



LAWSON

Ottawa deserves better.

ALEX LAWSON FOR MAYOR

Recovery First Ottawa.

The Lawson plan on addiction: detox when someone asks for it, treatment the same day, up to ten months learning a trade, and a job and a home at the end.

01 / OVERVIEW

We are keeping people sick.

For a decade, Ottawa's response to addiction has been built around one goal: keeping people alive tonight. That matters. But almost nothing has been built for tomorrow.

The city hands out needles and pipes from an office in the ByWard Market and a van that runs until 11:30 every night. Paramedics and outreach workers revive the same people again and again. An overdose can starve the brain of oxygen, and naloxone restores breathing but can't undo damage that's already done. In Ontario, one in five people who survive an overdose overdose again within a year. Almost one in ten die.

And when someone finally says "I want out," the door is barely there. Ottawa has about 38 withdrawal management beds for a city of more than a million people, and only 12 of them are medical. Detox without a next step is a revolving door: people leave with their tolerance gone, go back to the same corner, and face the highest risk of dying they will ever face.

That's compassion without competence. It feels kind. It keeps people sick.

Recovery First Ottawa changes the goal. Naloxone stays. But the city's energy goes into detox when someone asks for it, treatment the same day, up to ten months at a recovery campus learning a trade, and a job and a home at the end. Treatment is paid for by the province. The campus is built in Ottawa.

The goal is the last overdose, not the next one.

WITHDRAWAL BEDS

About 38

For a city of more than a million; only 12 are medical

Montfort Renaissance; The Royal, 2026.

NEEDLES PICKED UP

35,917

Discarded needles recovered in 2025, up 22% in a year

Ottawa Public Health, open data.

OPIOID DEATHS, 2023

207

More than three times the 65 who died in 2019

Ottawa Public Health, March 2025.

OVERDOSE AGAIN

1 in 5

Ontario survivors who overdose again within a year

ICES, May 2026.

02 / THE PROBLEM

Our communities are paying the price.

The people caught in addiction pay first. Their neighbourhoods pay next, and so does every family that has started to wonder whether the park down the street is safe.

Needles and pipes everywhere. Ottawa recovered 35,917 discarded needles in 2025, up 22 percent in one year, along with 35,897 glass pipes. Another 21,300 needles were picked up in the first six months of 2026, on pace to beat last year.

Children exposed. In February 2024, a two-year-old put a used syringe in her mouth at a west-end Ottawa park and was rushed to CHEO. This spring, the school bus authority started busing children who live within walking distance of five downtown schools because their routes pass open drug use.

Businesses hurting. Bank Street business owners say theft, public drug use and property damage are driving customers away, and storefronts are sitting empty.

Prescription opioids on the street. Take-home pills prescribed to keep people safe are being diverted and traded for fentanyl. London's police chief has said diverted safer supply is "fueling the drug trade." British Columbia's own health ministry found its prescribed alternatives were being trafficked "provincially, nationally and internationally."

More young people at risk. One in five Ottawa students in grades 7 to 12 reported using prescription opioid pain relievers non-medically in 2023, double the rate two years earlier.

More deaths. 207 people died of opioid overdoses in Ottawa in 2023, more than three times the 65 who died in 2019. Opioid overdose visits to Ottawa emergency rooms went from 448 to 1,337 over the same years.

Everyone pays the bill. Opioid use cost Canada \$7.1 billion in 2020: \$5.3 billion in lost productivity, \$1.1 billion in policing, courts and corrections, and \$519 million in health care, including paramedics, emergency rooms and hospital stays. Opioid costs per person rose 66 percent from 2007 to 2020. Every overdose call ties up paramedics, police and firefighters: Ottawa police alone responded to 1,480 overdose calls in 2024 and 810 in 2025, and paramedic overdose calls rose 52 percent in the first five months of 2026.

Ottawa residents see it. In August, 63 percent said they disapprove of how the city is handling homelessness and addiction.

03 / WHAT HASN'T WORKED

A bridge to nowhere.

Ottawa leaned on one strategy, harm reduction without a way out, and treated it as the whole answer. Supervised sites, supplies and take-home "safer supply" were meant to be a bridge to treatment. For most people, the bridge led nowhere.

