Niagara's COMMUNITY SUBSTANCE USE STRATEGY

2025-2029

Niagara Community Substance Use Strategy

Acknowledgements

Land Acknowledgement

Niagara Region is situated on treaty land. This land is steeped in the rich history of the First Nations such as the Hatiwendaronk, the Haudenosaunee, and the Anishinaabe, including the Mississaugas of the Credit First Nation. There are many First Nations, Métis and Inuit from across Turtle Island that live and work in Niagara today. The Regional Municipality of Niagara stands with all Indigenous peoples, past and present, in promoting the wise stewardship of the lands on which we live.

We recognize that substance use impacts Indigenous Peoples in profound ways, shaped by the impacts of colonization, intergenerational trauma, and systemic inequities. These harms are compounded by barriers to culturally safe care, stigma, and racism within health and social service systems. At the same time, Indigenous communities demonstrate strength and resilience through cultural practices, land-based healing, and community-led harm reduction initiatives.

Niagara Region remains committed to respectful, ongoing engagement with the Niagara Indigenous community. This living document will continue to evolve, guided by the voices and experiences of Indigenous Peoples and those with lived and living experience.

Memorial Acknowledgement

We honour those in our communities who have lost their lives to substance related harms from the toxic, unregulated drug crisis to the lasting impacts of alcohol, cannabis, and other substances. This strategy is grounded in their memory and in recognition of the grief, resilience and advocacy that continues to drive the call for equity, dignity and the rights of people who use substances.

Partner Acknowledgement

This strategy reflects the insights of people with lived and living experience, service providers and community partners across the four pillars of harm reduction, treatment, prevention, and community safety. We are grateful to all who shared their perspectives, time and expertise to shape this work.

Niagara Community Substance Use Strategy

Table of Contents

Introduction 1
Niagara Context and Substance Use 2
From Context to Alignment: Why This Matters for Our Strategy 9
Community Engagement: What We Heard 10
Our Approach 11
From Pillars to Action 12
Recommendation 1: 13
Recommendation 2: 15
Recommendation 3: 17
Recommendation 4: 19
Recommendation 5: 21
Implementation 23
Monitoring and Evaluation 24
Conclusion 25
Glossary of Terms 26
Endnotes 29

Niagara Community Substance Use Strategy

Introduction

Substance use is one of the most pressing public health challenges facing Niagara. It affects individuals, families, and communities in profound ways and is shaped by social determinants of health, trauma, and systemic inequities. Addressing it requires a coordinated, multi-sector response, as no single organization or system can solve this complex challenge alone. [1]

The Niagara Community Substance Use Strategy was developed in collaboration with persons with lived and living experience (PWLLE), service providers, and community partners. Its purpose is to provide evidence-informed, community-driven roadmap to reduce harm, support recovery, and build healthier, safer communities. The Strategy aligns with the Mental Health and Addictions priority within the Niagara Community Safety and Well-Being Plan, situating substance use within a broader vision of community safety, equity, and inclusion.[2]

Although mental health and substance use are deeply interconnected, this Strategy centers on substance use and its related mental health impacts. Broader mental health priorities are recognized as essential and are addressed through other complementary initiatives.

Given this focus, the Strategy spans the full spectrum of prevention, harm reduction, treatment, and community safety, and addresses alcohol, cannabis, opioids, and other psychoactive substances. Tobacco and vaping, while significant, are covered under Ontario's Smoke-Free Ontario Act (2017) and are therefore not included in this Strategy.

This Strategy reflects our current understanding and collective learning. As research, best practices, and community experiences evolve, the Strategy will continue to adapt, ensuring it remains responsive to the changing needs of our community. Niagara Region Public Health, along with partner organizations, will provide annual updates to share progress, identify gaps, and outline priorities for moving forward, ensuring that lessons learned inform ongoing action and continuous improvement.

Niagara Context and Substance Use

Niagara's geography, economy, and population dynamics shape its substance use landscape. The region is a renowned tourist destination, attracting visitors to historic sites, natural attractions, wineries, and craft breweries. Niagara's microclimate supports grape-growing, making it Ontario's largest grape-growing jurisdiction, with approximately 13,600 acres under vine.[3] Major highways, border crossings into the United States, nearby international airports, and access to Ontario's largest port all contribute to movement and availability of substances, including alcohol and cannabis.

While the alcohol and tourism industries are important economic engines in Niagara[4], these same factors influence substance availability and social norms, especially among youth, young adults, and transient hospitality workers.[5] Cross-border accessibility and a large tourism economy also change patterns of availability and consumption.

