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Aug 19, 2026

Ontario's Big City Mayors
6-2400 Dundas St W
Mississauga, ON
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Via email: chair@obcm.ca

Dear Ontario Big City Mayors,

We are writing in response to your *Reaction to Recovery* campaign and your call for urgent provincial action to address Ontario's mental health, drug toxicity and homelessness crises. We agree that Ontario faces an urgent and complex crisis—and that municipalities cannot solve these pressing issues alone. Municipalities are being asked to shoulder responsibilities that are shared across all levels of government to meet growing pressures on housing, emergency shelters, emergency health care, mental health treatment and related essential supports.

While we share your sense of urgency about the problem, we have concerns about how your proposed focus on recovery could lead to significant erosion of civil liberties and the *Charter* rights of an already marginalized population. We urge you to ensure that your campaign for a recovery-focused response remains grounded in human dignity, equality, autonomy and evidence. Urgency cannot become a justification for expanding coercion or criminalizing poverty, disability, mental illness or substance use. Ontario needs sustained provincial investment in affordable and supportive housing, health care, mental health and substance-use services, harm reduction, disability supports, income security and community-based services.

The language of recovery can be constructive when it means supporting people to pursue goals, they identify to maintain their health and wellbeing. It becomes concerning when recovery is defined as a state-imposed outcome at the expense of guaranteed personal rights and freedoms. People experiencing mental health or substance-use challenges remain rights-holders. They retain their dignity, agency and right to make decisions about their own lives. Treatment should therefore be accessible, evidence-based, voluntary and centred on the individual. The impulse to force involuntary treatment is misguided.

The CCLA welcomes a review of Ontario's mental health laws that would ask whether the system is meeting people's needs. Any review or reform of Ontario's mental health legislation should strengthen—not weaken—consent, capacity protections, procedural safeguards, independent rights advice and access to meaningful review. Such a review should examine whether people can access voluntary care when they need it; whether



adequate community-based services exist; whether people are discharged into homelessness or without supports; whether meaningful follow-up care is available; and whether racialized, Indigenous, disabled and unhoused people are disproportionately subjected to coercive interventions.

Treatment should not be understood as a single pathway or a single model of recovery. A rights-based continuum of care should include voluntary substance-use treatment, harm reduction, withdrawal management, mental health services, supportive and transitional housing, primary health care, peer support, culturally appropriate services, disability and income supports, and long-term community-based follow-up.

Most importantly, housing cannot be treated as peripheral to the mental health and substance-use crisis. It is next to impossible to achieve stability while cycling between the street, shelters, emergency departments, police encounters and correctional institutions. Ontario's response must therefore include significant investment in truly affordable, permanent and supportive housing, eviction prevention, accessible housing, income supports, and homecare-based health and social services delivery. The people experiencing homelessness are not the crisis. The crisis is the failure of systems to provide adequate housing, health care, income security and community supports for at risk populations.

We encourage the Big City Mayors to use their collective voice to call on Ontario to prioritize:

1. Housing first by investing in truly affordable, accessible and supportive housing.
2. Community based care before crisis by investing in community mental health and substance-use services so people can access support before they are in crisis.
3. Voluntary treatment by expanding timely, evidence-based treatment without making coercion the organizing principle of the system.
4. Harm reduction and evidenced based treatment by ensuring people can access a continuum of supports and services geared to their needs at different points in their lives.
5. Income and disability supports to address the material conditions that contribute to housing instability and poor health and dependency on substance use.
6. Strong rights-based protections by ensuring any legislative review strengthens consent, capacity, procedural fairness, independent rights advice and access to meaningful review.
7. Lived-experience leadership by ensuring people directly affected by homelessness, substance use, disability and mental health challenges have a meaningful role in designing and evaluating solutions.

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We share the belief that all levels of government must embrace these challenges. We encourage you to move forward with your campaign with a clear commitment to solutions that centre human dignity, equality and autonomy. Ontario must build systems in which people can access housing, health care, treatment and supports that will respond to them as rights-holders rather than problems to be managed. We should not excuse the failure of our health and social service systems by expanding the coercive power of the state. Instead, we must invest in people and the supports they need to thrive.

Sincerely,

Howard Sapers
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Director of Equality Program

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