The province has now shut down the consumption sites. Ottawa's last two closed in June 2026 when provincial funding ended. But nothing has been built to replace them at the scale the city needs. Ottawa's

downtown HART hub opened six months after the site it replaced had closed, offering mainly showers, meals and leisure activities. The old model is gone, and the new one hasn't been built.

Zurich learned this lesson more than 30 years ago. When police cleared its infamous "Needle Park" in 1992 with "no organised social support" in place, the open drug scene simply moved down the road. It took building real treatment capacity before the second clearance, in 1995, made it stick.

The lesson for Ottawa is the order of operations. Build the way out first. Then take back the street.

04 / WHERE THE OTHER ROAD LEADS

Others have walked it already.

Some voices in Ottawa want to go further down the road the city has been on: decriminalization and a regulated supply of drugs. We know where that road goes, because others have already walked it, and every one of them turned back.

British Columbia decriminalized possession of hard drugs in 2023 and handed out take-home hydromorphone. Its own health ministry found the pills were being trafficked "provincially, nationally and internationally." BC recriminalized public drug use in 2024, began moving safer supply to witnessed dosing in 2025, and in January 2026 let the experiment expire. Its health minister said it "has not delivered the results we hoped for."

Oregon decriminalized all drugs in 2020 and promised treatment instead of tickets. Its treatment hotline took fewer than 600 calls in nearly three years. The state's own auditor found it still can't show clear results. Oregon recriminalized possession in 2024.

San Francisco went all in on low-barrier harm reduction. Overdose deaths hit a record 810 in 2023. A \$22 million drop-in centre reversed about 300 overdoses, but early reporting found only a few dozen people were accepted into housing, treatment or long-term services, and it closed after 11 months. In 2025 the city passed a "Recovery First" law that makes long-term recovery its primary goal.

Ottawa shouldn't spend the next five years learning a lesson these places have already paid for.

05 / THE PLAN

Seven commitments.

The cities turning things around kept naloxone, but put their money into beds, treatment and a way back to work. Philadelphia opened a 340-bed recovery village. San Francisco has opened 279 new recovery and treatment beds. Alberta is building 11 free recovery communities, and six are already open. Recovery First Ottawa brings that approach here.

MOVE 01

Build the HopeWorks Recovery Campus.

A 200-bed campus on leased Greenbelt land, built with the National Capital Commission in two phases of 100 beds, with treatment paid for by the province. Residents stay up to ten months, train in food and



agriculture, building maintenance or the construction trades, and leave with a job, a place to live and a year of aftercare.

MOVE 02

Detox with a next step.

Ottawa has about 38 withdrawal management beds, and only 12 of them are medical. Alex will press Ontario to put real beds behind the withdrawal management its HART hubs promise in Ottawa, with same-day transfer to treatment. Nobody should walk out of detox and back to the same corner.

MOVE 03

Medication that can't be sold.

Make long-acting buprenorphine, a once-a-month injection sold as Sublocade, the standard offer after detox, and make it available in clinics, pharmacies and family practices across the city, not just downtown. One injection a month leaves nothing to sell on the street.

MOVE 04

The only safe supply is a witnessed one.

If an opioid is prescribed, it should be taken in front of a nurse or pharmacist. British Columbia moved every patient to witnessed dosing in 2025. Ontario's doctors' regulator is considering the same change this month. Alex supports it, and if it stalls, Ottawa will ask Queen's Park to require it.

MOVE 05

Pay for results.

City-funded agencies will report how many people they move into treatment, recovery, housing and work, not how many supplies they hand out. The city will also publish exactly what it spends on harm reduction supplies. Today you can't find the number.

MOVE 06

Take back public spaces.

Alex fully supports police enforcement against dealers. Police and special constables will enforce Ontario's new ban on public drug use, starting with schools, parks, transit and main streets, and courts can attach treatment conditions to those tickets. Every person picked up needs somewhere safe to go, so Ottawa will put a nurse in the Ottawa Police cells at 474 Elgin Street, where people drunk in public are already held to sober up; open a **Sobering Unit**, a medically staffed place where police and paramedics can bring people who are intoxicated in public, modelled on Winnipeg's Protective Care, which takes more than 11,000 people a year, with staff connecting each person to detox and treatment before they leave; and ask Queen's Park to give police the same power to bring someone who is dangerously high on drugs to safety that they already have for alcohol.

