AUGUST 2026

Thunder Bay Drug Strategy Report 2017–2025:

A Retrospective Review of Substance Use and Related Harms in Thunder Bay

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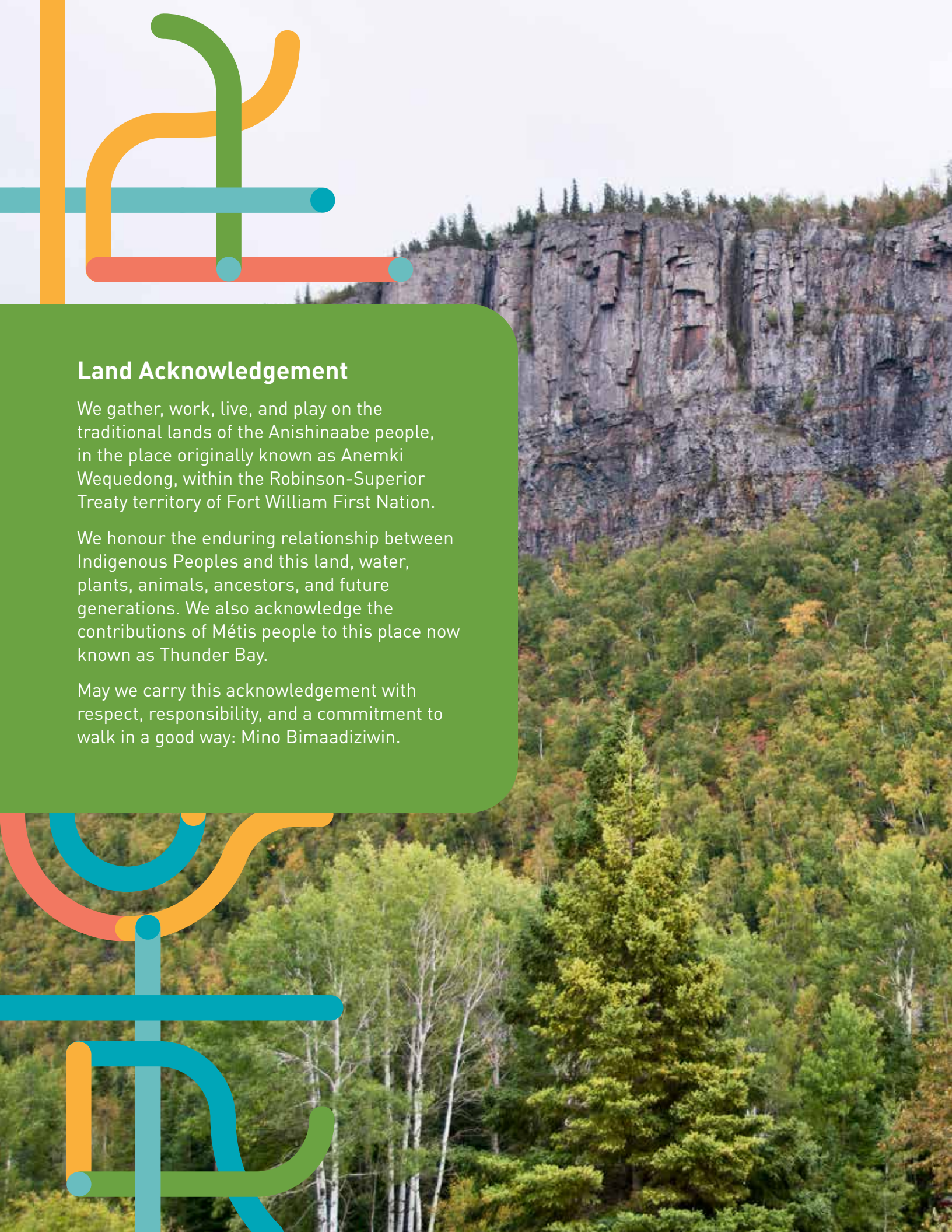
THUNDER BAY
Drug Strategy

Land Acknowledgement

We gather, work, live, and play on the traditional lands of the Anishinaabe people, in the place originally known as Anemki Wequedong, within the Robinson-Superior Treaty territory of Fort William First Nation.

We honour the enduring relationship between Indigenous Peoples and this land, water, plants, animals, ancestors, and future generations. We also acknowledge the contributions of Métis people to this place now known as Thunder Bay.

May we carry this acknowledgement with respect, responsibility, and a commitment to walk in a good way: Mino Bimaadiziwin.



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Acknowledgement

This report reflects the realities of substance use and related harms in Thunder Bay. Each number represents a person, their loved ones and the broader community impacted. We recognize and honour the individuals, families and communities who have experienced harm, grief and loss related to substance use.

The authors also recognize those who contributed information and reviewed this report. Their input supports a more complete and accurate record of local activity over time. Acknowledgement is extended to the original report author for their guidance and support during the development of earlier work.

Executive Summary

This report is an update to the report, Check In 2012-2016: A Closer Look at Substance Use & Related Harms in Thunder Bay. It provides a retrospective review of substance use trends, related harms, policy changes, service responses, and local context in Thunder Bay from 2017 to 2025.

The report aligns with the Canadian Drug and Substance Use Strategy (CDSS) and the Opioid Use and Impacts in the Thunder Bay District: an Updated Situational Assessment. It uses a health and safety approach to examine substance use-related harms affecting individuals, families, and communities. Substances addressed include alcohol, cannabis, opioids, and stimulants.

The report is organized around four integrated pillars:

- **Substance Controls:** Collaborative initiatives that support public order, reduce toxic drug poisonings and open drug use, and strengthen partnerships among law enforcement, public health, and service providers.[1]
- **Prevention and Education:** Activities that prevent, reduce, or delay substance use-related harms by increasing awareness, knowledge, and protective factors.
- **Substance Use Services and Supports:** A continuum of care that includes treatment, harm reduction, and recovery supports to reduce substance use-related harms.
- **Evidence:** Research, surveillance, and data used to inform planning, policy, and response.

Housing is included as a cross-cutting factor because it influences substance use-related harms, service access, recovery, and overall health. Housing-related responses, including transitional and supportive housing, help address upstream conditions connected to substance use, homelessness, mental health, and safety.[2]

The Thunder Bay Drug Strategy is guided by four key principles: compassion, equity, collaboration, and comprehensiveness. These principles support treating substance use as a health issue, addressing inequities, strengthening cross-sector partnerships, and using evidence to inform planning and response.[3]





Introduction

This report reviews substance use-related harms, substance use trends, and the broader local context in Thunder Bay District from 2017 to 2025. It provides a retrospective account of system activity, policy changes, service responses, and observed trends over this period.

The report is intended to support planning for the Thunder Bay Drug Strategy and provide community partners, service providers, and decision-makers with relevant information. It is not a new implementation plan. Rather, it documents what changed during the reporting period and identifies key areas for continued monitoring and coordination.

This report aligns with Opioid Use and Impact in Thunder Bay District: An Updated Situational Assessment and the Canadian Drugs and Substances Strategy (CDSS). Where possible, the structure follows the CDSS foundational elements:

- **Prevention and Education**
- **Substance Use Services and Supports**
- **Evidence**
- **Substance Controls**

Housing is also addressed in a separate section because housing stability affects substance use-related harms, service access, recovery, and overall health.

The Thunder Bay Drug Strategy is guided by four key principles:

- **Compassion:** Substance use is treated as a health issue. People who use substances are approached with respect, and reducing stigma is central to this work.
- **Equity:** The strategy considers how substance use and related policies affect Indigenous peoples, African, Caribbean, Black, and other racialized and marginalized populations, with a focus on fair access and outcomes.
- **Collaboration:** Multiple departments, organizations, and levels of government work together to address substance use-related harms. Partnerships across sectors support coordinated responses.
- **Comprehensiveness:** People use substances for different reasons and need a range of policies, services, and supports to promote health, safety, and well-being.[4]



Scope and Limitations

This report provides a retrospective review of substance use trends, related harms, and system responses in the Thunder Bay District from 2017 to 2025. It focuses on local data, initiatives, and documented activities over this period. It does not provide a comprehensive review of substance use theory, clinical pathways, or broader academic literature.

Efforts were made to include current and comparable data across multiple years. In some cases, local data was unavailable, inaccessible, or incomplete. Where appropriate, provincial or national data was used to provide context. Some local data may exist but was not included due to time constraints, limited access, or pending requests at the time of writing.

Data consistency varies across the reporting period. Earlier years, particularly before 2021, have more gaps and fewer standardized reporting practices. Changes in data collection methods, definitions, and reporting processes over time affect comparability.

Capacity constraints also influenced the scope of this report. Periods with limited or no dedicated Drug Strategy Specialist staffing affected data collection, documentation, and continuity of reporting. As a result, some initiatives, timelines, and outputs may be underrepresented.

This report uses the Thunder Bay District Health Unit (TBDHU) catchment area. This includes the City of Thunder Bay; the municipalities of Greenstone, Oliver Paipoonge, and Neebing; the townships of Marathon, Conmee, Dorion, Gillies, Manitouwadge, Nipigon, O'Connor, Red Rock, Schreiber, Shuniah, and Terrace Bay; and surrounding unorganized areas.

The TBDHU catchment area also includes First Nations communities. In respect of Ownership, Control, Access, and Possession (OCAP®) principles, data from these communities is not always included. This limits the completeness of the regional picture. Where possible, data is disaggregated for the City of Thunder Bay and District communities. See Appendix B for a map of the TBDHU catchment area.

Shifting Language and Reducing Stigma

Stigma related to substance use affects health outcomes, service access, and quality of care. Health Canada defines substance use stigma as negative attitudes, beliefs, and views, including discrimination, prejudice, judgment, and stereotypes toward people who use substances.[5]

Stigma can operate at multiple levels:

- **Self-stigma:** internalized negative beliefs
- **Social stigma:** negative attitudes and behaviours from others
- **Structural stigma:** policies and systems that create barriers

These forms of stigma can influence behaviour and outcomes. Impacts include hiding substance use, delaying or avoiding help-seeking due to fear of judgment, reduced access to housing and employment, and differences in the quality of healthcare services received.[6]

Language can reinforce or reduce stigma. Health systems increasingly emphasize person-first, neutral, medically accurate, and recovery-oriented language. Table 1 provides examples of terms that support respectful and non-stigmatizing communication:

Framing also affects public perception. Research shows that criminalizing substance use contributes to stigma.[7] People are less likely to stigmatize those with medical issues than those who use substances.[8] Framing substance use as a health issue rather than a criminal issue can help reduce stigma and support more appropriate responses.[9]

The Community Addictions Peer Support Association (CAPSA) developed the concept of Substance Use Health to address structural stigma by positioning substance use within a health framework.[10]

Language used throughout this report reflects these approaches. Terminology is selected to support clear, respectful, and non-judgmental communication.

Table 1. Examples of non-stigmatizing substance use language.

Language Approach	Use	Avoid
Person first language	People who use drugs	Drug users
Clinical and neutral language	People with a substance use disorder	Addicts
Non-stigmatizing language	People who use substances	Junkies
Recovery-oriented language	Recovery looks different for everyone	Language that suggests recovery has only one pathway
Strengths-based language	Substance use	Substance abuse

Canadian Drug Policy Landscape

The Canadian drug policy landscape has changed significantly since the publication of *Check In 2012–2016: A Closer Look at Substance Use & Related Harms in Thunder Bay*. This section does not provide a comprehensive review of every policy change. Instead, it highlights key federal and provincial developments relevant to substance use, related harms, and system responses during the 2017–2025 reporting period.

Canadian Drugs and Substances Strategy

In 2007, following a transition from a Liberal to Conservative federal government, Canada's Drug Strategy was replaced by the National Anti-Drug Strategy (NADS). Harm reduction was removed from the federal strategy, and responsibility shifted from Health Canada to the Department of Justice. This reflected a move toward treating substance use as a criminal issue rather than a health issue.

The NADS was criticized for its funding distribution, with most resources directed to enforcement while treatment, prevention, and harm reduction received less than one quarter of overall funding.[11]

In 2017, following a transition from a Conservative to Liberal federal government, the Canadian Drugs and Substances Strategy (CDSS) was introduced. Harm reduction was reinstated, and responsibility returned to Health Canada.