Recent local indicators illustrate the magnitude of harms:

Alcohol Use in Niagara

- A higher proportion of Niagara residents report current alcohol use compared to the provincial average (83.1% vs. 75.8%).[6]

- About 3 in 5 Niagara residents aged 19 years of age or older are regular drinkers (once/month or more) and roughly 1 in 3 report 3+ standard drinks in the past week (moderate to high risk).[7]

- Across the life course, the rate of emergency department visits for conditions entirely caused by alcohol is significantly higher among residents 25 to 64 compared to residents under 25 years of age and 65 years or older.[8]

- In 2024, Niagara residents visited the emergency room 2,513 times for alcohol-related issues, for a rate of 461.0 per 100,000 population. 59.5% of these visits occurred in males and 38.2% occurred in those ages 25-44.[9]

Figure 1: Rate of emergency department visits for conditions entirely caused by alcohol from 2015 – 2024 in Niagara and Ontario

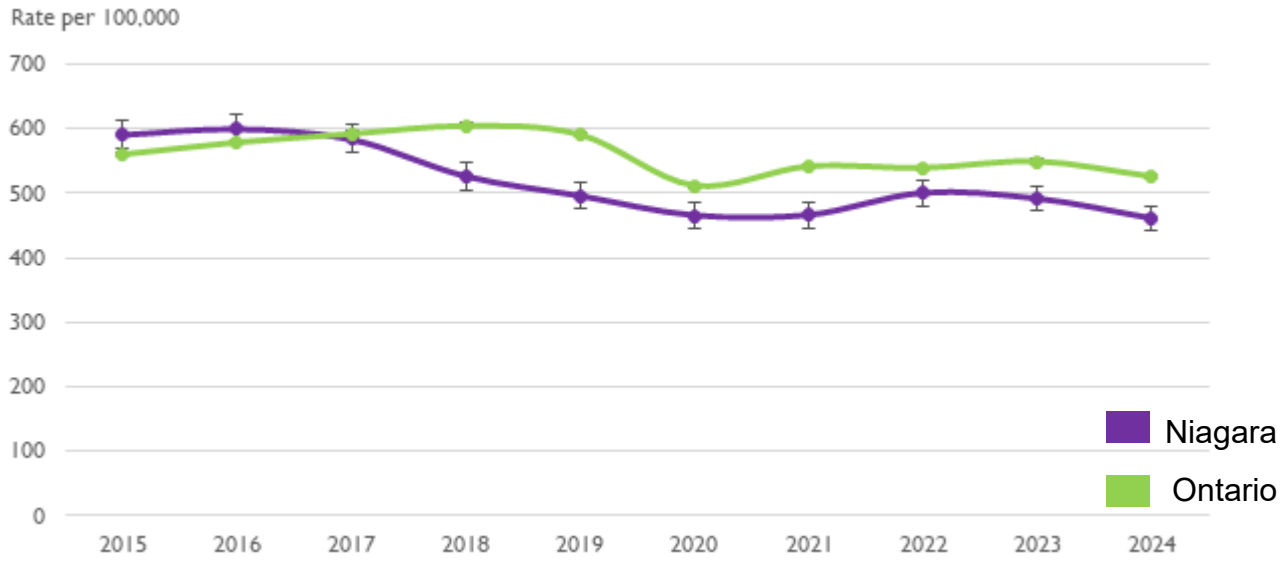

Table 1: Rate of emergency department visits for conditions entirely caused by alcohol from 2015 – 2024 in Niagara and Ontario

Year	Niagara Rate	Ontario Rate
2015	591.05	560.19
2016	600.02	579.01
2017	584.11	592.41
2018	526.62	604.88
2019	495.90	591.51
2020	465.50	511.76
2021	465.85	541.51
2022	500.43	539.12
2023	491.67	549.37
2024	460.97	525.83

Figure 2: Rate of emergency department visits for conditions entirely caused by alcohol for Niagara residents by age, 2020-2024

DATA NOTES

- Emergency department visits for conditions entirely caused by alcohol include all unscheduled emergency department visits for mental and behavioural disorders, poisonings and medical conditions or external causes fully attributed to alcohol use to any emergency department in Ontario.

- Emergency department visits for Niagara residents include all residents with a valid health card that indicates Niagara as their residence.

- Interpret 2020-2023 visits with caution due to changes in the availability of health care and health seeking behaviour during the COVID-19 pandemic.

DATA SOURCE

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Substance use and harms tool >> ED visits for conditions entirely caused by alcohol [Internet]. Toronto, ON: King's Printer for Ontario; c2025. Available from: Substance Use and Harms Tool | Public Health Ontario (https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Substance-Use-Harms-Tool)

Cannabis Use in Niagara

- In 2023, there were 573 cannabis-related emergency department visits for all cannabis related harms, for a rate of 109.1 per 100,000 population. Since 2014, the rate of emergency department visits for all cannabis related harms is significantly higher than Ontario.[10]

- The rate of emergency department visits for all cannabis related harms is significantly higher in those 13 - 64 years of age in Niagara compared to Ontario[11].