MOVE 07

Keep people alive to recover.

Naloxone stays everywhere. You can't recover if you're dead.

Recovery is half the answer. Keeping kids from starting is the other half. Our youth prevention plan, An Ounce of Prevention, is coming soon.

The HopeWorks Recovery Campus.

A 200-bed recovery campus on Greenbelt land where people spend up to ten months rebuilding their lives and learning a trade, then leave with a job, a place to live and a year of support.

Built in two phases. Phase one opens 100 beds and proves the model. Phase two adds 100 more. At ten months a stay, 200 beds serve about 240 people a year.

STEP 01

Detox.

At the Montfort, The Royal or a HART hub.

STEP 02

Same-day transfer.

Straight to the campus, with medication like Sublocade started or continued, so there is no gap between asking for help and getting it.

STEP 03

Stabilization, the first one to two months.

Counselling, medical and mental health care, and a daily routine.

STEP 04

Work and training, months two to eight.

Each resident picks a trade track and works it every day.

STEP 05

Transition, months eight to ten.

Job placement with Ottawa employers and a housing exit.

STEP 06

Aftercare, the year after.

Regular check-ins, medication, peer support and a place to call when things get hard. The most dangerous time is the weeks after leaving, so support doesn't stop at the gate.

Why ten months

The research is clear that 90 days is the minimum for residential treatment to work, and stays of six months or more show better results. No study shows twelve months beats ten. What matters most is that nobody leaves to nothing, which is why every resident gets a year of aftercare.

Three trade tracks

Each resident works one of three trade tracks.

TRACK 01

Food and agriculture.

Greenhouses, fields, a commercial kitchen and catering, with produce and meals sold to Ottawa restaurants and markets. It builds on proven food service training programs already run by Ottawa's non-profit sector.

TRACK 02

Building maintenance.

Keeping the campus running: repairs, heating and cooling basics, grounds and property care. It builds on proven maintenance training programs already run by Ottawa's non-profit sector.

TRACK 03

Construction trades.

Carpentry, framing, drywall, painting and finishing, with pre-apprenticeship training and micro-certifications residents can take straight to an employer. Residents help build and renovate the campus and its heritage barns, the way residents of Delancey Street in San Francisco and San Patrignano in Italy build and run the businesses that help fund their programs.

Why this works

Residents build something real and see the results, which is the opposite of waiting in line for the next kit. Food service, property maintenance and construction all hire in Ottawa, and a reference from the campus helps open the door. And the campus puts distance between residents and the downtown dealers without cutting them off from hospitals or family.

Why the Greenbelt

Every proposal to put a shelter or treatment centre in a residential area runs into the same wall, and residents have a point: nobody wants it next to their kids' school or their front door. The Greenbelt isn't a neighbourhood. It's farmland, forest and open space between neighbourhoods, already managed by the NCC, with 5,400 hectares rented to farmers and 84 heritage barns. A recovery campus there gives people the space and distance they need to recover, without putting it on anyone's block.

Built on what works

Alberta's Red Deer Recovery Community has 75 beds, is paid for by the province and is run by a private operator at no cost to residents. Philadelphia's Riverview Wellness Village has 340 beds. San Patrignano in Italy houses about 850 residents, and its farm, food and craft businesses fund about 65 percent of its budget. Delancey Street in San Francisco shows the model can work at scale.

What it will not be

It will not be a locked facility, and it will not be a place without medication. People leave with a plan, not a bus ticket.

The province pays for treatment.

Health care is the province's job, so the province pays for treatment. Ontario has already committed nearly \$550 million to HART hubs, and the Premier has said the province needs to build more treatment capacity. Ottawa's job is to bring a ready-to-build plan and fight for its share.

Province of Ontario. Treatment beds, detox, medication, clinical staff and operating costs.

National Capital Commission. A long-term lease of Greenbelt land and barns.

Housing programs. Recovery housing units and the housing exit.

City of Ottawa. Fast-tracked approvals, transit access, and redirecting existing addiction contracts to results-based funding. No new property tax.