In 2023, the federal government released a renewed CDSS. The updated strategy recognizes that substance use health is shaped by many complex and interrelated factors, and that a full range of services and supports is needed to address substance-related harms and the toxic drug poisoning crisis. It focuses on four integrated priority areas, called foundational elements:

- **Prevention and Education**
- **Substance Use Services and Supports**: treatment, harm reduction, and recovery
- **Evidence**
- **Substance Controls**[12]

Cannabis Legalization

In 2018, the Cannabis Act came into force, legalizing and regulating the production, distribution, sale, import, export, and possession of cannabis for youth and adults.

The Act's overall purpose is to protect public health and public safety by:

- Restricting youth access to cannabis
- Protecting young people and others from being influenced to use cannabis
- Providing for the legal production of cannabis to reduce illegal activity
- Deterring illegal cannabis-related activity through sanctions and enforcement
- Reducing the burden on the criminal justice system related to cannabis
- Providing access to a quality-controlled supply of cannabis
- Enhancing public awareness of health risks associated with cannabis use[13]

The Act required a legislative review three years after coming into force to assess the impacts of legalization and regulation. In 2022, the Minister of Health and the Minister of Mental Health and Addictions announced the independent expert panel leading the review.

The review process included public engagement supported by the discussion paper Taking Stock of Progress: Cannabis Legalization and Regulation in Canada. Stakeholders were invited to respond through an online questionnaire or written submission.

An interim report, Legislative Review of the Cannabis Act: What We Heard Report, was released in 2023. The final report, Legislative Review of the Cannabis Act: Final Report of the Expert Panel, was released in 2024.

The Thunder Bay Drug Strategy responded to the public engagement process by endorsing Ottawa Public Health's submission and providing an addendum with Thunder Bay District-specific information and recommendations.

Decriminalization of Simple Possession

To address the toxic drug poisoning crisis in British Columbia (B.C.), the federal government approved a request in 2022 for B.C. to receive an exemption under Section 56 of the Controlled Drugs and Substances Act. This made B.C. the first province in Canada to decriminalize simple possession of certain illegal substances. The request was initially submitted to Health Canada by Vancouver City Council. The policy shift was intended to reduce stigma and improve connections to health and social supports.

The exemption took effect on January 31, 2023. It did not legalize substances. During the exemption period, adults found in possession of 2.5 grams or less of certain illegal substances were not subject to arrest, charges, or seizure in settings covered by the exemption. Police provided information on available services and offered referrals when requested.

The exemption was amended in 2024 to limit where possession was covered. After the amendment, the exemption applied in locations such as private residences, places where people were legally sheltering, and designated health service sites, including overdose prevention, drug checking, and supervised consumption sites.[14]

The B.C. exemption ended on January 31, 2026, and the province did not request renewal. The Government of B.C. states that the pilot was launched in 2023 to make it easier for people experiencing addiction to come forward for help, and that B.C. would not request renewal after the exemption expired on January 31, 2026.[15]

Implementation and monitoring involved federal and provincial partners. Health Canada identified indicators to monitor public attitudes and knowledge related to decriminalization, including stigma, attitudes toward drug use, and perceptions of public safety. B.C. also submitted decriminalization data reports to Health Canada, including reporting on possession offences, seizures, drug-related health outcomes, and other monitoring indicators.[16]

Calls for broader decriminalization continued across Canada during this period. In 2021, Health Canada's Expert Task Force on Substance Use recommended alternatives to criminal penalties for simple possession, finding that criminalization causes harms and should end. Edmonton City Council also directed administration to explore decriminalization of simple possession and report back with recommendations.[17]

Some municipalities explored decriminalization or directed staff to examine exemption-related options during this period. Toronto submitted a formal request to Health Canada for an exemption to decriminalize personal possession of controlled drugs and substances, making it the only municipality outside British Columbia to submit a formal request. The federal government denied Toronto's request in May 2024, stating that the proposal did not adequately protect public health and maintain public safety.[18]



Safer Supply

Safer supply programs provide eligible people who use drugs with prescribed, pharmaceutical-grade substances as an alternative to the toxic unregulated drug supply. In response to increasing drug toxicity and related deaths across Canada, Health Canada began funding safer supply pilot projects in 2020.

Health Canada describes safer supply as an approach that can help prevent toxic drug poisonings, save lives, and connect people who use drugs to other health and social services. A 2023 rapid review by the Ontario Drug Policy Research Network found emerging evidence of benefits, including reduced exposure to the unregulated drug supply and improved engagement with supports. The review also identified implementation challenges related to program access.[19 20]

In Thunder Bay, NorWest Community Health Centres received funding through Health Canada's Substance Use and Addictions Program and operated a safer supply program from late 2022 to March 2025.

Recent provincial policy changes have affected the broader harm reduction landscape, including changes to supervised consumption services and transitions to other service models. These changes are discussed in more detail in the Community Care and Recovery Act.[21]

Bill C-5

In 2022, Bill C-5 received royal assent, introducing significant amendments to the *Criminal Code and the Controlled Drugs and Substances Act*.
The amendments focused primarily on sentencing provisions and diversion measures related to drug offences.

The changes emphasized evidence-based diversion measures for individuals involved in drug-related offences, prioritizing health and social interventions over criminal sanctions for personal drug possession.

The amendments also introduced:

- Warnings and referrals by peace officers
- Record-related provisions, including timelines for record separation and processes to deem certain convictions as if they had not occurred after a set period
- Exceptions for professionals who come into possession of controlled substances in the course of their duties, where lawful disposal is intended within a reasonable timeframe[22]

Expanded Naloxone Availability in Ontario

In 2016, Health Canada changed the designation of naloxone from a prescription medication to a non-prescription medication, enabling broader public access.

In Ontario, three programs provide naloxone free of charge:

- **Ontario Naloxone Program (ONP)**
- **Ontario Naloxone Program for Pharmacies (ONPP)**
- **Ministry of the Solicitor General Take-Home Naloxone Program**

The ONP distributes injectable and nasal spray naloxone kits through participating community-based organizations to individuals at risk of toxic drug poisoning and to their friends and family. The ONPP allows participating pharmacies to distribute naloxone kits free of charge.

Before 2018, a valid health card was required to receive a naloxone kit through a pharmacy, and only injectable naloxone was available. In March 2018, the program was amended to include nasal spray naloxone kits and

remove the health card requirement. These changes reduced barriers to access and were "associated with an immediate and significant increase in rates of pharmacy naloxone dispensing."[23]

In 2022, the Ontario government introduced legislation requiring some workplaces to have nasal spray naloxone onsite under the *Occupational Health and Safety Act (OHSA)*. As of June 1, 2023, workplaces that meet specific conditions must have naloxone available.

Ontario launched the Workplace Naloxone Program in December 2022 to help eligible workplaces meet new naloxone requirements under the Occupational Health and Safety Act. The program provided free training for up to two workers and one free nasal spray naloxone kit per eligible workplace for up to two years. The workplace naloxone requirements came into effect on June 1, 2023.[24]

Alcohol Policy in Ontario

Ontario has expanded alcohol retail access through several policy changes over the past decade. In December 2015, the province announced the first 58 grocery store locations authorized to sell beer. In 2016, the province announced that wine sales would be added to eligible grocery stores, with 70 grocery stores authorized to sell wine, beer, and cider starting that fall.[25]

Since 2018, the Ontario government has implemented additional alcohol-related policy changes that increased availability and access. These included expanding the number of private alcohol retailers, authorizing alcohol sales with food takeout and delivery orders, allowing grocery stores to offer curbside pickup of beer, cider, and wine, reducing minimum pricing requirements, and expanding retail sales hours.

In 2023, the province announced an expansion of alcohol sales in convenience stores, grocery stores, and big-box grocery stores no later than January 1, 2026. The rollout was later accelerated. As of September 5, 2024, eligible convenience stores could sell beer, cider, wine, and ready-to-drink beverages. As of October 31, 2024, eligible grocery and big-box grocery stores could also sell these products.[26]

These policy changes increased the availability and normalization of alcohol, which may influence consumption patterns and related harms.

Community Care and Recovery Act

The Government of Ontario passed the Community Care and Recovery Act (CCRA) on December 4, 2024. The Act introduced new restrictions on harm reduction services, with a focus on supervised consumption sites (SCS). It also reflected a provincial shift toward Homelessness and Addiction Recovery Treatment (HART) Hubs, which do not provide supervised consumption, safer supply, or needle exchange services.

Key provisions include:

- Prohibiting supervised consumption sites within 200 metres of certain designated premises, including schools and childcare centres
- Requiring approval from Ontario's Minister of Health before municipalities or local boards apply for or support federal exemptions under the *Controlled Drugs and Substances Act (CDSA)*
- Restricting the operation or renewal of supervised consumption services and safer supply services without Ministerial approval

As a result, existing supervised consumption sites located within restricted areas were required to close or transition, as new exemptions could not be approved under these conditions.[27]

On April 1, 2025, the Government of Ontario transitioned nine supervised consumption sites located within 200 metres of schools or childcare centres into Ontario's first HART Hubs. These sites are in Toronto, Ottawa, Hamilton, Kitchener, Guelph, and Thunder Bay.

HART Hubs receive more funding than the previous supervised consumption sites and are intended to provide a range of services based on local need, including:

- Primary care
- Mental health services
- Addiction care supports
- Peer support
- Employment support
- Social services[28]

Bill S-202

Bill S-202 proposes amendments to the Food and Drugs Act to require warning labels on alcoholic beverages.

The proposed legislation would require labels to include:

- Information on the causal link between alcohol consumption and cancer
- Clear identification of what constitutes a standard drink

Evidence cited in support of alcohol warning labels links alcohol consumption to increased cancer risk. According to the Canadian Cancer Society, consuming approximately three drinks per day may double the risk of developing cancers of the mouth, pharynx, and larynx, and increase the risk of colorectal and breast cancer by approximately one and a half times.

At the time of writing, Bill S-202 was at third reading in the Senate. The Standing Senate Committee on Social Affairs, Science and Technology reported the bill back to the Senate without amendment, with observations, on November 20, 2025.[29] [30]

COVID-19 Pandemic and Substance Use Health

The COVID-19 pandemic, declared by the World Health Organization (WHO) in March 2020, created significant public health challenges and affected substance use patterns, service access, and related harms.

Substance use harms are closely linked to structural inequities, public policy, and individual factors such as stress, trauma, and mental health. The pandemic intensified these conditions through increased isolation, economic stress, changes to service delivery, and reduced access to supports.[31]

Available data shows substantial increases in opioid use and opioid toxicity deaths during the COVID-19 pandemic. In Ontario, increases in opioid-related harms disproportionately affected rural and Northern communities, people experiencing incarceration, Black, Indigenous, and other racialized communities, and people with substance use disorders.[32]

Increased Rates of Substance Use and Related Harms

Studies and reports show that substance use and related harms increased across Canada during the COVID-19 pandemic. This included alcohol, cannabis, stimulants, opioids, and polysubstance use.[33] Polysubstance use refers to the use of more than one substance, either at the same time or within a short period. This can increase the risk of harm, particularly when substances interact or when people are exposed to substances they did not intend to take through the unregulated drug supply.

Several connected factors contributed to these increases, including social isolation, boredom, job loss, economic uncertainty, heightened stress, and service disruptions.[34] At the same time, access to mental health and substance use health services declined.[35]

National data from the Canadian Institutes of Health Research shows increases in substance use-related hospitalizations, emergency department (ED) visits, and deaths in ED and inpatient settings. The largest increases were observed among men and communities facing greater economic inequities.[36]

Research from the Canadian Centre on Substance Use and Addiction (CCSA) found that the pandemic disproportionately affected substance use and mental health among youth, low-income and unemployed people, ethno-racialized people, and 2SLGBTQIA+ communities.[37]

Substance use-related deaths increased during this period. Across Canada, accidental alcohol and drug toxicity deaths rose by 37% from 2020 to 2021. For context, there were 4,830 deaths attributed to accidental poisonings in 2017 and 6,310 in 2021.[38]

Younger age groups were disproportionately represented in accidental poisoning deaths. Among individuals under 45 years old, deaths increased from 2,640 in 2020 to 3,600 in 2021.[39] Among individuals aged 45 to 64, deaths increased from 1,735 in 2020 to 2,355 in 2021.[40] Among individuals aged 65 and older, deaths increased from 230 in 2020 to 350 in 2021.[41]

Substance Use Rates and Related Harms, 2017 – 2025

Overall Costs of Substance Use in Canada

The overall cost of substance use in Canada was estimated at $49.1 billion in 2020, or approximately $1,291 per person. Alcohol and tobacco accounted for 62.8% of these costs. Alcohol accounted for $19.7 billion, or 40.1% of total costs. Tobacco accounted for $11.2 billion, or 22.7%. All other substances accounted for $18.2 billion, or 37.2%.[42]

The costs of substance use are also reported by cost type, including healthcare, lost productivity, criminal justice, and other direct costs. Presenting costs by type helps show how substance use-related harms affect health systems, workplaces, public services, and communities.