- Past-12-month cannabis use in Canada increased from ~22% in 2018 to ~26% in 2024, noting a gradual upward trend in use with post-legalization shifts in normalization and access.[12]

Figure 3: Rate of emergency department visits for all cannabis related harms from 2014-2023 in Niagara and Ontario

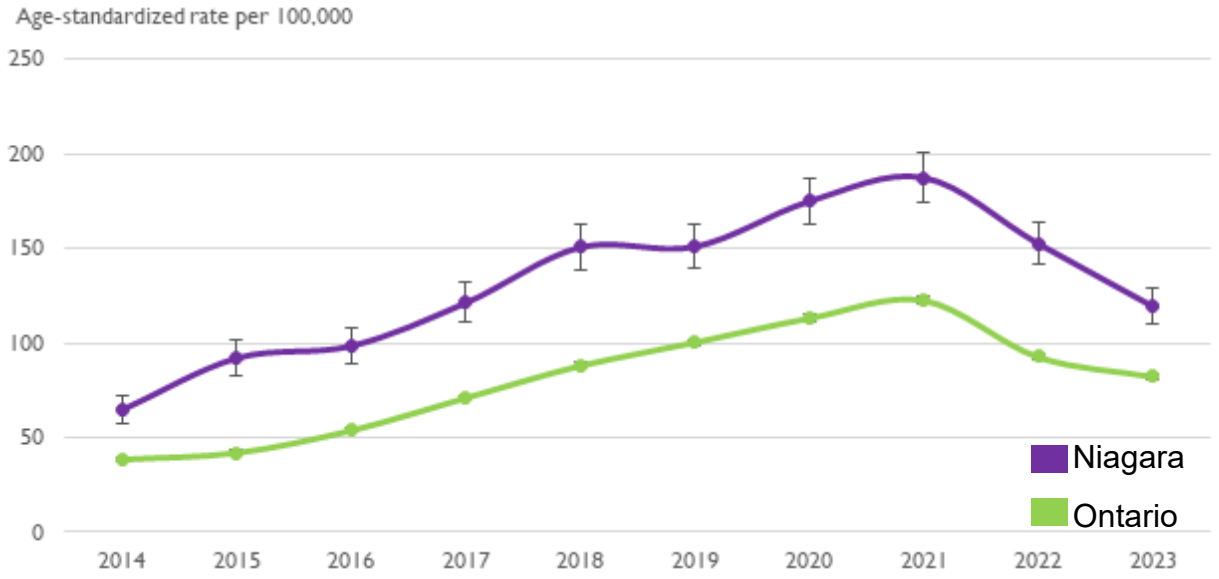

Table 2: Rate of emergency department visits for all cannabis related harms from 2014-2023 in Niagara and Ontario

Year	Niagara Rate	Ontario Rate
2014	59.25	37.94
2015	83.37	41.18
2016	88.79	52.57
2017	109.05	69.32
2018	135.75	86.45
2019	136.82	98.50
2020	157.00	110.99
2021	165.34	119.18
2022	136.41	91.01
2023	109.07	81.96

DATA NOTES

- Emergency department visits for all cannabis related harms include all unscheduled emergency department visits for cannabis-related poisoning or mental health diagnosis to any emergency department in Ontario.

- Emergency department visits for Niagara residents include all residents with a valid health card that indicates Niagara as their residence.

- Interpret 2020-2023 visits with caution due to changes in the availability of health care and health seeking behaviour during the COVID-19 pandemic.

DATA SOURCE

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: cannabis harms snapshot: Emergency department visits for all cannabis related harms [Internet]. Toronto, ON: King's Printer for Ontario; 2025 Available from: Cannabis Harms Snapshot | Public Health Ontario (https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Cannabis-Harms)

Opioid Use in Niagara

- In 2024, there were 111 deaths due to opioid toxicity deaths in Niagara, for a rate of 20.4 per 100,000 population, exceeding Ontario's 13.8 per 100,000.[13]

- Since 2016, the rate of deaths due to opioid toxicity has been higher in Niagara than Ontario.[14]

Figure 4: Rate of deaths due to opioid toxicity from 2015-2024 in Niagara and Ontario