Campus revenue. Part of operations, from produce, catering, and maintenance and renovation work.

Private funding partners. A potential option for building costs, training and the extras that make recovery stick: a capital campaign with donors and foundations, the way Ottawa's hospitals raise money for new buildings; employers and trade associations sponsoring a training track and hiring graduates; and Ottawa restaurants and grocers buying what the campus grows. Every partner and every dollar would be disclosed publicly.

Who runs it. Alberta's model works: the province pays, an experienced operator runs the campus, and residents pay nothing. Red Deer's 75-bed recovery community is run this way by a private operator. Ottawa would pick its operator through an open tender, open to Ottawa non-profits and experienced private providers.

Recovery shouldn't depend on what you can pay. Private residential treatment in Ontario costs up to \$14,250 a month. HopeWorks will be free to residents.

The first 100 days. A council motion endorsing Recovery First Ottawa and requesting provincial funding. A letter to the Premier asking for Ottawa to be the pilot city for detox-to-recovery. Talks with the NCC on a Greenbelt site. A review of every city-funded addiction contract, with results targets. And public data on detox wait times and needle pickups, posted every quarter. A request to Ottawa Police to put a nurse in the Elgin Street cells.

Year one. A site chosen with the NCC, the neighbours and the ward councillor at the table before it's announced, a provincial business case submitted and an operator tender issued.

Year two. Design and approvals, with detox-to-treatment transfers running at the HART hubs, and the Sobering Unit open.

Years three and four. Construction and the first 100 residents. Phase two follows.

Other places changed course.

Philadelphia. Opened the 340-bed Riverview Wellness Village and cracked down on the Kensington drug market. Overdose deaths fell from 1,069 in 2024 to 747 in 2025 (preliminary), on track for the lowest in nearly a decade.

San Francisco. Passed a Recovery First law, opened 279 new recovery and treatment beds and a 24-hour stabilization centre. Overdose deaths fell from 810 in 2023 to 621 in 2025 (preliminary).

Alberta. Building 11 free recovery communities, six of them open.

Winnipeg. Protective Care gives police a medically staffed place to bring people who are dangerously intoxicated instead of a jail cell. More than 11,000 intakes a year.

Vermont. Offered addiction medication through a network of clinics and family doctors. Among patients surveyed, opioid use fell 96 percent and emergency room visits fell 89 percent.

Zurich. Built treatment capacity, then cleared the Letten open drug scene in 1995. The open drug scenes did not come back.

British Columbia. Tried decriminalization and take-home safer supply, then let the experiment expire in 2026 because it "has not delivered the results we hoped for."

Straight answers.

Isn't harm reduction saving lives? Naloxone saves lives, and it stays. But reviving someone ten times isn't success. An overdose can starve the brain of oxygen, and naloxone can't undo that damage. The goal is the last overdose, not the next one.

Deaths are already falling. Why change anything? Overdose deaths are falling across North America, including in cities that switched to recovery. Ontario's fell 38 percent last year, and Ottawa's are down from their 2023 peak. That's good news. But falling deaths don't mean people are getting better. Public drug use in Ottawa is rising: needle pickups were up 22 percent last year and are on pace to rise again this year.

How many people will this help? At full size, about 240 people a year will go through the campus, on top of everyone moved from detox into treatment through the HART hubs and the Sobering Unit.

Will people be locked up for using drugs? No. Nobody gets locked up for using drugs. Every resident at the campus chooses to be there.

What happens to safer supply? Prescribed opioids can continue, taken in front of a nurse or pharmacist. What ends is take-home pills that get traded on the street for fentanyl.

Will you stop handing out needles and pipes? Sterile needles stay, because HIV and hepatitis outbreaks cost lives and money. Pipe handouts will be phased out. Every supply program will come with a treatment offer and report how many needles come back.

Isn't this the province's job? Health care is. Standing up for Ottawa and bringing a plan that's ready to build is the mayor's job.

Why the Greenbelt? Because nobody wants a treatment centre on their street, and they shouldn't have to fight one. The Greenbelt isn't a neighbourhood. It's federal land set aside for agriculture and open space, which is exactly what a recovery campus with a working farm needs.

Will private donors get a say? No. Partners can fund buildings, training and jobs. Treatment decisions stay with clinicians, and every partner is disclosed.

