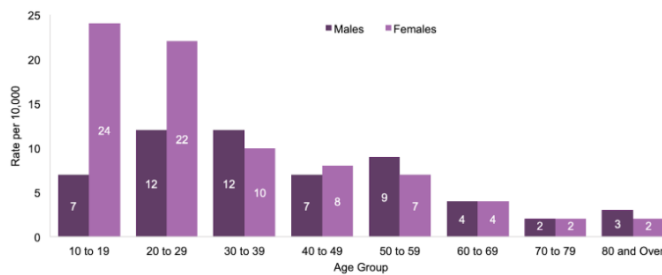


Data Source: National Ambulatory Care Reporting System (NACRS), 2008 to 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario

10 000 residents to 10.8 per 10 000 residents.⁴⁷ Figure 6.2 displays the ED visits for self-harm between 2008 and 2017 in Toronto. Youth had higher rates of self-harm compared to the other age brackets, and women between the ages of 10 and 19 experienced the highest rates of ED visits at 24 cases per 10 000.⁴⁸

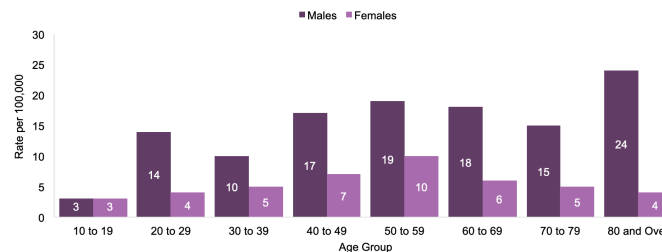
LGBTQ+ individuals are considered to be a vulnerable group for self-harm and suicide, too. In 2014, Toronto students in grades 9 to 12 who identified as lesbian, gay, or bisexual, had a “higher prevalence of suicidal ideation (35%) compared to heterosexual students (12%)”; suicidal ideation is defined as the consideration or planning of suicide.⁴⁹ The source from which this data is extracted (*T.O. Health Check: An Overview of Toronto’s Population Health Status*) acknowledges that population-level data in Toronto regarding suicide and self-harm is very limited for different populations on the basis of: sexual orientation, race, ethnicity, income, education level, and refugee and immigrant status. To gain a better understanding of the increase in self-harm and suicide rates by age group in Toronto, please refer to Figures 6.3 and 6.4.

Figure 6.3: Emergency Department Visits for Intentional Self-Harm by Age Group, Toronto, 2013 to 2017 Combined¹



Data Source: National Ambulatory Care Reporting System (NACRS), 2013 to 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario

Figure 6.4: Suicide Rate by Age Group and Sex, Toronto, 2012 to 2015 combined



Data Source: Vital Statistics 2012-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO.

⁴⁷ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴⁸ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁴⁹ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

Some strategies used by the city of Toronto to prevent self-harm and suicidal thoughts, and to help victims include: “reducing access to means and methods of suicide, responsible media reporting,” and training professionals to appropriately identify and respond to suicidal behaviour in public health settings.⁵⁰

Stigmas Surrounding Mental Health

Mental health is still unfortunately a stigmatized topic in many cultures, including Canadian society. Per a qualitative study conducted in 2020 which focused on stigma and discrimination related to mental health and substance abuse in primary healthcare in Toronto, primary healthcare staff members spoke up about common mental health stigmas that they encountered: “There is a perception that mental illness is hereditary, so if one person in the family has it then it can...pollute the rest of the family unit, so that’s something you’re going to keep...hidden away, and not going to share with your neighbours.”⁵¹ Mental health is also seen as a weakness, especially for men, since toxic masculinity promotes the warped perception that mental conditions indicate a lack of emotional strength. Due to the stigmas surrounding the topic, many individuals living with mental health conditions are hesitant to seek help or disregard the effects of the conditions on their lives.

Toronto primary healthcare workers offered solutions that the city could implement to promote wellbeing and destigmatize mental health, so that more individuals can access services and begin their journey to recovery. A couple of suggestions were: to develop “community-wide, anti-stigma education campaigns in order to ameliorate client-on-client stigma and discrimination.”; “implementing

⁵⁰ Paul Fleiszer, “T.O. Health Check: An Overview of Toronto’s Population Health Status,” City of Toronto, published August 2019, <https://bit.ly/3tuSShF>.

⁵¹ Maureen A. Murney et al., “Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study,” *Taylor & Francis Online*, (2021), DOI: [10.1080/17482631.2020.1744926](https://doi.org/10.1080/17482631.2020.1744926).

anti-stigma/pro-recovery approaches”, some of which can also be tailored to specific populations, such as Indigenous peoples, women, LGBTQ+, sex workers, etc.⁵²

Guiding Questions:

- How can educational institutions better accommodate teens during remote learning without compromising their education?
- Research common causes of suicide for at least one of the following categories: age, gender, sexuality, race, and/or one of your choice. How can suicide be prevented for these demographics?
- How has the COVID-19 pandemic affected mental health rates and access to mental health services (e.g. helplines)?
- Examine the causes of self-harm and suicide to brainstorm solutions.

Links for Further Research

- [Mental Health and Illness](#)
- [HSI: Stress](#)
- [“It’s for us –newcomers, LGBTQ persons, and HIV-positive persons. You feel free to be”: a qualitative study exploring social support group participation among African and Caribbean lesbian, gay, bisexual and transgender newcomers and refugees in Toronto, Canada](#)

⁵² Maureen A. Murney et al., “Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study,” *Taylor & Francis Online*, (2021), DOI: [10.1080/17482631.2020.1744926](https://doi.org/10.1080/17482631.2020.1744926).

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