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Canada is entering the next phase of a decades-long opioid crisis that **already claimed more than 53,000 lives**. The human toll is staggering.

As participants in the **International Visitors Leadership Program (IVLP)**, we visited Baltimore, Cleveland, Orlando, and other cities to better understand how American jurisdictions are responding, specifically with **opioid settlement funds**.

With experience across healthcare, public policy, law enforcement, academia, and community building, we believe Canada needs a more coordinated, long-term approach. Here are four recommendations to help strengthen the national response.

In 2022, Canada was **awarded \$150 million in opioid settlement funds** from Purdue Pharma, the company that misled doctors and patients about the safety of OxyContin and ignited the opioid epidemic in North America. However, the Canadian settlement funds pale in comparison to the **more than \$50 billion** secured in the United States from drug companies, pharmacies, consultants, and distributors that also contributed to the current opioid crisis.

As Ottawa weighs additional litigation, it is vital that this first round of settlement funds be used wisely and directed where the crisis is felt most: to make much needed systems change and in our treatment and recovery programs. We believe that any new funding now available should be focused on four priorities: purchasing assets; systems change; mandatory accreditations; early-warning and transparent reporting.

Invest in community-based assets

While Canada has been relatively good about providing frontline and low-barrier services for people who use drugs, the upstream investments have been lacking and uncoordinated. One recent study showed that people who survive a single drug poisoning event are 19.5 times more likely to acquire a brain injury. This means traditional shelter systems or short-term housing programs are not enough; people with cognitive impairment require long-term, stable environments with appropriate support.

During our U.S. visit, we saw examples of what this can look like. From Charm City Connections in East Baltimore, to Maine's network of Recovery Centres long-term recovery homes like Oxford House throughout Florida, and the Cuyahoga network of community housing, we saw a continuum of stable, structured housing for people that are not shelters or clinical institutions. These are some examples of the community-based supports that fill a gap Canada has never meaningfully addressed.

But a system of community-based assets requires coordination between all levels of government. They require cross-sector planning, capital and operational funding, and zoning approvals. They cannot be supported through one-time calls for proposals or intermittent grant funding. If settlement funds are to be useful at all, they should be spent gradually, in predictable allotments, supporting infrastructure that will still matter decades from now.

We need systems change now

A crisis, by definition, is short-lived. In the U.S., there was an acknowledgement that we are facing a chronic public-health condition that demands coordination between data providers, housing, law enforcement, public health, emergency rooms, and treatment. Most overdoses now stem from fentanyl use, and stimulant-related deaths from methamphetamine and cocaine are rising steadily. The drug landscape is shifting faster than our systems can adjust, and our governments, healthcare systems, and community partners must start planning for the long term.

Currently in Canada, federal, provincial, and municipal governments each control different components of the drug policy ecosystem. Health Canada oversees supervised consumption sites and prescription regulations; provinces run healthcare and treatment systems; municipalities manage shelters and emergency services. No one actor has the authority or mandate to align these pieces, and this fragmentation leaves vulnerable clients and surrounding communities behind.

The settlement money gives Canada an opportunity to build regional or municipal leadership hubs that can coordinate data, align funding applications, and integrate services coast to coast. The Ontario Big City Mayor's coalition has made a similar request on the issues of homelessness, drugs and mental health for several years. Without this, we will continue managing the crisis in silos. We were really impressed to see the opioid response in Baltimore is led out of Mayor Brandon Scott's office. Placing the response in the mayor's office allows for convening all relevant departments (health, police, housing, and employment) under one roof for strategy and execution. Since this announcement, Seattle and Detroit have followed suit after a drastic reduction in overdoses in Baltimore.

Establish mandatory accreditations across the entire continuum of care

Right now, many treatment programs operate with minimal oversight, **which has caused negative effects for clients**. One of the most obvious advancements we saw while on the IVPL trip is that numerous states have moved beyond voluntary licensing and adopted certification or accreditation regimes that span the full continuum: from detox and clinical treatment to peer-run recovery residences, which is a requirement to obtain opioid settlement funding. Federal, provincial, and territorial governments need to develop robust national accreditation standards for organizations and health care providers who provide detox, treatment, and recovery homes.

In Florida, the **Florida Association of Recovery Residences (FARR)** certifies recovery homes using the **National Alliance for Recovery Residences (NARR)**. Ohio follows a similar model through **Ohio Recovery Housing (ORH)**, where certification is required for referral pathways and inclusion in the state registry. Alongside these state-based systems, national bodies such as the **Commission on Accreditation of Rehabilitation Facilities (CARF)** and The Joint Commission (TJC) accredit clinical detox and treatment programs, setting consistent standards for quality, staffing, safety, and outcomes.

Canada has some accreditation frameworks, for example **through the Canadian Centre on Substance Use and Addiction (CCSA)**, but none are designed to address the realities of today's crisis or treatment landscape, where fentanyl-driven toxicity, polysubstance use and complex brain injuries are common and often concurrent. By failing to integrate certification from detox to treatment to recovery housing, we leave gaps in quality and safety that undermine public trust.

Invest in a real-time early warning systems and reporting

While injection drug use dominated the early 2020s, many overdoses today involve the inhalation or smoking of fentanyl. **Cocaine and methamphetamine deaths** are increasing in many jurisdictions and Canada's data systems have not kept pace. Our drug surveillance infrastructure remains slow, fragmented, or entirely absent. **Canada's wastewater and spot drug testing** needs to be scaled up in large and border cities across the country.

Right now, Canadians rely on police data, hospital data, and self-reporting — none of which reflect the situation in real time. Wastewater labs, however, can measure traces and estimate trends such as what substances are circulating, whether use is climbing or dropping, and how patterns shift week to week. Wastewater testing is anonymous and population-level data that can flag the arrival of a new synthetic drug, warn about a toxic batch, or show if a policy intervention is doing anything at all. It's also relatively cheap and fast compared to most surveillance tools.

In Canada, the **City of Windsor is one city using wastewater analysis to detect new substances**. It shouldn't be the exception, given that a national wastewater network was developed during COVID-19 and Canadians in real time saw daily updates as to new variants and epidemiological shifts. We should be applying the same real-time surveillance tools to track an increasingly toxic drug supply. Settlement funds should be used to fund a national dashboard accessible to designated medical and law enforcement agencies that can assist in rapid response mechanisms being used by frontline workers. Canada needs a national early-warning system that helps communities respond before tragedy strikes.

Finally, Canada needs transparent reporting mechanisms for any settlement spending. The U.S. has already launched **digital dashboards tracking where their funds are going**, something we could easily replicate in Canada. Public reporting builds trust. It helps families understand what services exist, gives policymakers the ability to track outcomes, and shows governments what is working and what is not. It

also strengthens accountability across sectors by making sure every level of government and every funded partner is using these dollars efficiently and transparently.

The opioid crisis is not just a “crisis”; it is a chronic issue that demands a long-term, coordinated, evidence-based response rather than piecemeal reactions. We have models to learn from, both internationally and here at home. What we need now is the political will to act. We must use the resources we have to build a recovery system that finally matches the scale of the emergency. Canada’s \$150 million opioid settlement will not last forever, but if spent strategically on leadership, coordination, accreditation, housing, and data, it can strengthen the systems we desperately need.

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