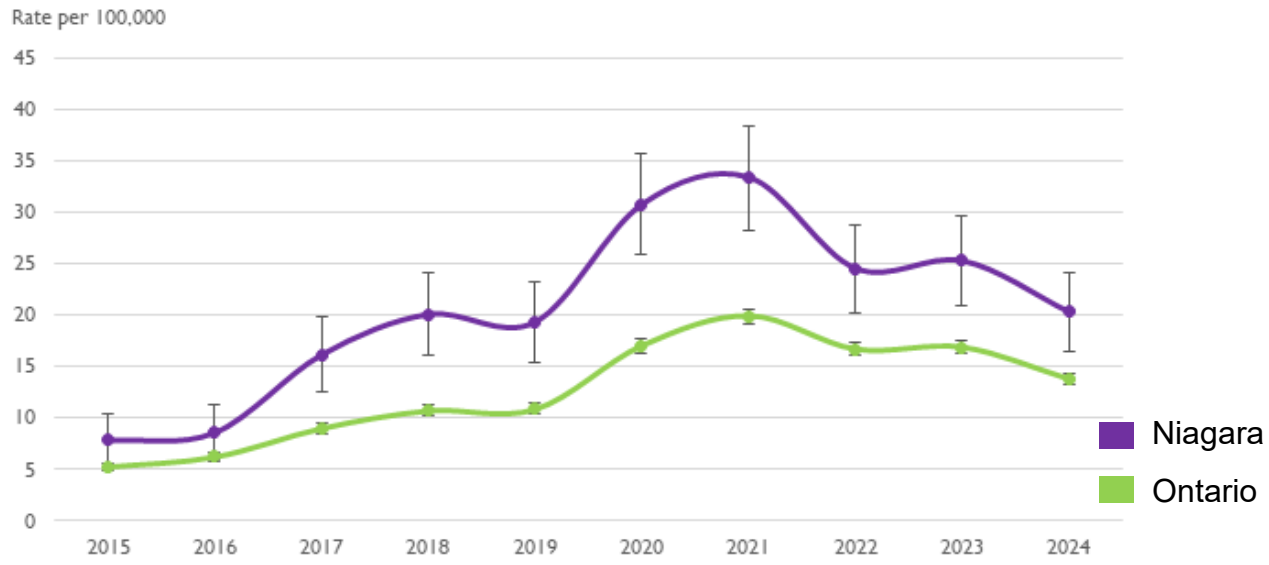

Table 3: Rate of deaths due to opioid toxicity from 2015-2024 in Niagara and Ontario

Year	Niagara Rate	Ontario Rate
2015	7.92	5.29
2016	8.68	6.26
2017	16.22	9.02
2018	20.14	10.73
2019	19.40	10.88
2020	30.79	17.06
2021	33.39	19.95
2022	24.57	16.71
2023	25.32	16.90
2024	20.36	13.80

DATA NOTES

- Deaths due to opioid toxicity include all confirmed and probable opioid toxicity deaths.
- Confirmed opioid toxicity deaths represent deaths which a coroner or forensic pathologist determined the cause of death to be drug toxicity with opioid involvement and can include multiple substances.
- Probable opioid toxicity deaths are suspect drug-related deaths where conclusions on cause of death are pending, and toxicology is positive for opioids.
- Investigations of opioid-related deaths may take several months to reach a conclusion on the cause of death. Therefore, all deaths are considered preliminary and subject to change.
- The public health unit represents the location of the incident, and if that was not available the location of death, followed by the location of residence. In death records prior to May 2017 the location of residence was used exclusively because incident and death location were not available.

DATA SOURCE

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Substance use and harms tool >> Deaths due to opioid toxicity [Internet]. Toronto, ON: King's Printer for Ontario; c2025. Available from: Substance Use and Harms Tool | Public Health Ontario (https://www.publichealthontario.ca/en/data-and-analysis/substance-use/substance-use-harms-tool#/trends)

Analysis shows that Niagara experiences multiple substance-related harms at rates at or above the provincial average; however, alcohol-related harms are an exception, as the rate of emergency department visits for conditions entirely caused by alcohol has remained lower than the Ontario rate since 2018 [15].

From Context to Alignment: Why This Matters for Our Strategy

Building on the local evidence and community input, the Niagara Substance Use Strategy translates context into action that aligns with regional and provincial priorities for health, safety, and equity. This alignment matters because it ensures the Strategy:

- Prioritizes resources where harm is highest. Surveillance data can guide where prevention, harm reduction, and treatment services should be scaled.
- Supports equity-informed actions by using available data and community insights to identify populations that may be at greater risk and to guide culturally safe and inclusive approaches
- Supports coordinated, cross-sector action. Aligning with Niagara Regional Council Strategic Priorities and the Community Safety and Well-Being Plan facilitates multi-sector commitments and allows different funding sources and government decisions to work together.
- Enables measurable, evidence-driven monitoring and adaptation. Using established surveillance tools and technical guidance (e.g., Public Health Ontario's Substance Use and Harms Tool) allows the Strategy to set indicators, measure outcomes, and adapt as trends evolve.