Will it raise my taxes? No. The province pays for treatment. The city's part comes from redirecting the addiction contracts it already funds.

10 / WHY ALEX

Measure what counts.

I'm a carpenter. On a job site, nobody measures progress by how many times they patched the same leak. You fix it, and you check that it held.

For ten years, Ottawa has measured its response to addiction by how many kits went out the door and how many overdoses were reversed. Those numbers matter. But they don't tell you whether anyone got better.

This plan measures the thing that counts: how many people got from detox to treatment, from treatment to work, and from work to a home of their own.

You can't have compassion without competence.

We've got a lot of work to do.

Ottawa deserves better.

11 / SOURCES & VERIFICATION

Every figure here is sourced.

WITHDRAWAL MANAGEMENT BEDS

Montfort Renaissance residential withdrawal management, 26 beds (20 men, 6 women), counsellor-staffed, non-medical. The Royal's Assessment and Stabilization Unit, a 12-bed inpatient unit providing medical withdrawal management. Total about 38, of which 12 are medical. Ottawa population over one million (2021 Census, 1,017,449).

<https://montfortrenaissance.ca/en/residential-withdrawal-management/>

THE ROYAL, MEDICAL WITHDRAWAL BEDS

Assessment and Stabilization Unit, "a 12-bed inpatient unit," Substance Use and Concurrent Disorders Program.

<https://www.theroyal.ca/programs-clinics-services-directory/substance-use-concurrent-disorders-program/>

HARM REDUCTION SERVICES

Ottawa Public Health needle and syringe program at 179 Clarence Street in the ByWard Market; the Site mobile van runs seven days a week, 5 pm to 11:30 pm.

<https://www.ottawapublichealth.ca/clinics-education-and-supports/addictions-and-substance-use-health-opioids-cannabis-alcohol-and-tobacco/harm-reduction-services/>

OVERDOSE AND BRAIN INJURY

Opioid overdose slows or stops breathing and can cause hypoxic brain injury; naloxone reverses the overdose but not injury already sustained. Brain Injury Canada.

<https://braininjurycanada.ca/en/caregiver/about-brain-injury/opioid-overdose/>

REPEAT OVERDOSE RISK, ONTARIO

Of 28,488 Ontarians treated in emergency departments for a non-fatal opioid overdose (2017 to 2023), 21 percent overdosed again within a year and 9 percent died. ICES news release, May 7, 2026.

<https://www.ices.on.ca/news-releases/opioid-overdose-survivors-face-higher-risk-of-death-than-previously-thought-study-finds/>

NEEDLES AND PIPES, 2025

35,917 needles recovered in 2025, up 22 percent from 2024; 35,897 glass pipes (34,897 in 2024). The 22 percent increase applies to needles. City of Ottawa open data, recovered needles and glass pipes.

<https://open.ottawa.ca/datasets/recovered-needles-and-glass-pipes/about>

NEEDLES, FIRST HALF OF 2026

21,300 discarded needles in the first six months of 2026. CTV News Ottawa, August 18, 2026. The "on pace" comparison doubles the six-month figure (about 42,600) against 35,917 for all of 2025.

<https://www.ctvnews.ca/ottawa/article/ottawa-reports-increase-in-discarded-needles-glass-pipes-picked-up-this-year/>

SYRINGE IN A WEST-END PARK

February 10, 2024, Princess Margriet (Fairmont) Park: a two-year-old put an uncapped syringe in her mouth and was taken to CHEO as a precaution. CTV News Ottawa; Kitchissippi Times.

<https://www.ctvnews.ca/ottawa/article/child-brought-to-cheo-after-putting-syringe-in-mouth-at-ottawa-park-paramedics/>

SCHOOL BUS HAZARD ZONES

The Ottawa Student Transportation Authority created community hazard zones and began busing about 60 students at five downtown schools from March 9, 2026, because walking routes pass recurring open drug use. CTV News Ottawa, March 2026.

<https://www.ctvnews.ca/ottawa/article/ottawa-school-bus-authority-offers-bus-service-to-students-living-in-5-community-hazard-areas/>

BANK STREET BUSINESSES

Centretown business owners on Bank Street cite petty theft, public drug use, property damage and homelessness. CTV News Ottawa, September 2, 2026.