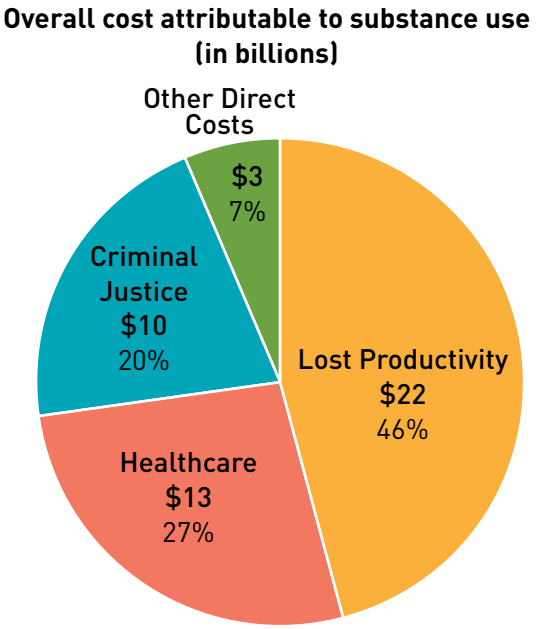
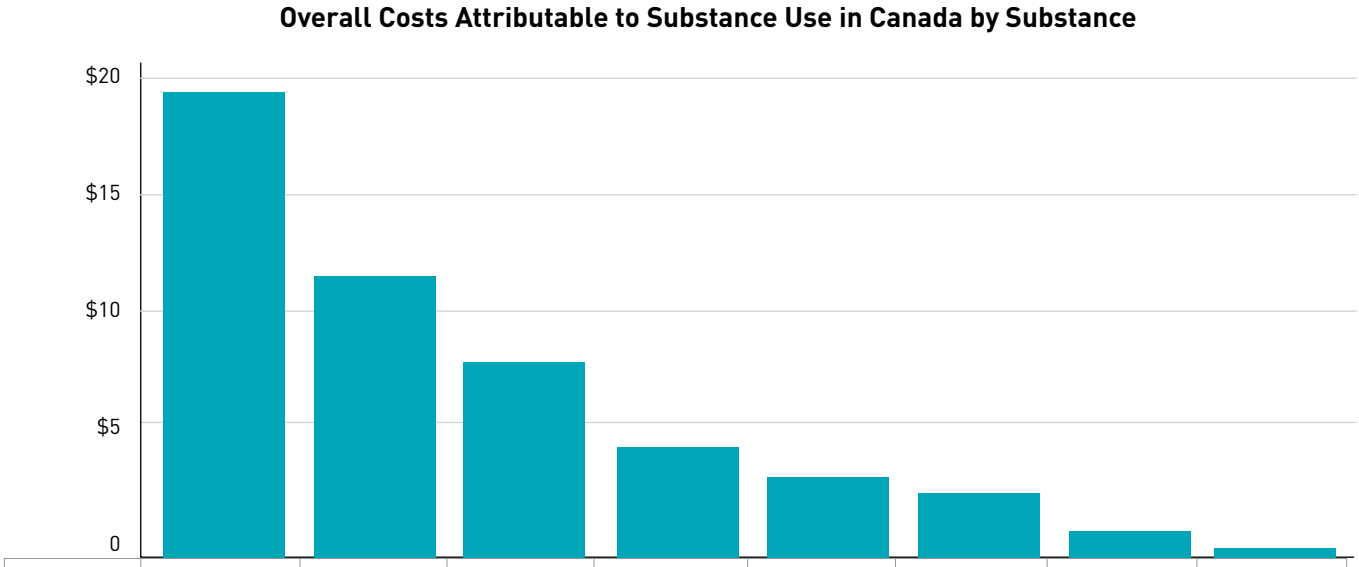


Figure 1. Overall costs attributable to substance use in billions in Canada by cost type, 2020.[43]



Variable	Alcohol	Tobacco	Opiods	Cocaine	Other CNS stimulants	Cannabis	Other CNS depressants	Other substances
Cost (billions)	$19.7	$11.2	$7.1	$4.2	$3.0	$2.4	$1.4	$0.2
Percentage of total	40.1%	22.7%	14.4%	8.5%	6.2%	4.9%	2.8%	0.5%

Figure 2. Overall costs attributable to substance use in Canada by substance, 2020.[44]

Alcohol

Alcohol Use Patterns

Alcohol is the most used substance in Canada. Understanding alcohol use and associated harms is important for reducing risk at the population level.[45]

In Ontario, from 2015 to 2017, 76.8% of people aged 15 and older reported being current drinkers, defined as having one or more drinks in the past 12 months. Across Ontario's 34 public health units, current drinking ranged from 63.2% to 83.3%. During the same period, 18.9% of people aged 15 and older reported binge drinking, and 33.2% of people aged 19 and older reported consuming more than two drinks in the past week. While no amount of alcohol is risk-free, consuming more than two drinks per week increases risk beyond a low level.[46]

In the Thunder Bay District Health Unit (TBDHU) area, 35.5% of residents aged 12 and older reported drinking alcohol above what is considered low risk under Canada's Guidance on Alcohol and Health. This rate is significantly higher than the provincial average.[47]

A standard drink is defined as:

- 12 oz of beer at 5% alcohol
- 12 oz of cooler or cider at 5% alcohol
- 5 oz of wine at 12% alcohol
- 1.5 oz of spirits at 40% alcohol

Alcohol-Related Harms

Alcohol use contributes to preventable deaths, hospitalizations, emergency department visits, and other health and social harms. In Canada, alcohol consumption was associated with approximately 15,000 preventable deaths, 90,000 preventable hospital admissions, and 245 potential years of life lost in 2014.[48]

In 2020, tobacco was the leading cause of substance-attributable deaths, with 46,366 deaths, followed by alcohol, with 17,098 deaths, and opioids, with 6,491 deaths.[49]

Alcohol-Attributable Health Outcomes

In Ontario, alcohol use contributes to an estimated annual average of 4,330 deaths, 22,009 hospitalizations, and 194,692 emergency department visits among people aged 15 and older. These alcohol-attributable outcomes represent 4.3% of all deaths, 2.1% of hospitalizations, and 3.7% of emergency department visits from all causes among people aged 15 and older. These outcomes are more common among males than females.[50]

In the Thunder Bay District, alcohol use contributes to an estimated annual average of 85 deaths, 568 hospitalizations, and 5,827 emergency department visits among people aged 15 and older. These alcohol-attributable outcomes represent 5.2% of deaths, 3.2% of hospitalizations, and 5.2% of emergency department visits.[51]
Local alcohol harm indicators also show increases over time. In the Thunder Bay District Health Unit area, estimated deaths due to alcohol toxicity increased from 2018 to 2024, with both the number of cases and the annualized rate rising over the period. Hospitalizations due to alcohol-related poisonings fluctuated between 2015 and 2024, with notable increases in 2022 and 2023 before declining in 2024. These trends are shown in Figures 3 and 4.

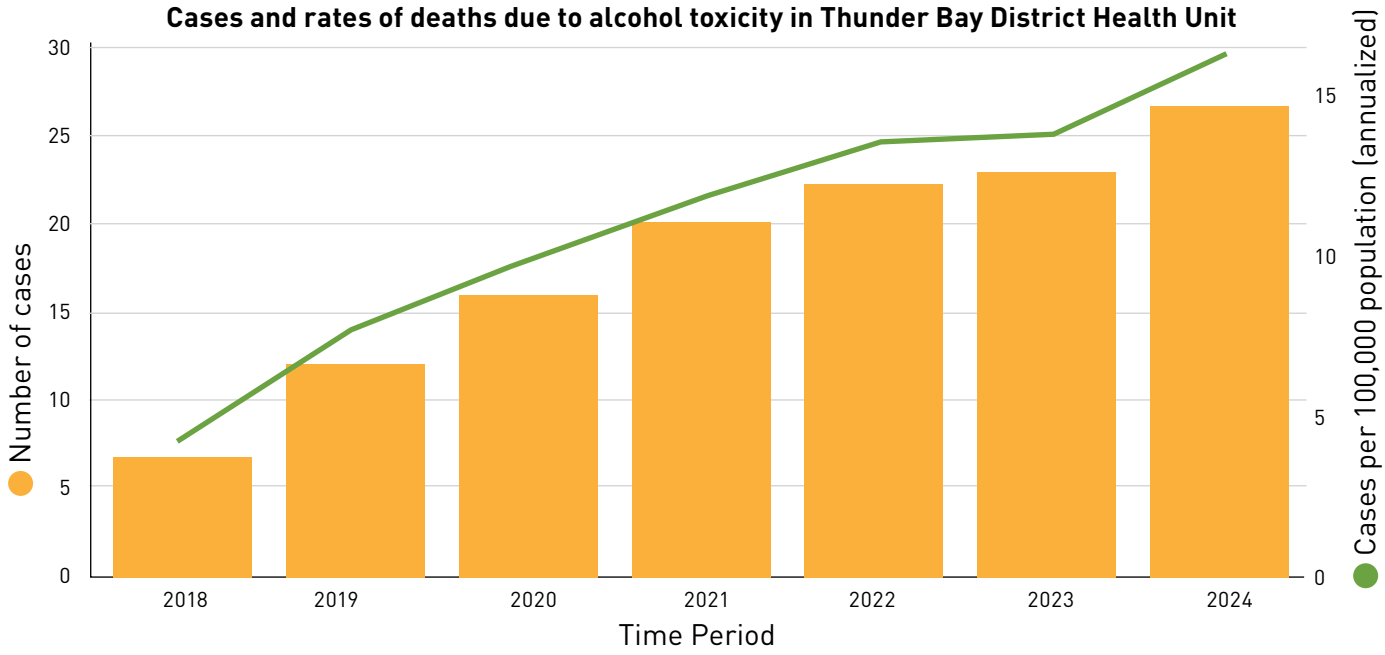


Figure 3. Estimated annual cases and annualized rates of deaths due to alcohol toxicity, Thunder Bay District Health Unit, 2018 to 2024.[52]

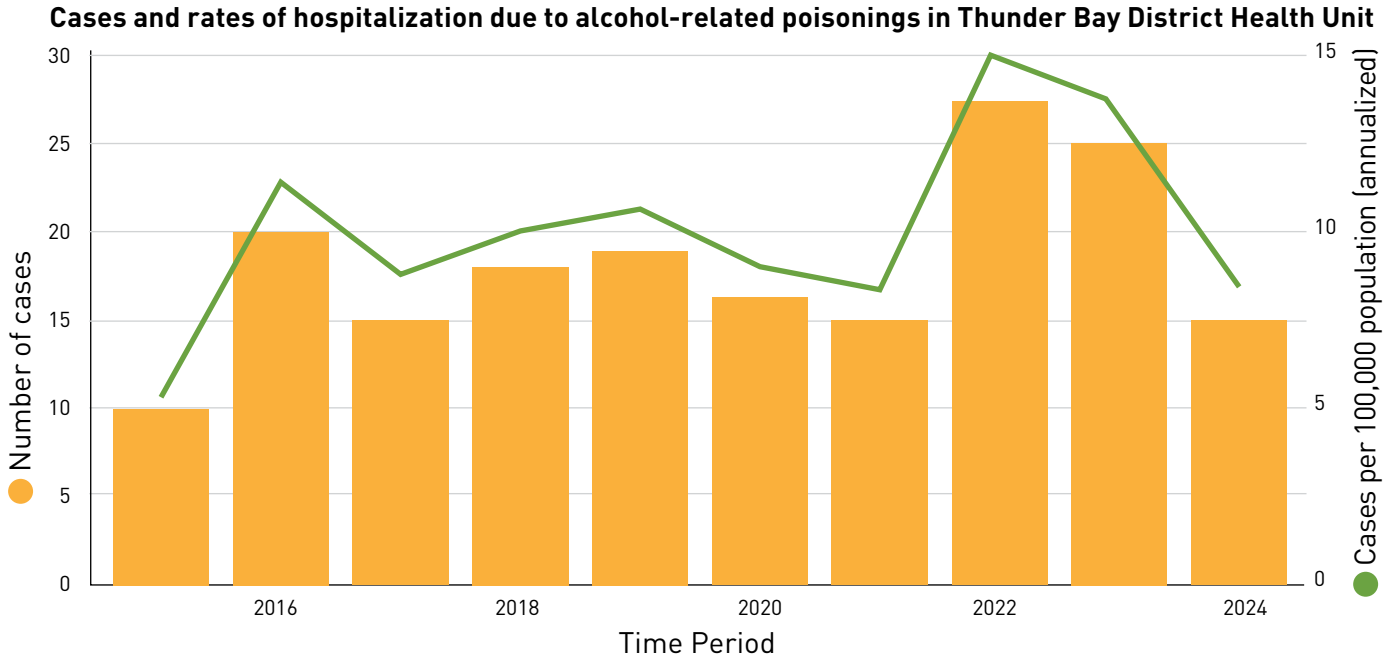


Figure 4. Estimated annual cases and annualized rates of hospitalizations due to alcohol-related poisonings, Thunder Bay District Health Unit, 2015 to 2024.[53]

COVID-19 Pandemic and Alcohol Consumption

Alcohol use and alcohol-related harms increased during the COVID-19 pandemic. In Canada, there were 3,200 alcohol-induced deaths in 2019. This increased to 3,790 deaths in 2020 and 3,875 deaths in 2021. The 18% increase from 2019 to 2020 was the largest year-over-year increase in alcohol-induced deaths observed in at least two decades.