The Strategy directly supports Niagara Regional Council's Strategic Priorities (2023–2026) by advancing work toward an Equitable Region and aligns with Public Health and Emergency Services objectives for a proactive, evidence-informed, and equity-focused approach. As a priority action within the Mental Health and Addictions focus of Niagara's Community Safety and Well-Being Plan (https://www.niagararegion.ca/community-safety/plan.aspx), this Strategy embeds cross-sector coordination to address root causes and implement sustainable approaches.

This Strategy is not just informed by data and policy alignment; it is grounded in the voices of Niagara residents, service providers, and PWLLE. Engagement was central to shaping the priorities and actions outlined in the following sections.

Community Engagement: What We Heard

Engagement with community members and interested and affected parties was critical to creating a truly community-driven strategy. The engagement process included participation from 29 community partner agencies through four pillar roundtables representing prevention, harm reduction, treatment, and community safety. In addition, three engagement surveys were conducted with community partners, PWLLE, and Niagara residents. Supplementary in-person engagement sessions were also held with PWLLE to gain further insight.

In total, the engagement process reached:

- 89 community partners
- 186 persons with lived and living experience
- 1,160 community members through a region-wide survey

Survey Highlights

The most common substances reported in the community were:

- Alcohol
- Cannabis
- Opioids (fentanyl, Dilaudid, heroin, oxy, Percocet)
- Stimulants (crystal meth, crack, cocaine)

Community-Identified Priorities

Community-identified priorities were shaped through input from three surveys distributed to community partners, the general public, and PWLLE. These surveys helped inform the priorities, action spotlights, and recommendations that form the Niagara Community Substance Use Strategy, ensuring that the strategy reflects the perspectives and needs of the community. Many survey participants emphasized the importance of:

- Education and awareness
- Housing and financial support
- Available, affordable, and comprehensive treatment supports
- Community support and involvement
- Compassion and destigmatization

These insights provided a foundation for the Strategy's direction and values. They also reinforced the need for a balanced, four-pillar approach that reflects both local evidence and community priorities.

Our Approach

The Niagara Community Substance Use Strategy is grounded in local evidence, guided by community voices, and aligned with regional priorities. At the same time, it is explicitly built on the National Framework for Action on Substance Use, which provides a pan-Canadian vision for reducing substance-related harms. The National Framework was developed through broad consultation with governments, service providers, PWLLE, researchers, and community partners to establish common goals and principles for coordinated action across Canada.[16]

In keeping with this national direction, the Niagara Community Substance Use Strategy adopts a balanced four-pillar approach. This model recognizes that no single intervention can address the complexity of substance use. Instead, coordinated progress requires action across four interconnected areas:

Prevention: Aims to promote abstinence, delay initiation, and prevent the escalation of substance use. Prevention activities build resilience, address root causes, and strengthen protective factors, especially for youth and young adults.

Harm Reduction: Evidence-based, person-centered approach that works to mitigate health and social harms for those who use substances without requiring abstinence. Harm reduction acknowledges the dignity and autonomy of people who use substances and provides practical support that save lives.

Treatment: A range of interventions that aim to support individuals with their substance use goals. This can include managing, reducing, or abstaining from substance use. Treatment emphasizes recovery as a personal journey and ensures access to timely, affordable, and comprehensive support tailored to individual needs.

Community Safety: Strategies that address community safety and wellbeing by reducing crime and harms associated with substance use. Community safety emphasizes collaboration across health, social services, housing, and justice systems to create healthier, more supportive environments.

By integrating these four pillars, the Niagara Community Substance Use Strategy ensures that local action is consistent with national priorities while remaining responsive to Niagara's unique context. This alignment strengthens coherence, supports equity, and reinforces the importance of collective responsibility in building healthier communities.

From Pillars to Action

The four pillars provide the foundation of the Niagara Community Substance Use Strategy, framing the approach to prevention, harm reduction, treatment, and community safety. Building on this framework, the Strategy's recommendations translate evidence, community priorities, and strategic alignment into practical actions designed to address substance use and its associated harms.

These recommendations were developed through a robust and inclusive process that combined local data analysis, evidence-informed practices, and extensive community engagement including input from the public and service providers. This approach ensures that each recommendation reflects both the priorities identified by the community and the strategic focus of the four pillars.

Together, the five recommendations provide actionable guidance to reduce harm, support recovery, and strengthen public health and community well-being across Niagara. Each recommendation includes key metrics for monitoring progress and specific actions to drive meaningful change.