<https://www.ctvnews.ca/ottawa/article/centretown-businesses-say-crime-drug-use-taking-a-toll/>

DIVERTED SAFER SUPPLY, LONDON

London Police Chief Thai Truong said safe supply drugs were being diverted and "fueling the drug trade," with hydromorphone exchanged for fentanyl. Global News, July 15, 2024.

<https://globalnews.ca/news/10624800/safe-supply-drugs-majority-seized-opioids-london-police>

DIVERTED SAFER SUPPLY, BRITISH COLUMBIA

A BC Ministry of Health briefing document stated "prescribed alternatives are being trafficked provincially, nationally and internationally." Reported November 2024.

<https://ici.radio-canada.ca/rci/en/news/2138531/b-c-investigates-significant-prescribed-drug-diversion-including-international-trafficking>

STUDENTS, GRADES 7 TO 12

Past-year non-medical use of prescription opioid pain relievers among Ottawa students doubled from 10 percent in 2021 to 20 percent in 2023 (Ontario Student Drug Use and Health Survey, Ottawa sample), as reported by Ottawa Public Health. Same source for Ottawa opioid deaths (65 in 2019, 207 in 2023) and emergency department visits (448 in 2019, 1,337 in 2023). Ottawa Public Health, Current Local Evidence to Inform Ottawa's Overdose Prevention and Response Strategy, March 2025.

<https://pub-ottawa.escribemeetings.com/filestream.ashx?DocumentId=230433>

PUBLIC OPINION

63 percent disapprove of how the city is addressing homelessness and addiction. Liaison Strategies, automated phone survey of 1,250 Ottawa residents, August 14 to 19, 2026, margin of error plus or minus 2.77 percent, 19 times out of 20.

<https://press.liaisonstrategies.ca/ottawa-70-say-homelessness-has-gotten-worse/>

CONSUMPTION SITE CLOSURES

Ottawa's last two supervised consumption sites, at Ottawa Inner City Health and Sandy Hill Community Health Centre, closed June 12, 2026 when provincial funding ended. The Somerset West site closed in March 2025 and Ottawa Public Health's Clarence Street site in September 2025. CTV News Ottawa, June 13, 2026.

<https://www.ctvnews.ca/ottawa/article/ottawas-last-supervised-consumption-sites-close/>

DOWNTOWN HART HUB

Somerset West's supervised site closed in March 2025; its HART hub opened in September 2025, offering mainly "showers, meals and leisure activities." Canadian Affairs, March 1, 2026.

<https://www.canadianaffairs.news/2026/03/01/ontarios-hart-hubs-a-year-in-the-wins-and-failures/>

ZURICH

Platzspitz was closed in February 1992 with "no organised social support" in its place, and the scene moved to the Letten station area, which was cleared in 1995. Swissinfo.

<https://www.swissinfo.ch/eng/demographics/the-needle-park-25-years-on-the-end-of-zurich-s-open-drugs-scene/42934308>

BRITISH COLUMBIA DECRIMINALIZATION

Federal exemption January 31, 2023 to January 31, 2026. Public use recriminalized May 7, 2024. Witnessed dosing for safer supply announced February 19, 2025. On January 14, 2026, Health Minister Josie Osborne said the pilot "has not delivered the results we hoped for"; BC did not seek renewal.

<https://news.gov.bc.ca/releases/2026HLTH0003-000031>

OREGON MEASURE 110

Passed November 2020, in effect February 2021. The treatment hotline had received 577 calls by December 2023. Oregon Secretary of State audit, December 2025: "Measure 110 Lacks Stability, Coordination, and Clear Results." Possession recriminalized September 1, 2024 (HB 4002).

<https://sos.oregon.gov/audits/Documents/2025-29.pdf>

OREGON HOTLINE

Lines for Life hotline "vastly underutilized," 577 calls since 2021. La Grande Observer / Oregonian, December 16, 2023.

<https://lagrandeobserver.com/2023/12/16/oregons-measure-110-drug-treatment-hotline-has-served-only-577-gets-new-operator/>

SAN FRANCISCO TENDERLOIN CENTER

Cost about \$22 million, reversed about 300 overdoses, open January to December 2022. Early data reported only a few dozen people accepted into housing, drug treatment or long-term services. SFist, November 17, 2022.