The increase was more pronounced among people under age 65. Alcohol-induced deaths among people under 65 increased from 1,955 in 2019 to 2,490 in 2020, a 27% increase. Among people aged 65 and older, deaths increased from 1,245 in 2019 to 1,300 in 2020, a 4% increase. In 2021, alcohol-induced deaths remained similar to 2020 levels, with 2,525 deaths among people under 65 and 1,345 deaths among people aged 65 and older.[54]

Cannabis

Cannabis Use Patterns

Cannabis refers to *Cannabis sativa*, a plant originally from Asia that is now cultivated worldwide, including in Canada. Cannabis contains hundreds of chemical compounds. Some of these compounds are cannabinoids, which affect receptors in the brain and body.

The most studied cannabinoid is delta-9-tetrahydrocannabinol (THC). THC produces the psychoactive effects of cannabis, including intoxication. THC has some therapeutic effects, but it can also have harmful effects. Another cannabinoid, cannabidiol (CBD), does not produce intoxication. Evidence suggests that CBD may reduce some of the effects of THC. CBD is also being studied for possible therapeutic uses.[55]

Cannabis is one of the most commonly used psychoactive substances in Canada and is the most commonly used substance aside from alcohol and tobacco. In 2018, Canada became the second country in the world to legalize and regulate the sale and use of cannabis and cannabis products. Cannabis use has increased over time. According to the 2022 Canadian Cannabis Survey, use among people aged 16 and older increased from 25% in 2021 to 27% in 2022.[56]

Local survey data suggests cannabis use was higher in the Thunder Bay District than in Ontario overall. A 2019 survey conducted by the Thunder Bay District Health Unit in collaboration with the Thunder Bay Drug Strategy found that among Thunder Bay District residents aged 14 and older:

- 47% reported no cannabis use
- 53% reported cannabis use in the past three months

This compares with 17.5% of Ontario residents aged 15 and older reporting cannabis use, based on the available comparator data.[57]

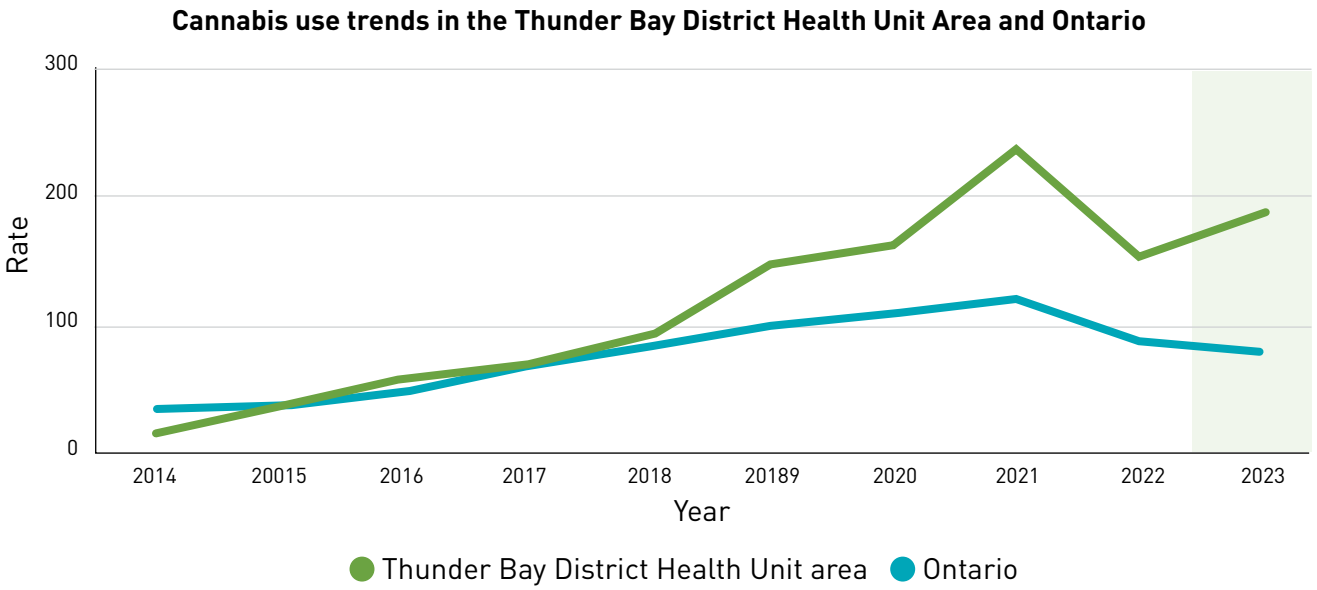


Figure 5. Cannabis use trends in the Thunder Bay District Health Unit area and Ontario. [58]

Cannabis-Associated Harms

Cannabis is associated with several health and safety risks, particularly among youth and people who use cannabis frequently or use higher-potency products. Cannabis-related harms can include hospitalizations, impaired driving, injuries, and mental health-related impacts.

Cannabis-Related Hospitalizations

Data collected by the Canadian Institute for Health Information for 2017–2018 indicated that cannabis was the most common substance associated with substance-related hospitalizations among youth aged 10 to 24 in Canada. Among Canadians aged 10 and older, cannabis was the third most common substance associated with hospital stays.[59]

Cannabis-Impaired Driving

Cannabis use can impair driving and increase the risk of serious injury or death. In a 2015 national study of fatally injured drivers in Canada, 80.1% of drivers were tested for drugs. Among those tested, 49.2%, or 405 drivers, tested positive for at least one substance. Cannabis was detected in 42.56% of drivers who tested positive.[60]

Cost of Cannabis Use

The cost of cannabis use in Canada in 2014 was estimated at $2.82 billion. Costs ranged from $3.5 million to $1,176.5 billion across provinces and territories. Most cannabis-related costs in 2014 were borne by the criminal justice system, at $1.761 billion.[61]

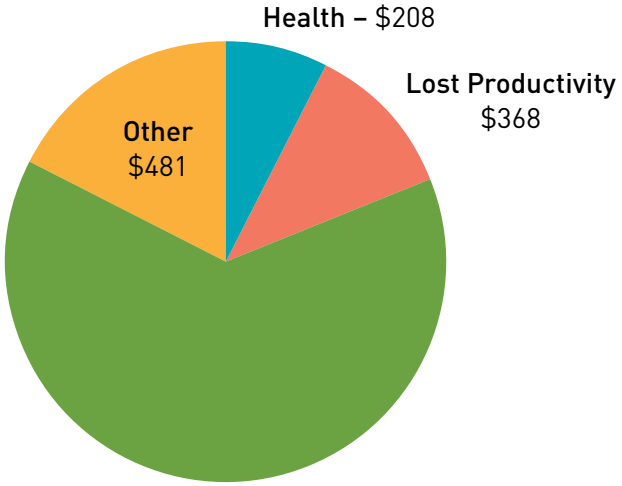


Figure 6. Cost of cannabis use in Canada by cost type, 2014. [62]

Opioids

Opioid Use and Toxic Drug Poisoning

Opioids are psychoactive substances that activate opioid receptors in the human body. They are used to treat pain in medical settings but can also lead to dependence and substance use disorders, including opioid use disorder.[63]

Canada continues to experience high rates of opioid-related harms and deaths. These harms are largely driven by an increasingly toxic and unpredictable unregulated drug supply, which has worsened since the beginning of the COVID-19 pandemic. National data indicates that 38,514 apparent opioid toxicity deaths occurred between January 2016 and March 2023.

The toxic drug poisoning crisis is multifaceted. It is shaped by the unregulated drug supply, including the presence of fentanyl and other potent opioids, as well as broader social, health, and economic factors. Polysubstance use also plays an important role important role, particularly where opioids are involved with stimulants or other substances, and is discussed further in the Ontario and Thunder Bay harms section below.

Disproportionate Impacts

Opioid-related harms are not evenly distributed across the population. In 2016, 70% to 75% of apparent opioid toxicity deaths in Canada occurred among males. People with co-morbidities, including mental health conditions and chronic pain, are also at increased risk.

Indigenous people in Canada are disproportionately affected by opioid toxicity deaths and other substance-related harms. According to the First Nations Health Authority, First Nations people died from opioid toxicity at 5.9 times the rate of other residents in British Columbia in 2022. Similar patterns of disproportionate impact have been observed across other provinces and territories.

In Ontario, research by the Chiefs of Ontario and the Ontario Drug Policy Research Network has documented opioid prescribing, access to opioid agonist treatment, opioid-related hospital visits, and opioid toxicity deaths among First Nations people.[64] This research shows the need for First Nations-specific data and culturally appropriate, community-led responses. It also highlights the importance of understanding opioid-related harms within the broader context of pain management, prescribing practices, access to treatment, and health system inequities.

These harms are connected to structural and historical factors, including colonization, residential schools, and the loss of traditional culture and language. African, Caribbean, and Black populations also experience increased risk due to systemic racism and inequities related to poverty, unemployment, and precarious housing.[65]

Opioid-Related Harms in Ontario and Thunder Bay

A population-based cross-sectional study of accidental substance-related toxicity deaths in Ontario from January 1, 2018, to June 30, 2022, identified 10,022 deaths. Opioids were directly involved in 8,431 deaths, or 84.1%.[66]

Updated 2025 coroner data show that fentanyl continued to be involved in the majority of opioid toxicity deaths in Ontario. In 2025, fentanyl was involved in 57.2% of opioid toxicity deaths, while total fentanyl and fentanyl analogues were involved in 72.6%. Stimulants were also commonly involved, with total stimulants present in 67.4% of opioid toxicity deaths. Cocaine was involved in 51.7% and methamphetamine in 32.4%. These data reflect substances attributed to cause death unless otherwise indicated and should be interpreted as preliminary and subject to change.[67]

Opioid-Related Hospitalizations and Emergency Department Visits

Between January 2016 and March 2025, there were 49,445 opioid-related poisoning hospitalizations reported in Canada. Most hospitalizations occurred among males, at 59%. In early 2025, from January to March, 26% of hospitalizations involved people aged 60 years or older, and 14% also involved a stimulant. During the same period, there were 577,203 opioid-related poisoning emergency department visits reported in Canada.[68]

In Thunder Bay District, there were 64 hospitalizations for opioid poisonings in 2021, or 41.4 per 100,000 people. This increased from 38 hospitalizations in 2020, or 24.6 per 100,000 people, representing a 68.4% increase.

Emergency department visits for opioid poisonings also increased. In 2021, there were 389 visits, or 251.4 per 100,000 people, compared to 270 visits in 2020, or 174.6 per 100,000 people. This represents a 44.1% increase.