Recommendation 1:

Promote Resiliency with Children, Youth, and Their Families

Focus: Early intervention and prevention to strengthen protective factors and reduce risk factors for substance use.

Supporting children, youth, and families through evidence-based prevention programs is critical to promoting health and well-being in Niagara. Local data shows that in those aged 12 and over, 59% are considered regular drinkers.[17] This means that they drink once a month or more, highlighting the need for early, targeted interventions.

Why this is Important

- Prevention is the most effective and cost-efficient approach to addressing youth substance use.
- School-based prevention programs reduce initiation and frequency of substance use among youth, particularly when they include skills training or cognitive-behavioral strategies.[18]
- Prevention programs can save $15–18 for every dollar spent, demonstrating strong cost-effectiveness for early intervention.[19]

Actions

1. Champion evidence-based prevention programs to increase education and skill-building among youth and young adults at higher risk of substance use.
2. Leverage local data to inform community programs and interventions.
3. Pursue funding and partnerships to implement an evidence-based prevention framework to reduce or delay youth substance use.
4. Support agencies serving children, youth, and families who have faced adverse childhood experiences to implement prevention programs.

What We Will Monitor

1. Reported age of first use of alcohol and cannabis.
2. Social and emotional development of children in Niagara.

Community Feedback Used to Shape the Substance Use Strategy

We asked the general public what is the most important action that should be taken to address substance use in Niagara:

"Reduce the environmental events and upbringing that creates the need for escaping feelings and situations."

Recommendation 2:

Promote Harm Reduction and Address Stigma Experienced by Those Who Use Substances

Focus: Embed harm reduction principles across Niagara and actively reduce structural and public stigma affecting people who use substances.

The social determinants of health such as income, housing, education, and social inclusion shape substance use outcomes. Stigma and discrimination remain major barriers, contributing to mistrust of health systems, avoidance of care, and reduced service quality. System-level interventions are critical to address stigma, inform equitable policy, and ensure harm reduction principles guide decision-making and resource allocation.

Why this is Important

- Stigma in health care settings is linked to reduced care-seeking and worse health outcomes.[20]
- Harm reduction policies increase system trust, service access, and equity.[21]

Actions

1. Implement evidence-based harm reduction and anti-stigma resources for local organizations and community members.
2. Collaborate with community partners to strengthen policies that prevent and reduce substance-related harms.

What We Will Monitor

- How often people feel judged or treated unfairly (stigma) and how it impacts their life.
- Number of new organizations adopting harm reduction principles.

Community Feedback Used to Shape the Substance Use Strategy

We asked community partners what strengths, assets or protective factors contribute to resilience against harmful substance use through a partnership survey:

"Education and transparency for the wider community is necessary to deconstruct harmful stigmas that create barriers to care for folks who use substances. As important as recovery is the grand scheme of addiction, harm reduction is the key to meeting people where they're at, building trust and rapport, which in turn helps to facilitate the eventual transition to recovery. The system working as a whole, seamless connection of services bridging harm reduction and recovery options is essential."

Recommendation 3:

Encourage Cross-Sector Collaboration and Partnerships

Focus: Leverage the strengths of schools, health care, social services, law enforcement, justice, and community organizations to prevent and reduce harm associated with substance use.

Multi-sector collaboration improves population health and health equity.[22] Peer-run services and engagement of PWLLE enhance program design, policy development, and service accessibility. By centering these voices and connecting organizations across sectors, Niagara can build a more integrated, responsive system that promotes health, reduces harm, and supports long-term community well-being.

Why this is Important

- Peer-led services and multi-sector partnerships improve health outcomes and service access.[23]
- Engagement of PWLLE enhances program relevance and health equity outcomes.[24]

Actions

1. Establish a Substance Use Action Table to advance Strategy recommendations.
2. Initiate a Primary Prevention Network or Community of Practice to map services for children, youth, young adults, and families on prevention and early intervention.
3. Develop a Niagara Region policy on community engagement, formalizing involvement with PWLLE in program design.

What We Will Monitor

1. Number of new partnerships across sectors.
2. Quality of partnerships within sectors serving those who use substances.
3. Number of PWLLE engaged in Strategy implementation.

Community Feedback Used to Shape the Substance Use Strategy

We asked PWLLE about what our community should be doing to address drug use and addiction in Niagara and/or support those who use substances:

"Communities can contribute to drug use by promoting a culture of inclusivity for all citizens, mutual responsibility and by addressing social and economic conditions that can lead to risky drug use!"

"Having a peer embedded in the treatment facility."

Recommendation 4:

Improve Timely and Equitable Access to Inclusive, Evidence-Based Supports

Focus: Ensure inclusive, evidence-based treatment is accessible, integrating housing and other supports to reduce barriers.