<https://sfist.com/2022/11/17/final-tab-on-22-million-tenderloin-center-300-overdoses-reversed-600-enrolled-for-government-benefits/>

SAN FRANCISCO RECOVERY FIRST AND BEDS

Mayor Lurie signed the Recovery First ordinance in May 2025, making long-term recovery the city's primary substance use goal. City announcement of 279 new recovery and treatment beds and a 24-hour stabilization centre.

<https://www.sf.gov/news-mayor-lurie-opens-279-new-recovery-and-treatment-beds-delivering-significant-progress-on-his-breaking-the-cycle-vision-for-tackling-homelessness-and-behavioral-health-crisis>

SAN FRANCISCO OVERDOSE DEATHS

810 in 2023 (record); 621 in 2025, preliminary Office of the Chief Medical Examiner figures. Bay City News, January 19, 2026.

<https://localnewsmatters.org/2026/01/19/overdose-deaths-drop-in-san-francisco/>

PHILADELPHIA

Riverview Wellness Village opened January 2025 with 340 beds. Overdose deaths 1,069 in 2024 (Philadelphia Department of Public Health, May 2026); 747 through December 23, 2025, preliminary, on track for the lowest in nearly ten years (DBHIDS, December 30, 2025).

<https://www.phila.gov/2025-01-09-mayor-cherelle-l-parker-and-the-city-of-philadelphia-open-riverview-wellness-village-with-a-focus-on-recovery-housing/>

PHILADELPHIA OVERDOSE DEATHS

2025 preliminary count and decade-low trend.

<https://dbhids.org/news/overdose-deaths-in-philly-on-track-to-be-the-lowest-in-nearly-10-years-pa-deaths-are-also-declining-dramatically/>

ALBERTA RECOVERY COMMUNITIES

11 recovery communities planned, six open, free of charge. Government of Alberta.

<https://www.alberta.ca/recovery-communities>

PREMIER ON TREATMENT CAPACITY

Premier Ford said the province needs to "build more capacity" for addiction treatment. Global News, September 17, 2026.

<https://globalnews.ca/news/12062766/premier-fords-openness-to-involuntary-addiction-treatment-facing-constitutional-and-capacity-challenges/>

HART HUBS

Ontario committed \$529 million when HART hubs were announced in January 2025; the province now describes the investment as nearly \$550 million. Ottawa's West Ottawa HART hub, opened April 2026, lists withdrawal management and stabilization among its services.

<https://www.wireservice.ca/ontario-opens-new-homelessness-and-addiction-recovery-treatment-hub-in-west-ottawa/>

WITNESSED DOSING IN ONTARIO

Take-home safer supply remains permitted in Ontario. The College of Physicians and Surgeons of Ontario board meets October 13, 2026 to consider requiring witnessed dosing and quantity limits. CBC News, September 29, 2026. BC moved all patients to witnessed-only safer supply in late 2025.

<https://www.cbc.ca/news/canada/sudbury/safer-supply-prescription-opioids-ontario-doctors-speak-out-9.7360806>

SUBLOCADÉ

Extended-release buprenorphine injection given every 28 days, covered under the Ontario Drug Benefit as a Limited Use product, administered by certified clinicians including pharmacists. Ontario College of Pharmacists.

<https://ocpinfo.com/ocp-resources/buprenorphine-for-opioid-use-disorder-treatment-focus-on-new-formulations-and-alternative-induction-protocols/>

GREENBELT FARMLAND AND BARNS

5,400 hectares of Greenbelt farmland rented to farmers and 84 historically significant agricultural barns. National Capital Commission.

<https://ncc-ccn.gc.ca/places/agriculture-in-the-greenbelt>

SAN PATRIGNANO AND DELANCEY STREET

San Patrignano houses about 850 residents; its businesses fund about 65 percent of its budget (WBUR, December 16, 2025). Delancey Street's resident-run businesses fund the program (Delancey Street Foundation).