In 2025, Thunder Bay had the highest opioid toxicity mortality rate among Ontario census subdivisions with populations over 30,000. The rate was 52.72 deaths per 100,000 population, compared with the Ontario rate of 8.96 per 100,000. This means Thunder Bay's rate was nearly six times higher than the provincial rate. Figure 7 shows how Thunder Bay compares with other Ontario census subdivisions with the highest opioid toxicity mortality rates in 2025.

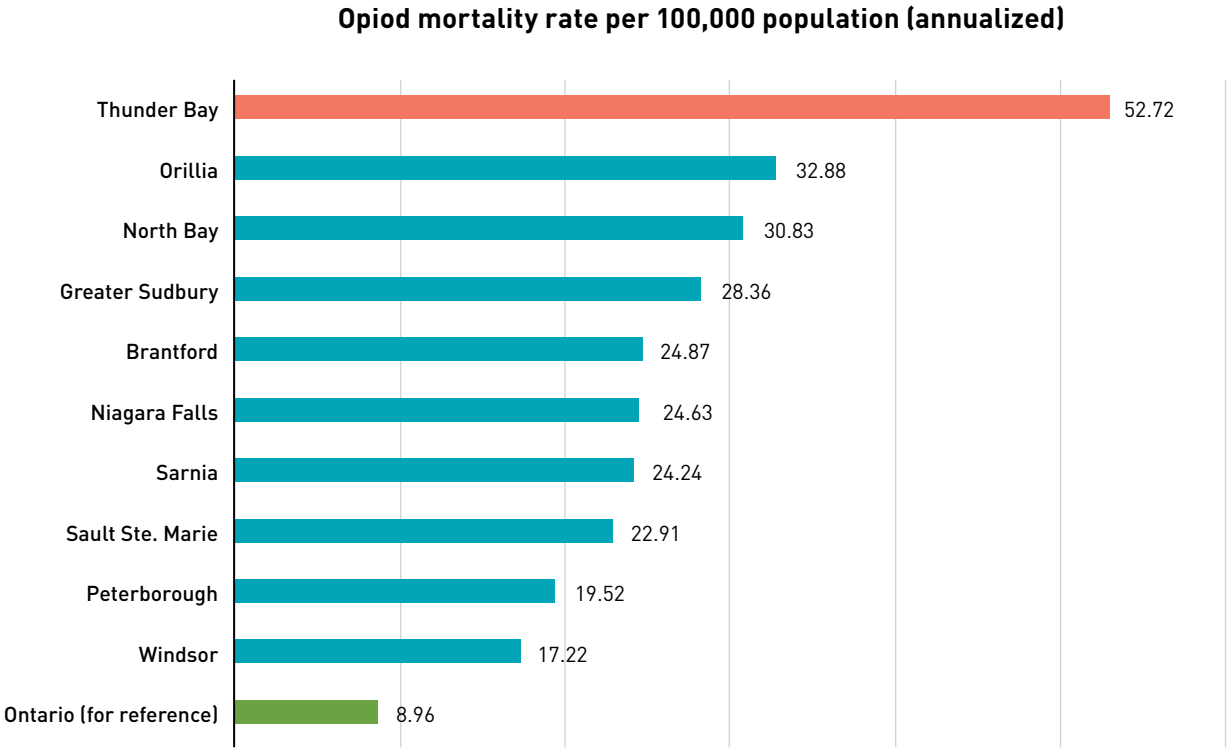


Figure 7. Opioid toxicity mortality rates per 100,000 population among the 10 Ontario census subdivisions with the highest rates, 2025.[69]

Cost of Opioid Use

According to the Canadian Centre on Substance Use and Addiction (CCSA), opioids were the third most costly substance in Canada in 2017. Opioid-related costs totalled $5.9 billion, or 12.9% of total substance-related costs. In Ontario, the overall cost of opioid use in 2017 was $2.1 billion, with a per person cost of $149.[70]

Stimulants

Stimulant Use and Related Harms

Stimulants include substances such as methamphetamine, other amphetamines, cocaine, and prescription stimulants used to treat conditions such as attention deficit hyperactivity disorder (ADHD) and depression. Stimulants affect the central nervous system and can cause cardiovascular complications, including stroke and myocardial infarction. They can also affect the body's ability to regulate temperature and can contribute to mental health concerns.[71]

Stimulant-Related Harms in Ontario and Thunder Bay

In Ontario, stimulants were directly involved in 60% of all substance-related deaths from 2018 to 2021. Among the 1,843 stimulant toxicity deaths in Ontario in 2021:

- Cocaine was involved in 68%
- Methamphetamine was involved in 48%
- Both cocaine and methamphetamine were involved in 17%
- Amphetamine was involved in 7%[72]

In Thunder Bay, deaths involving both opioids and stimulants increased significantly from 2020 to 2021.

Cocaine was involved in 103 opioid-related deaths between 2018 and 2021. Of these, 98 involved fentanyl. In 2021, cocaine was involved in 68 opioid-related deaths, representing 56% of all opioid-related deaths that year. This was higher than in previous years:

- 2018: 13 deaths, or 32%
- 2019: 6 deaths, or 16%
- 2020: 16 deaths, or 26%
- 2021: 68 deaths, or 56%

Methamphetamine was involved in 18 opioid-related deaths between 2018 and 2021. Of these, 17 involved fentanyl. In 2021, methamphetamine was involved in 13 opioid-related deaths, representing 11% of all opioid-related deaths that year. This was higher than in previous years:

- 2018: 2 deaths, or 5%
- 2019: 2 deaths, or 5%
- 2020: 1 death, or 2%
- 2021: 13 deaths, or 11%

Deaths involving stimulants without opioids were less common. In 2021, there were two stimulant-only deaths, both attributed to cocaine toxicity.[73]

Stimulant-Related Costs

In 2020, the total cost associated with cocaine use in Canada was $4.16 billion, representing a 30% increase from 2014. The total cost associated with other stimulants, including methamphetamine, was $3.6 billion in 2020, representing a 67% increase from 2014.

Costs increased across several categories. Healthcare costs increased by 36%. Lost productivity costs increased by 81% for cocaine and 110% for other stimulants, including methamphetamine. Criminal justice costs increased by 14% for cocaine and 32% for other stimulants, including methamphetamine.[74]

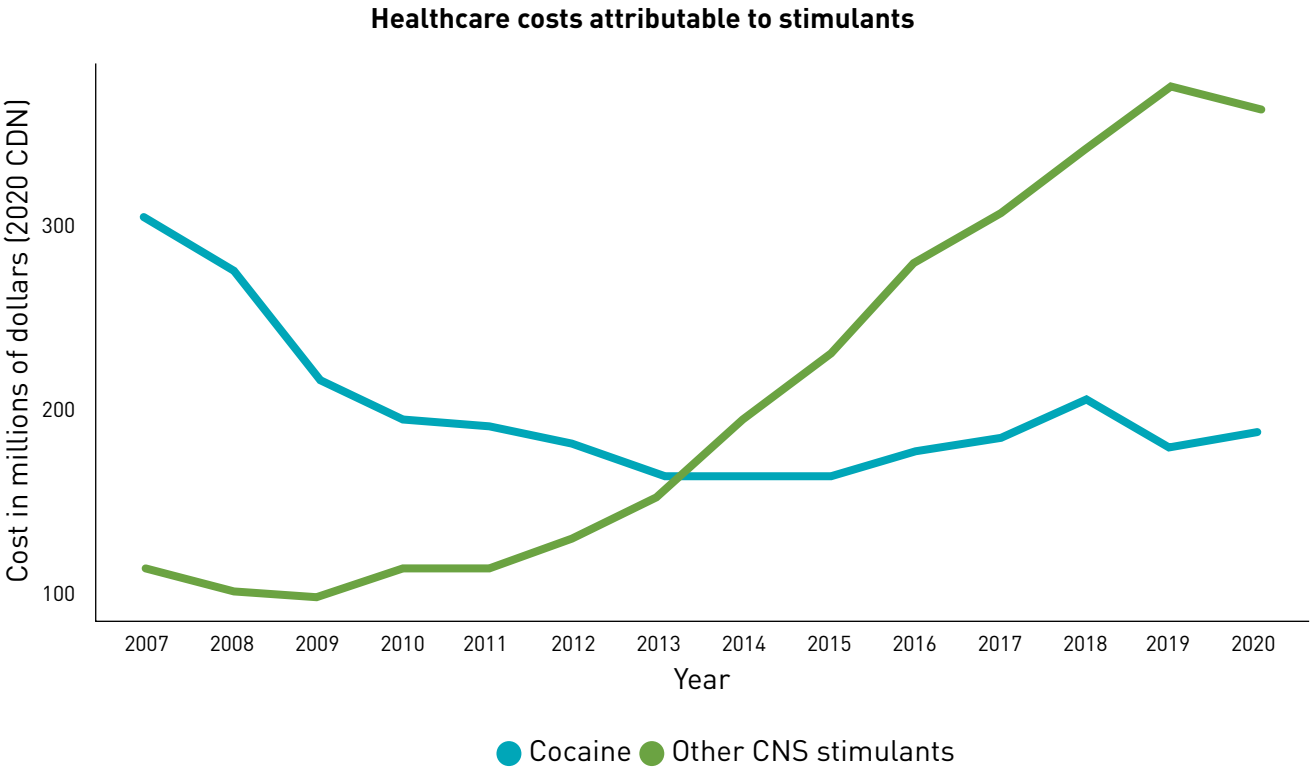


Figure 8. Selected healthcare costs attributable to cocaine and other stimulants, including methamphetamine, Canada, 2007–2020.[75]

Substance Controls Pillar

Substance use and crime are linked through direct and indirect pathways. Substance use can affect behaviour and decision-making, increasing the likelihood of offences such as impaired driving and interpersonal violence. At the same time, the unregulated drug supply contributes to organized crime, including drug trafficking, firearms activity, and other related offences.

Broader social and economic factors also influence this relationship. People experiencing substance use disorders may also face barriers such as poverty, housing instability, unemployment, and limited access to healthcare, education, and other supports. These conditions can increase involvement in criminalized activity.

Responses within the criminal justice system focus on enforcement and public safety, while also intersecting with health and social systems. Enforcement alone does not address the underlying factors that shape substance use-related harms. Prevention, treatment, harm reduction, recovery supports, housing, mental health services, and economic supports all play a role in reducing harm and improving community safety.

The following is an overview of local and comparative data on drug violations, gang and trafficking activity, police response to suspected toxic drug poisonings, seizures, and impaired driving.

Drug Violations

Drug violation data provides one measure of enforcement activity and reported substance-related offences. Rates can be influenced by changes in policing practices, reporting, enforcement priorities, and local drug market activity.

Table 2. Drug violations reported by police, Thunder Bay CMA, Ontario, and Canada, 2017–2025.[76]

Drug Violations as Reported by Statistics Canada				
Thunder Bay CMA			**Ontario**	**Canada**
	Total drug violations	**Rate per 100,000 population**	**Rate per 100,000 population**	**Rate per 100,000 population**
2017	116	95	171	254
2018	149	119	148	229
2019	74	59	99	186
2020	199	158	105	178
2021	233	187	98	163
2022	170	137	73	136
2023	115	89	70	113
2024	137	104	71	128

Key observations:

- Thunder Bay CMA drug violation rates fluctuated over the reporting period, ranging from a low of 59 per 100,000 population in 2019 to a high of 183 per 100,000 in 2021.
- Thunder Bay CMA rates increased sharply in 2020 and peaked in 2021, before declining in 2022 and 2023.
- In 2024, the Thunder Bay CMA rate increased again to 104 per 100,000 population but remained below the 2020 and 2021 peak years.
- Ontario's drug violation rate declined overall from 171 per 100,000 in 2017 to 71 per 100,000 in 2024.
- Canada's drug violation rate also declined overall from 254 per 100,000 in 2017 to 128 per 100,000 in 2024, though it increased slightly from 2023 to 2024.
- Thunder Bay CMA's drug violation rate was higher than Ontario's rate in every year except 2019, and lower than Canada's rate in most years shown.

Guns and Gangs

Since 2018, Thunder Bay has experienced increased gun- and gang-related activity linked to drug trafficking networks. This activity has included individuals travelling from larger urban centres, including the Greater Toronto Area and Ottawa, for drug trafficking purposes.