Equitable, evidence-based treatment is essential for supporting all Niagara residents. Engagement highlighted cost, housing insecurity, and homelessness as barriers to treatment. Integrating housing support with addiction treatment programs can improve health outcomes and reduce barriers for vulnerable populations.

Why this is Important

- In 2021, the Point in Time count indicated that there were 665 people experiencing homelessness. Of those, 40.5% self-report as using substances, and 29.2% report needing services related to substance use and/or treatment services.[25]

- Integrating housing with addiction treatment services leads to greater housing stability and reductions in substance use–related hospitalizations and emergency department visits.[26]

Actions

1. Support planning and implementation of new substance use support in Niagara, including Homeless and Addiction Recovery Treatment (HART) Hub.
2. Support the Niagara Ontario Health Team - Équipe Santé Ontario Niagara (NOHT-ÉSON) Mental Health and Addictions Working Group in advancing substance use priorities, including community-based day/evening programs and bed-based treatment services.

What We Will Monitor

1. Number of individuals on publicly funded treatment waitlists.
2. Number of clients accessing services through the HART Hub.

Community Feedback Used to Shape the Substance Use Strategy

We asked our community partners what we should be doing to address drug use and addiction in Niagara and/or support those who use substance:

> "We need to offer a holistic approach where we welcome many opportunity of choice for those who struggle with substance use. Harm reduction, safe supply, treatment etc.. People need to have the autonomy to make the decision as to what best fits their need in the particular moment. As we know we can't force abstinence. This opioid crisis is not going away. People are dying. We need to remove the ongoing barriers in the shelter systems and we need to approach from a medicalization not a criminalization."

We asked the general community what is the most important action that should be taken to address substance use in Niagara:

> "Treating the material and mental health issues that cause people to turn to alcohol and cannabis. Increase the accessibility of treatment for programs that seek to help those struggling with these substances."

Recommendation 5:

Enhance Community Safety Through Inclusive, Community-Focused Initiatives Supporting Health and Well-being

Focus: Implement evidence-informed initiatives that improve safety, well-being, and social cohesion for all residents.

Community-focused safety initiatives are essential for health and well-being. The 2025 Community Safety and Well-Being survey identified addictions and substance use as a top concern affecting safety. Strong social cohesion and access to local resources improve perceived safety and community belonging. Inclusive, community-led interventions tailored to local needs strengthen social cohesion, enhance safety, and improve health outcomes.

Why this is Important

- Addictions and substance use identified as one of the top three issues affecting safety in Niagara.[27]
- Strong social cohesion and trust increase perceived personal safety and sense of community belonging.[28]

Actions

1. Continue street outreach to connect people who use substances with services, while fostering safety and a sense of belonging.
2. Pilot and evaluate an initiative in downtown St. Catharines to engage service providers and the community in creating supportive, inclusive, and health-promoting spaces.
3. Support programs that facilitate reintegration of individuals transitioning from detention center, emphasizing client-centered service integration.

What We Will Monitor

1. Self-reported perceptions of personal safety.
2. Self-reported sense of community belonging.

Community Feedback Used to Shape the Substance Use Strategy

Community partners were asked what strengths, assets or protective factors contribute to resilience against harmful substance use:

"I think a strength in Niagara is the attempt at outreach teams. There's been a start, but there needs to be a lot more funding provided to expand these much needed services. Meeting people where they are at is important to assisting people in successfully living life."

Implementation

The Niagara Community Substance Use Strategy outlines a four-year plan to address and reduce the complex, interconnected challenges of substance use in Niagara. Successful implementation will require a coordinated approach, integrating efforts across public health, social services, community agencies, Indigenous partners, and PWLLE.

Action Table

To guide the operationalization of this strategy, an Action Table will be developed. This Action Table will serve as a guiding group to translate strategy recommendations into concrete activities, milestones, and measurable outcomes.

The Action Table will:

- Outline specific activities aligned with proposed actions under each of the five recommendations within the Strategy.
- Identify responsible partners and lead organizations for each activity.
- Establish milestones and timelines, including annual targets.
- Include the engagement of PWLLE to ensure proposed activities are relevant.
- Monitor progress against key indicators, supporting continuous improvement and accountability.

The Action Table will monitor this living document, update it annually to reflect progress, emerging needs, and lessons learned.

Year One Priorities

Based on the recommendations outlined in this Strategy, Year One implementation will focus on foundational priorities that establish the infrastructure and partnerships necessary for long-term impact. These include:

1. **Strengthen Cross-Sector Coordination**
    - Establish a Niagara Substance Use Action Table including PWLLE, service providers, Indigenous partners and sector leaders.
    - Create Terms of Reference for Action Table.
    - Identify working groups that are related to activities within the Strategy.