<https://www.wbur.org/news/2025/12/16/san-patrignano-addiction-treatment-rehab>

VERMONT HUB AND SPOKE

Among 80 patients surveyed in treatment, opioid use fell 96 percent and emergency department visits fell 89 percent. Vermont Department of Health evaluation brief.

https://www.healthvermont.gov/sites/default/files/documents/pdf/adap_HubSpokeEvaluationBrief.pdf

OPIOID DEATHS, 2025

Ontario opioid deaths fell 38.3 percent in 2025, to 1,398. Health Canada data reported June 15, 2026. Ottawa 2024: 123 deaths January to September; ED visits 934 (preliminary), Ottawa Public Health.

<https://ladysmithchronicle.com/2026/06/15/canada-sees-a-23-reduction-in-opioid-deaths-in-2025/>

COST OF OPIOID USE, CANADA

Opioid use cost Canada \$7.1 billion in 2020: \$5.3 billion lost productivity, \$1.1 billion criminal justice, \$519 million health care. Per-person opioid costs rose 66 percent from 2007 to 2020. Canadian Substance Use Costs and Harms, 2007 to 2020.

<https://csuch.ca/substance-use-costs/current-costs/>

COST OF OPIOID USE, FULL REPORT

Canadian Substance Use Costs and Harms Report, 2007 to 2020.

<https://csuch.ca/assets/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2007-2020-en.pdf>

OTTAWA POLICE OVERDOSE CALLS

Ottawa police responded to 1,480 overdose calls in 2024 and 810 in 2025. CBC News, via Yahoo News.

<https://ca.news.yahoo.com/overdose-calls-decreased-ottawa-2025-080054440.html>

PARAMEDIC OVERDOSE CALLS, 2026

Paramedic overdose calls rose 52 percent in the first five months of 2026. DATAC.

<https://datac.ca/overdose-emergencies-increased-across-ontario-cities-in-2026/>

RED DEER RECOVERY COMMUNITY

75 beds, about \$20 million to build. Alberta Major Projects.

<https://majorprojects.alberta.ca/details/Red-Deer-Recovery-Community/6533>



RED DEER OPERATOR

Publicly funded, operated by EHN Canada (Edgewood Health Network), free to residents.

<https://www.edgewoodhealthnetwork.com/resources/ehn-in-the-media/the-government-of-alberta-and-ehn-canada-have-partnered-to-launch-the-red-deer-recovery-community-by-ehn-canada/>

PRIVATE RESIDENTIAL TREATMENT COSTS, ONTARIO

Environmental scan of Ontario residential treatment: 1,423 beds; private programs cost \$550 to \$14,250 a month. Substance Abuse Treatment, Prevention, and Policy, 2023.

<https://link.springer.com/article/10.1186/s13011-023-00586-3>

90-DAY THRESHOLD

The Drug Abuse Treatment Outcome Studies (DATOS) found 90 days to be the minimum effective length of residential treatment. SAMHSA.

<https://www.datafiles.samhsa.gov/publication/treatment-retention-and-follow-outcomes-drug-abuse-treatment-outcome-study-datos>

SIX-MONTH STAYS

Residential stays of six months or more associated with better outcomes. American Journal of Drug and Alcohol Abuse, 2023.

<https://www.tandfonline.com/doi/full/10.1080/00952990.2023.2245123>

PUBLIC DRUG USE OFFENCE

Ontario's provincial offence for public drug use. Global News.

<https://globalnews.ca/news/11736600/ontario-drug-use-new-provincial-offence/>

PUBLIC DRUG USE OFFENCE, STATUTE

Statute text, Ontario e-Laws.

<https://www.ontario.ca/laws/statute/s25005>

POLICE POWERS AND DRUG INTOXICATION

Ontario police can hold someone intoxicated by alcohol in a public place but have no equivalent power for drugs. Barrie 360.

<https://barrie360.com/barrie-police-authority-arrest-people-high-on-drugs/>

WINNIPEG PROTECTIVE CARE

Main Street Project's Protective Care, a medically staffed alternative to a jail cell for people who are dangerously intoxicated, with more than 11,000 intakes a year.

<https://www.mainstreetproject.ca/protective-care-we-dont-call-it-the-drunk-tank-and-we-dont-want-you-to-either-heres-why/>

Authorized by the official agent of the Alex Lawson campaign.