Reported impacts have included increased drug and firearm seizures, human trafficking activity, and home takeovers linked to drug distribution networks. Due to its location as a regional hub, Thunder Bay continued to be identified as a hotspot for drug trafficking in 2019.

These challenges escalated in 2020 during the COVID-19 pandemic. Despite travel restrictions, individuals continued to travel to Thunder Bay for drug trafficking activity. During the same period, toxic drug poisoning incidents increased, and enforcement agencies seized higher amounts of drugs and firearms compared to the previous year.

In 2021, the Thunder Bay Police Service (TBPS) responded to a record number of overdose-related calls, reflecting the severity of the public health crisis. In 2022, TBPS reported an increase in firearm seizures and a nearly 99% increase in the street value of drugs seized compared to 2021. In 2024, TBPS reported 27 firearms seized.[77]

Table 3. Thunder Bay Police Service overdose dispatches, 2019–2025.[78]

Thunder Bay Police Service – Overdose Dispatch		
	# Suspected Overdoses – Police Dispatched	**# of Fatal Overdoses – Police Dispatched**
2019	87	21
2020	164	59
2021	354	94
2022	210	75
2023	Data not available	Data not available
2024	361	Data not available
2025	156	Data not available

Key observations:

- Suspected overdose calls increased from 87 in 2019 to 354 in 2021, then declined to 210 in 2022.
- Available data for 2024 shows 361 suspected overdose calls, which is higher than the 2021 peak reported in the earlier data.
- Suspected overdose calls declined to 156 in 2025, based on available data.
- Fatal overdose response data is only available for 2019 to 2022 in this table. During that period, fatal overdose responses increased from 21 in 2019 to 94 in 2021, then declined to 75 in 2022.
- Because some values are missing, trends after 2022 should be interpreted with caution.



Table 4. Thunder Bay Police Service seizures related to gang and drug trafficking activity, 2019–2025.[79]

Thunder Bay Police Service – Seizures Related to Gang and Drug Trafficking Activity		
	Firearms Seized related to gang and drug activity	**Street Value of Drugs Seized**
2019	17	$878,987
2020	39	$3.5 million
2021	19	$3.0 million
2022	25	$7.5 million
2023	9	$2.3 million
2024	27	$7.3 million
2025	19	$4.5 million

Key observations:

- Firearms seized in relation to gang and drug activity fluctuated over the reporting period, with the highest number reported in 2020 at 39 firearms and the lowest in 2023 at 9 firearms.
- The reported street value of drugs seized increased substantially from $878,987 in 2019 to $7.5 million in 2022.
- After declining to $3.2 million in 2023, the reported street value of drugs seized increased again to $7.3 million in 2024 before declining to $4.5 million in 2025.
- Overall, both firearms seizures and the reported street value of drugs seized varied year to year, suggesting fluctuations in enforcement activity, drug trafficking patterns, seizure events, or reporting.

Impaired Driving

Impaired driving involves operating a vehicle while the ability to do so is affected by alcohol, drugs, or a combination of both. This includes cars, trucks, ATVs, off-road vehicles, snowmobiles, boats, and other water vessels. [80]

According to the 2024 Thunder Bay Police Service report, police investigated 2,893 motor vehicle collisions in 2024. Of these, 80 involved impaired drivers. TBPS also reported 191 impaired driving charges, including 91 charges involving drug impairment.[81]

Statistics Canada incident-based crime data provides longer-term impaired driving trends for the Thunder Bay CMA, Ontario, and Canada from 2017 to 2022. These data are presented separately from the 2024 Thunder Bay Police Service data because they use a different geography and reporting source.[82]

Table 5. Impaired driving violations, Thunder Bay CMA, 2017–2024.[83]

Thunder Bay CMA								
	Total Impaired Driving	**Rate per 100,000 population**	**Operation while impaired (alcohol)**	**Rate per 100,000**	**Operation while impaired (drugs)**	**Rate per 100,000**	**Operation while impaired (drugs + alcohol)**	**Rate per 100,000**
2017	210	171	194	158	7	6	-	-
2018	194	156	185	148	3	2	3	2
2019	204	162	135	107	40	32	1	1
2020	285	227	135	107	116	92	0	0
2021	233	187	123	99	18	14	0	0
2022	220	177	151	121	51	41	4	3.2
2023	208	161	135	104	37	29	11	0
2024	182	138	101	77	43	33	0	0

Key observations:

- The total impaired driving rate in the Thunder Bay CMA peaked in 2020, at 223 per 100,000 population, then declined in each subsequent year to 138 per 100,000 in 2024.
- Alcohol-impaired driving remained the most common category across all years, but both the number and rate declined from 2017 to 2024.
- Drug-impaired driving increased sharply in 2020, reaching 116 incidents and a rate of 91 per 100,000 population. Rates declined in 2021, then fluctuated between 2022 and 2024.
- The combined drugs and alcohol category remained low across the reporting period, with the highest value reported in 2023 at 11 incidents and a rate of 9 per 100,000 population.
- By 2024, the total impaired driving rate was lower than in 2017, while the drug-impaired driving rate remained higher than in 2017.



Table 6. Impaired driving rates, Ontario, 2017–2024.[84]

Ontario				
	Total impaired driving rate per 100,000	**Operation while impaired (alcohol)** **Rate per 100,000**	**Operation while impaired (drugs)** **Rate per 100,000**	**Operation while impaired (drugs + alcohol)** **Rate per 100,000**
2017	102	92	4	-
2018	99	87	6	1
2019	105	79	6	9
2020	103	71	10	13
2021	111	73	13	8
2022	105	76	8	6
2023	103	72	7	6
2024	96	67	7	5

Table 7. Impaired driving rates, Canada, 2017–2024.[85]

Canada				
	Total impaired driving rate per 100,000	**Operation while impaired (alcohol)** **Rate per 100,000**	**Operation while impaired (drugs)** **Rate per 100,000**	**Operation while impaired (drugs + alcohol)** **Rate per 100,000**
2017	189	169	9	-
2018	191	169	12	1
2019	228	183	17	11
2020	205	153	20	18
2021	188	137	19	14
2022	181	136	15	12
2023	179	134	15	11
2024	165	121	14	11

Comparison:

- Thunder Bay CMA total impaired driving rates were higher than Ontario rates in every year shown.
- Thunder Bay CMA rates were generally lower than Canada rates from 2017 to 2019, higher than Canada in 2020, similar in 2021 and 2022, and lower again in 2023 and 2024.
- Ontario's total impaired driving rate remained relatively stable from 2017 to 2023, then declined to 96 per 100,000 in 2024.
- Canada's total impaired driving rate peaked in 2019 at 228 per 100,000 and declined each year after 2020, reaching 165 per 100,000 in 2024.
- Thunder Bay CMA showed a sharper increase in drug-impaired driving in 2020 than Ontario or Canada overall. In 2024, Thunder Bay CMA's drug-impaired driving rate remained higher than both Ontario and Canada.

Prevention and Education Pillar

Prevention and education initiatives support communities by increasing awareness, building knowledge, and helping people make informed choices about substance use. These initiatives aim to prevent, delay, or reduce substance use-related harms by reducing risk factors and strengthening protective factors. They also help reduce health, social, economic, and criminal justice costs associated with substance use-related harms.[86]

Early intervention is important for addressing known risk and protective factors. Risk factors are characteristics or experiences that increase the likelihood of a negative health outcome or harm related to substance use. Protective factors support health and wellbeing and reduce the likelihood of experiencing substance use-related harms.[87]

Risk and Protective Factors for Substance Use-Related Harms

Risk and protective factors for substance use-related harms operate across multiple levels, including individual, family, community, and broader social conditions.

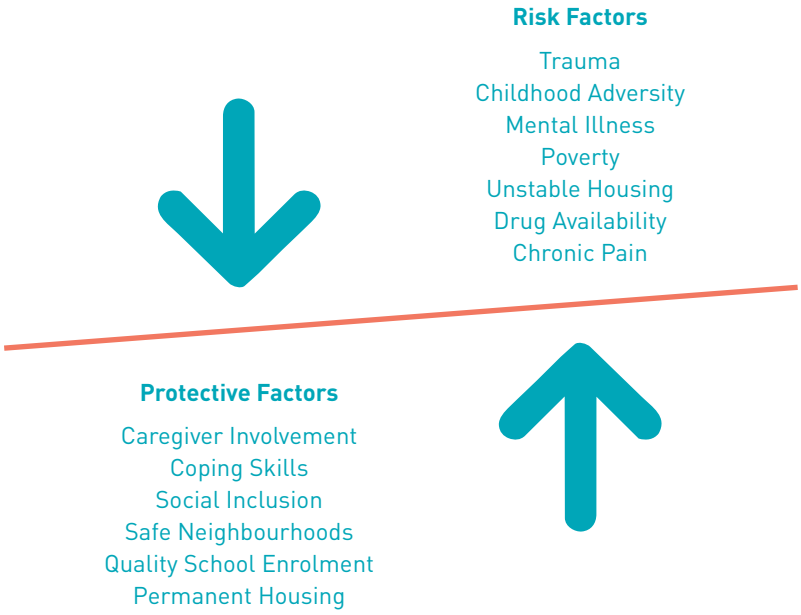


Figure 9. Risk and protective factors for substance use-related harms.[88]

Social and structural factors also shape how substance use-related harms are experienced. Factors such as sex, gender, age, race, pre-existing health conditions, socioeconomic status, sexual orientation, migration status, and geography can interact and create overlapping experiences of discrimination, stigma, and marginalization.

These experiences can increase the risk of negative mental health and substance use outcomes for some individuals and population groups, including 2SLGBTQIA+ communities. They can also limit access to health-related resources that help prevent substance use-related harms.[89]

SNAP® Program

Dilico Anishinabek Family Care's Mental Health and Addictions department established the Stop Now and Plan (SNAP®) program in 2016.

SNAP® is a focused intervention program for children aged 6 to 11 with behavioural challenges. The program uses an evidence-based, internationally recognized cognitive-behavioural model to teach skills such as:

- Problem-solving
- Emotional regulation
- Self-control

SNAP® also supports parents and caregivers by providing strategies to help children work on behavioural challenges.

Dilico's SNAP® program received the 2020 Mayor's Community Safety Award for Outstanding Community Project.[90]

CHOICES Program

CHOICES is an Ontario Health-funded health promotion, substance use education, and prevention program. It has been offered provincially since 1984 and in Thunder Bay since 2012.

CHOICES is a 10-week group program that uses consistent, evidence-based core content focused on substances, social skills, and self-management. Content is adapted to meet community needs, and activities are used to support youth engagement and different learning styles.

Volunteers are an important part of the program. They provide youth with opportunities to build trusting relationships with adults and experience positive role modelling. CHOICES also includes youth mentors, often previous program graduates, who participate as positive mentors for current participants.

CHOICES is available through Thunder Bay Counselling at no cost to youth aged 12 to 17 who have been identified as at risk. Participants may be experiencing challenges related to school attendance, peer relationships, substance use, social connections, or other risk-taking behaviours. The program supports youth to build confidence, strengthen coping strategies, and connect with other young people.

Topics explored through CHOICES include:

- Communication
- Decision-making and goal setting
- Coping and self-care
- Alcohol
- Vaping and cannabis
- Substances
- Self-respect
- Relationships
- Risk-taking [91]



Table 8. CHOICES referrals by gender, 2017–2022.[92]

CHOICES Referrals by Gender			
	Female	**Male**	**Gender Diverse**
2017	97	58	7
2018	111	70	7
2019	102	75	6
2020	66	35	4
2021	99	76	2
2022	90	44	5
TOTAL	565	358	31

Key observations:

- Female youth represented the highest number of referrals across all years.
- Referrals declined in 2020, likely reflecting COVID-19 disruptions.
- Referrals increased again in 2021.
- Gender-diverse youth represented a smaller but consistent number of referrals.

Table 9. CHOICES school and community program participation, 2017–2022.[93]

CHOICES Community Program			CHOICES School Program	
	Started	**Graduated**	**Started**	**Graduated**
2017	42	25	113	85
2018	44	33	91	75
2019	21	9	129	90
2020	37	22	70	63
2021	39	21	122	104
2022	43	13	101	62
TOTAL	226	123	626	479

Key observations:

- The school-based program reached more youth than the community program.
- Both school and community participation declined in 2020.
- School program participation increased in 2021 before declining again in 2022.
- Graduation counts varied across years, especially in the community program.

Substance Use Services and Supports Pillar

Substance use experiences vary across individuals, and no single service approach meets everyone's needs. People use substances for different reasons, including medical purposes, personal enjoyment, religious or ceremonial purposes, and coping with stress, trauma, or pain.

The Substance Use Services and Supports pillar focuses on equitable access to a continuum of effective, culturally appropriate, trauma-informed, and evidence-based services. This includes treatment, harm reduction, and recovery supports that respond to the diverse needs of people who use substances.[94]

Treatment Services

Substance use treatment includes a range of approaches to reduce or manage substance use and related harms. This can include support for withdrawal and cravings, medications, and psychological or behavioural interventions such as talk-based therapy and counselling.[95]

Several organizations in Thunder Bay provide treatment and related supports, including but not limited to the Elizabeth Fry Society, Thunder Bay Counselling, Dilico Anishinabek Family Care, and St. Joseph's Care Group.

Elizabeth Fry Society

The Elizabeth Fry Society in Thunder Bay provides support for women and gender-diverse individuals experiencing substance use-related issues, with a focus on those affected by the criminal justice system and barriers related to addiction, incarceration, and homelessness.

The Society operates harm reduction housing and transitional homes in Thunder Bay. These are safe, low-barrier environments where people can access shelter, addiction services, support, education, and resources related to substance use-related harms. These housing supports help reduce risk and support pathways to recovery.[96]

Thunder Bay Counselling

Thunder Bay Counselling offers substance use health services using a harm reduction approach. Services address the impacts of substance use on relationships, parenting, employment, health, and other areas of life.

Services include:

- Confidential assessments
- Outpatient treatment, including individual and group counselling
- Psychotherapy and case management
- Rapid Access Addiction Medicine (RAAM) clinics
- Early intervention and recurrence prevention
- Outreach appointments
- Family consultation
- Youth support through UTURN collaborative programs

Services are available at no cost and are open to people of all genders, sexual orientations, ethnic backgrounds, and faiths.[97]



Dilico Anishinabek Family Care

Dilico Anishinabek Family Care provides a wide range of individual, family, and community programs and services.

Services include:

- Residential addiction treatment
- RAAM clinic services
- Pre-treatment supports
- Aftercare services in the City of Thunder Bay

Approximately 700 referrals are received annually for residential addiction services and RAAM clinic supports.[98]

St. Joseph's Care Group

St. Joseph's Care Group provides a range of mental health and substance use services for adults and youth.

Services include:

- Rapid Access Addiction Medicine (RAAM) clinic
- Adult and youth addiction treatment
- Support for behavioural addictions
- Withdrawal management
- Safe sobering services
- Transitional housing
- Outpatient treatment programs

Transitional housing at Lodge on Dawson, delivered by St. Joseph's Care Group in partnership with the District of Thunder Bay Social Services Administration Board (TBDSSAB), supports individuals experiencing chronic homelessness, mental health challenges, and substance use. The program provides a safe and supported environment for recovery.

Overall, St. Joseph's Care Group provides a continuum of addiction and substance use services that includes both treatment and harm reduction approaches.[99]

System Capacity and Investment

In 2022, the Government of Ontario invested more than $3.8 million through the Addiction and Recovery Fund to improve access to addiction treatment supports in Thunder Bay. Funding was provided to St. Joseph's Care Group and Dilico Anishinabek Family Care to expand access to 34 new addiction treatment beds and improve access to specialized addiction treatment.[100]

Harm Reduction Services

Harm reduction refers to non-judgmental, person-centred interventions, programs, and policies that aim to reduce the health, social, and economic harms associated with substance use. Harm reduction can include, but does not require, abstinence. Examples include access to naloxone, sterile drug use equipment, supervised consumption services, decriminalization efforts, and safer supply programs.[101]

Naloxone

Naloxone is an opioid antagonist used to temporarily reverse the effects of opioids and opioid-related overdoses. It is available in injectable and nasal spray forms and can restore breathing when someone's breathing has slowed or stopped due to opioid use.

In Ontario, naloxone is distributed through two main programs:

- **Ontario Naloxone Program:** Community-based naloxone distribution through public health units and organizations such as community health centres, shelters, Indigenous health access centres, withdrawal management programs, AIDS service organizations, consumption and treatment services, and hospitals.
- **Ontario Naloxone Program for Pharmacies:** Pharmacy-based naloxone distribution through participating community pharmacies.

Superior Points Harm Reduction Program

The Thunder Bay District Health Unit operates the Superior Points Harm Reduction Program, which provides sterile needles and injection equipment to reduce the transmission of blood-borne infections associated with injection drug use, including HIV and hepatitis C.

Superior Points works with community organizations across the Thunder Bay District. The program includes fixed sites in Thunder Bay, surrounding district communities, and First Nations communities.[102]

Services include:

- Needle distribution and recovery
- Harm reduction supplies
- Naloxone distribution and overdose awareness training
- Outreach
- Harm reduction education
- Referrals to services[103]

Opioid Agonist Treatment

Opioid agonist treatment (OAT) is an approach to treating opioid use disorder. Medications such as methadone and buprenorphine/naloxone, also known as Suboxone, are prescribed and monitored by a healthcare provider to reduce withdrawal symptoms and cravings.[104]



Safer Supply Program

NorWest Community Health Centres received funding through Health Canada's Substance Use and Addictions Program (SUAP) to operate its safer supply program. The 15-month pilot began in September 2022 and provided an alternative to the toxic unregulated drug supply by prescribing pharmaceutical-grade opioids to eligible clients. Public reporting in 2025 noted that several safer supply initiatives were no longer receiving federal funding as of March 31, 2025, and described SUAP as time-limited federal funding intended to test interventions rather than provide ongoing operational funding. The Thunder Bay program closed in March 2025.[105]

The program also aimed to address discrimination and stigma experienced by people who use drugs. Advocates note that safer supply programs can provide an alternative to the unregulated drug supply while also supporting connections to healthcare providers, treatment, and other services.

Evidence on safer supply continues to develop. A rapid review by the Ontario Drug Policy Research Network found emerging evidence of benefits, including reduced exposure to the unregulated drug supply and improved engagement with healthcare and social supports, while also identifying implementation challenges related to program access, retention, clinical practice, and operational capacity.[106]

Rapid Access Addiction Medicine Clinics

Rapid Access Addiction Medicine (RAAM) clinics provide free, low-barrier addiction care for individuals aged 16 and older. In Thunder Bay, RAAM clinic services are available at:

- NorWest Community Health Centres, 525 Simpson Street
- Dilico Anishinabek Family Care, 200 Anemki Place, Fort William First Nation

RAAM clinic services include:

- Assessment of substance use concerns
- Brief intervention counselling
- Addiction medication prescribing
- Support for acute alcohol and opioid withdrawal
- Outpatient tapering for opioids or benzodiazepines
- Medication-assisted treatment for alcohol, opioid, and cannabis use disorders
- Education on overdose prevention and naloxone use
- Connections to community treatment programs

Additional supports include transportation assistance where needed, self-referral and walk-in access, and support for people who need help obtaining an Ontario Health Card.

RAAM clinics do not provide diagnosis or treatment for chronic pain, narcotic prescriptions outside narcotic dependence treatment protocols, or long-term medical or addictions counselling. Individuals requiring services beyond the clinic's scope are referred to appropriate healthcare services.[107]

Drug Checking

Drug checking examines the contents of substances from the unregulated drug supply. It helps identify contaminants and provides information so people who use drugs can better understand what they may be exposed to and make informed decisions.

Drug checking can also inform harm reduction services and policy responses, helping reduce toxic drug poisoning deaths and other harms associated with substance use. This is especially important as substances from the unregulated market are increasingly contaminated with fentanyl, benzodiazepines, and other substances. [108]

NorWest Community Health Centres offers drug checking services in Thunder Bay. The service is anonymous and can be accessed by signing up with a code. Drug checking is also available through a mobile outreach van.[109]

Recovery Services

Substance use recovery is a process of improving health and well-being related to substance use. Recovery can include services and supports where abstinence is the goal, as well as harm reduction, treatment, and broader social supports. These supports may address employment, vocational training, housing, income, cultural needs, and other factors that influence health and stability.[110]

In Thunder Bay, recovery-oriented services may include post-treatment supports, transitional and supportive housing, relapse prevention, case management, peer support, cultural supports, life skills, and programs that help people maintain stability and reconnect with community. These services may be offered after residential treatment, alongside outpatient support, or as part of a longer-term recovery plan.

Several organizations in Thunder Bay provide recovery-oriented services and supports. The examples below are not intended to represent a complete list of all recovery services available in the community. Rather, they highlight selected services included in this report, including programs offered through St. Joseph's Care Group and Dilico Anishinabek Family Care.

St. Joseph's Care Group

St. Joseph's Care Group (SJCG) provides a continuum of mental health and addiction services in Thunder Bay. Sister Margaret Smith Centre operates as part of SJCG and provides addiction services, including assessment and treatment planning, individual and group counselling, community treatment groups, intensive residential treatment, and follow-up and continuing care options.

SJCG also supports recovery and community stability through programs such as Crossroads Centre and Lodge on Dawson. Crossroads Centre provides pre-treatment and post-treatment recovery support for adults, including case management, relapse prevention, peer support, transitional skills, advocacy, referrals, and cultural supports. Lodge on Dawson provides transitional housing and 24/7 support for adults experiencing homelessness and mental health and/or substance use challenges. The program supports residents to build skills, set goals, and transition toward independent living in the community.

Dilico Anishinabek Family Care

Dilico Anishinabek Family Care provides recovery-oriented supports through adult substance use health services, including aftercare, post-treatment supportive housing, Three C's Reintroduction Centre, and Seaway.

Dilico's aftercare services support people who have completed residential treatment through recurrence prevention, education, group therapy, case management, and links to housing, social supports, mental health and counselling services, health services, employment, and education services.

Dilico's post-treatment supportive housing provides a voluntary, co-ed recovery home for adults who are working to maintain recovery after treatment. The program includes case management and counselling, group therapy, relapse prevention, life skills, cultural and land-based therapy, transition planning, and goal setting.

Three C's Reintroduction Centre is a voluntary, all-male post-treatment recovery home for adults. The program provides a structured recovery environment with case management, counselling, group therapy, relapse prevention, life skills, cultural and land-based therapy, transition planning, and goal setting.

Seaway provides an independent sober-living environment for adult men who are transitioning back into the community after completing addiction treatment and a post-treatment program. Residents may stay while continuing their recovery, working toward personal goals, and accessing counselling and group programming.[111]



Evidence Pillar

Accurate, timely, and reliable data and research are essential for substance use planning, monitoring, and response. They support:

- Assessing current conditions
- Identifying trends
- Setting policy priorities
- Responding to emerging drug issues
- Using indicators to measure the impact of interventions

This report and *Opioid Use and Impacts in Thunder Bay District: An Updated Situational Assessment* are examples of local monitoring used to understand substance use and related harms and inform strategic planning.

At the national level, the Government of Canada is building capacity for timely surveillance and research to support equity-informed, evidence-based decision-making related to the toxic drug poisoning crisis and substance use-related harms. The CDSS Data and Evidence Framework guides this work through activities such as:

- Including sex- and gender-based analysis in general population surveys to better understand substance use trends
- Developing targeted surveys to identify the needs of at-risk, marginalized, racially diverse, and Indigenous populations
- Conducting surveillance to support public health and law enforcement responses to the toxic drug poisoning crisis and emerging trends in the unregulated drug supply[112]

Housing and Homelessness Pillar

Housing is a key factor influencing substance use and related harms. Access to stable, safe, and affordable housing affects health outcomes, service access, and risk of harm.

Funding to address housing and homelessness in Thunder Bay District is primarily managed through the District of Thunder Bay Social Services Administration Board (TBDSSAB), the Lakehead Social Planning Council (LSPC), and the Thunder Bay Indigenous Friendship Centre (TBIFC). TBDSSAB is the provincial system service manager. LSPC is the Designated Community Entity for federal Reaching Home funding in Thunder Bay, while TBIFC is the Indigenous Community Entity for the Indigenous Homelessness stream.

Unsheltered Homelessness

Homelessness is not new to Canada or the City of Thunder Bay. However, intersecting factors have increased housing instability and made homelessness more visible. These factors include limited affordable and adequate housing, rising costs of living, stagnant wages and income supports, the toxic drug poisoning crisis, and the COVID-19 pandemic.

The COVID-19 pandemic significantly worsened unsheltered homelessness, including encampments. In Thunder Bay, the number of people living unsheltered doubled from 2021 to 2022 and tripled from 2022 to 2023.

Many people experiencing unsheltered homelessness in Thunder Bay also experience substance use-related challenges. Some face barriers to housing due to restrictive or abstinence-based policies and procedures, highlighting the need for supportive and low-barrier housing options.

Housing Market Trends

Interpret rental data with caution. Canada Mortgage and Housing Corporation (CMHC) reports annually on the primary rental market, which includes purpose-built rental units.[113] The secondary rental market includes renter-occupied housing that does not fall within the purpose-built rental market, such as basement apartments.[114]

A 2021 CMHC study on the secondary rental market estimated 3,301 secondary rental units in Thunder Bay, which is higher than most other municipalities on a per capita basis.[115] A 2022 TBDSSAB Market Rent Study also identified differences between CMHC-reported rents and actual market rents.[116] Note: In Tables 10 and 11, "All unit types" refers to the overall primary rental apartment market across bachelor, one-bedroom, two-bedroom, and three-bedroom or larger units. It should not be interpreted as a simple average of the bedroom-type columns shown.

Table 10. Thunder Bay CMA primary rental market average rent by unit type, 2016–2022.[117]

Thunder Bay CMA Primary Rental Market – Average Rent ($)					
	Bachelor	**1 Bedroom**	**2 Bedroom**	**3+ Bedrooms**	**All Unit Types**
2016	$608	$765	$939	$1108	$883
2017	$622	$779	$957	$1147	$895
2018	$666	$831	$1037	$1223	$970
2019	$712	$855	$1073	$1268	$1000
2020	$732	$880	$1089	$1358	$1028
2021	$751	$928	$1116	$1261	$1053
2022	$757	$963	$1173	$1372	$1100

Key observations:

- Average rent increased across all unit types from 2016 to 2022.
- Total average rent increased from $883 in 2016 to $1,100 in 2022.
- Two-bedroom average rent increased from $939 in 2016 to $1,173 in 2022.
- Three-bedroom and larger units remained the highest-cost unit type across most years.

Table 11. Thunder Bay CMA primary rental market vacancy rate by unit type, 2016–2025.[118]

Thunder Bay CMA Primary Rental Market – Vacancy Rate (%)					
	Bachelor	**1 Bedroom**	**2 Bedrooms**	**3+ Bedrooms**	**All Unit Types**
2016	10.2%	3.6%	5.3%	5.7%	5.0%
2017	5.9%	4.2%	2.7%	0.0%	3.3%
2018	7.7%	5.1%	4.4%	8.0%	5.1%
2019	***	4.6%	2.4%	4.4%	3.6%
2020	8.1%	4.0%	3.8%	4.3%	4.1%
2021	***	3.6%	2.8%	5.1%	3.5%
2022	Unavailable	2.2%	1.0%	4.0%	1.8%
2023	3.6%	3.8%	2.3%	2.7%	2.9%
2024	4.3%	3.3%	3.0%	***	3.0%
2025	***	4.4%	3.9%	2.6%	3.9%

*N.B. *** = data suppressed. A value of 0.0% indicates that no vacant units were reported for that unit type in the survey period.*

Key observations:

- The overall vacancy rate declined from 5.0% in 2016 to a low of 1.8% in 2022, before increasing to 2.9% in 2023, 3.0% in 2024, and 3.9% in 2025.
- Two-bedroom vacancy rates declined from 5.3% in 2016 to 1.0% in 2022, then increased to 2.3% in 2023, 3.0% in 2024, and 3.9% in 2025.
- One-bedroom vacancy rates fluctuated over the reporting period but were higher in 2025 at 4.4% than in 2016 at 3.6%.
- Three-bedroom and larger unit vacancy rates fluctuated, with some data suppressed, and were 2.6% in 2025.
- Bachelor unit data was suppressed or unavailable in several years, limiting comparison across the full reporting period.

Point-in-Time Counts

Point-in-Time Counts measure the number of people experiencing homelessness during a 24-hour period.

From 2016 to 2025, five Point-in-Time Counts were completed in Thunder Bay. The 2024 Point-in-Time Count was led by the Thunder Bay Indigenous Friendship Centre and Lakehead Social Planning Council, with an emphasis on refining data collection methods and strengthening community participation. The 2025 Point-in-Time Count was led by Lakehead Social Planning Council, with support from the Thunder Bay Indigenous Friendship Centre, Lakehead University, and the Homeless Individuals and Families Information System. Unlike previous counts, the 2025 count was completed as an administrative count, meaning no volunteers were used. Data was collected through the homelessness service system.

The 2025 Point-in-Time Count found that 652 people were experiencing homelessness in Thunder Bay on October 9, 2025. This included:

- 198 people in emergency shelters
- 154 people in transitional housing
- 130 people in encampments
- 47 people staying outside in a location other than an encampment
- 28 people in a domestic violence shelter
- 95 people in jail[119]

The 2024 count also showed the continued disproportionate representation of Indigenous people among those experiencing homelessness. Indigenous people made up 14.1% of Thunder Bay's total population but accounted for 78% of those experiencing homelessness in the 2024 Point-in-Time Count.[120]



Conclusion

This report provides a retrospective account of substance use trends, related harms, and system responses in Thunder Bay from 2017 to 2025. Over this period, harms increased across several areas, including opioid toxicity deaths, toxic drug poisonings, polysubstance use, alcohol-attributable harms, and housing instability.

Local responses also expanded across the four pillars: prevention and education, substance use services and supports, evidence, and substance controls. These efforts included public education, harm reduction programs, treatment and recovery supports, health and social services, enforcement activity, data collection, housing supports, and cross-sector collaboration.

Housing remains a cross-cutting factor. Trends in homelessness, rental costs, vacancy rates, and service access show that stable, safe, and affordable housing is closely connected to substance use-related harms, recovery, and overall health.

Findings in this report are shaped by available data. Historical data gaps, changes in reporting practices, limited access to some local data, and periods with limited Drug Strategy staffing affect the completeness and comparability of information across the reporting period.

Overall, this report documents how substance use and related harms changed over time, and how local systems responded within a shifting policy, social, health, and service environment. It provides a record to support continued monitoring, coordination, and planning across sectors.



Appendix A: Glossary

Living Document	A document that is continually edited and updated to ensure current and accurate data.
OCAP® Principles	The First Nations principles of ownership, control, access, and possession – more commonly known as OCAP® – assert that First Nations have control over data collection processes, and that they own and control how this information can be used.
Ontario Naloxone Program	Needle Exchange/Syringe Programs, Hepatitis C Programs, Consumption and Treatment Services and participating community-based organizations distribute injectable and nasal spray naloxone kits to clients at risk of opioid overdose and their friends and family.
Ontario Naloxone Program for Pharmacies	Participating Ontario pharmacies distribute injectable and nasal spray naloxone kits to individuals at risk of opioid overdose, their family and friends, and people in a position to care for at risk individuals.
Polysubstance Use	The use of more than one substance, either at the same time or within a short period. Polysubstance use can increase the risk of harm, particularly when substances interact or when people are exposed to substances they did not intend to take through the unregulated drug supply.
Self Stigma	Self stigma happens when someone internalizes messages about people who use drugs and apply them to themselves.
Social Determinants of Health	Non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.
Social Stigma	Social stigma is negative attitudes or behaviours towards people who use drugs or towards their friends and family.
Structural Stigma	Structural stigma is policies in health and social services that increase stigma and barriers to getting help.
Stigma	Stigma is best understood as a deeply held set of false beliefs about a group of people with at least one attribute in common. This allows the judgement, oppression, and discrimination of those people to take place. This is done by either overt actions or silent complicity with those actions.
Substance Use	Describes all psychoactive substances (legal and illegal, including alcohol).
Take Home Naloxone Program	Provincial correctional facilities provide inmates at-risk of an opioid overdose a nasal spray naloxone kit upon their release from custody.
Thunder Bay District	Thunder Bay District comprises a geographical area of 103,723 square kilometers and has a population of approximately 146,048 people. 74% of the population lives in the City of Thunder Bay, with the remaining 26% residing in smaller towns and municipalities throughout the region.

Appendix B: Map of TBDHU Catchment Area

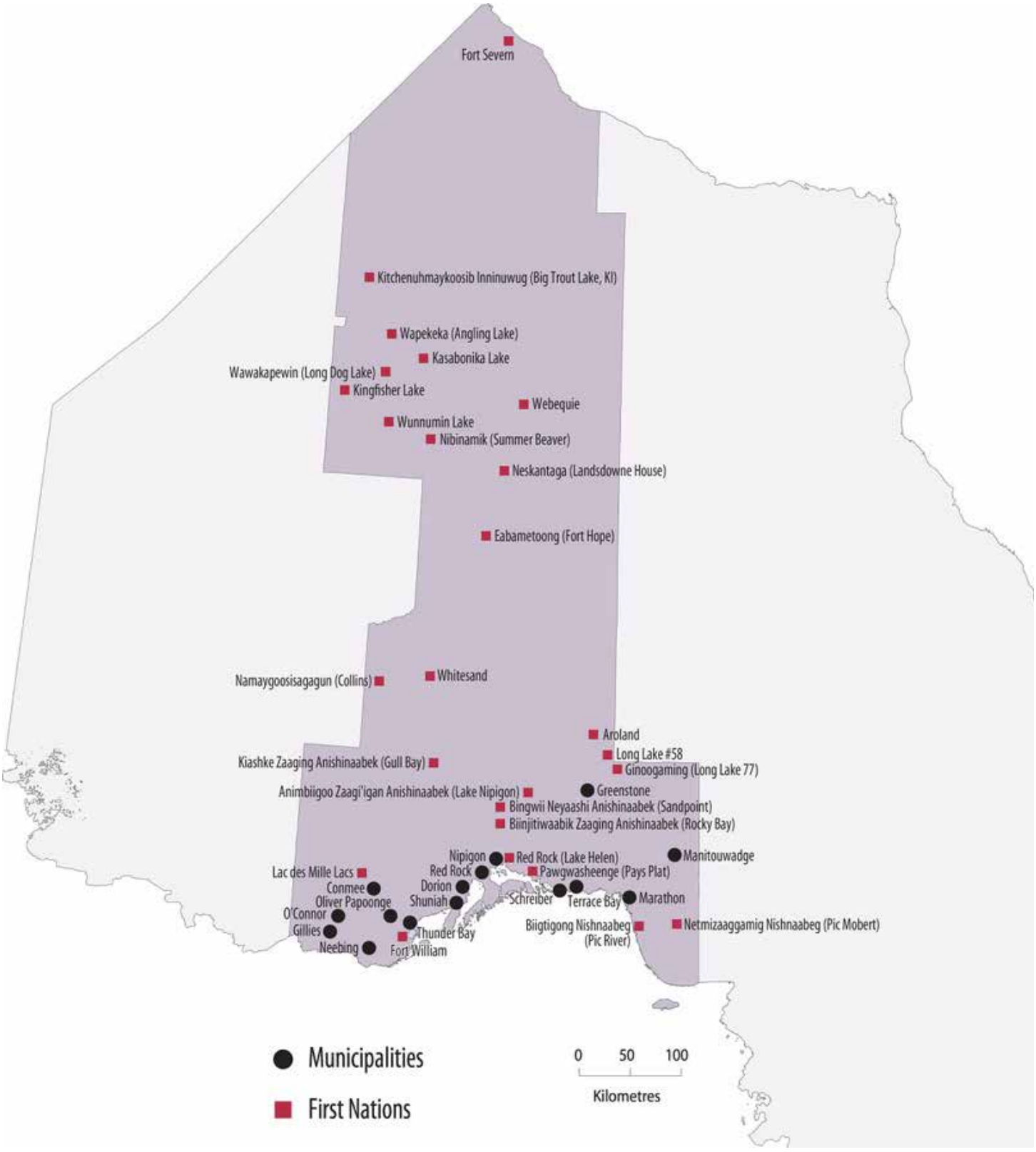


Figure 10. Thunder Bay District Health Unit Catchment Area, 2024.[121]

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