- Map existing substance use services and identify gaps in access, particularly for priority populations.

2. **Enhance Data and Monitoring Systems**
    - Develop a baseline report of substance use-related indicators for the Niagara region.
    - Establish protocols for data sharing and reporting among partner agencies.
    - Begin tracking priority metrics, such as overdose incidents, treatment wait times, and housing availability.
3. **Support Harm Reduction and Access to Services**
    - Engage with PWLLE and community organizations to inform program expansion and service delivery models that support harm reduction initiatives.
4. **Capacity Building and Education**
    - Deliver targeted training for healthcare providers, social service staff, and community agencies on trauma-informed care, stigma reduction, and culturally safe approaches.
    - Include PWLLE voices in education and awareness efforts.

Monitoring and Evaluation

Monitoring and evaluation are essential to ensure the Niagara Substance Use Strategy achieves its goals and responds to community needs. Monitoring will align with the Strategy's four pillars and five recommendations. The Action Table will confirm relevant indicators, measurement methods, and reporting timelines while engaging partners throughout. This ensures that the monitoring and evaluation remain flexible, evidence-based, and grounded in lived experience, allowing the Strategy to adapt while remaining accountable to the community.

The following guiding principles set the foundation for monitoring and evaluation, and the Action Table will lead the development of specific activities, indicators, and reporting methods to ensure monitoring is community-driven, actionable, and evidence-informed. Evaluation will be embedded within all activities to ensure outcomes and impacts are measured systematically. This approach enables continuous learning and adaptation, allowing the Strategy to respond effectively to emerging community needs.

Principles for Monitoring and Evaluation

- **Action-driven:** The Action Table will define how evaluation is conducted and how results inform decision-making.
- **Integrated**: Evaluation will be built into all activities to capture real-time insights.
- **Adaptive:** Findings will inform adjustments to enhance effectiveness.
- **Transparent:** Progress and outcomes will be communicated clearly to stakeholders to maintain accountability.
- **Evidence-informed:** Evaluation will draw on data and community input to guide.

Conclusion

The Niagara Community Substance Use Strategy represents a collective commitment to a healthier, safer, and more equitable community. Grounded in evidence and informed by lived and living experience, it provides a roadmap for coordinated action across prevention, harm reduction, treatment, and community safety. Its success relies on the continued engagement of all partners, including PWLLE, service providers, community organizations, Indigenous partners, and government agencies, working toward shared goals. Through collaboration, accountability, and ongoing learning, the Strategy will reduce substance-related harms, improve access to services, and support environments where all Niagara residents can thrive.

Glossary of Terms

Action table: a tool used to outline and organize specific actions needed to achieve a particular objective. It typically includes details such as the actions to be taken, responsible entities, timelines, costs, and expected outputs.

Adverse childhood experiences (ACEs): Stressful or traumatic events that occur in childhood (0–18) that increase the risk of engaging in health-harming behaviors and developing chronic health problems.

Community of practice: A group of people who share a common interest or passion and come together to learn from each other and improve their skills.

Cross-sectoral collaboration: A coordinated approach where multiple sectors work together to address health and equity outcomes, especially the social determinants of health.

Drug poisoning / Opioid poisoning: Drug poisoning refers to harmful effects from exposure to drugs, regulated or unregulated, that lead to adverse health outcomes, including overdose. Opioid poisoning involves opioids.

Equitable: Fair and impartial treatment, ensuring that everyone is treated justly and without bias.

Evidence-informed: Using the best available evidence from research, context, and experience to inform and improve public health practice and policy.

Individual stigma: Stigma experienced by individuals, including unfair treatment, internalized shame, and anticipation of discrimination.

Interpersonal/social stigma: Stigma between individuals, including family, friends, and service providers, often expressed through language, intrusive questions, and harassment.

Network: A group of interconnected people or organizations that share information, resources, and services.

Persons with lived and living experience (PWLLE): Individuals who have used drugs (with a prioritization for recent past use, or current use) who bring unique, firsthand perspectives on the realities, challenges, and impacts of their drug use. PWLLE may include people who have had one or more of the following experiences:

- Diagnosed with a substance use disorder or addiction.
- Engages/recently engaged with substance-related harm reduction or treatment services.

- Experiencing/recently experienced social, legal and/or health challenges related to their substance use.
- Experiencing/recently experienced the negative consequences of stigma, discrimination or criminalization related to their substance use.
- Criminalized drug use, inclusive of illicit use of legal prescriptions, use of illegal drugs, and use of drugs in a criminalized way.

Priority populations: Groups that experience or are at risk of experiencing worse health outcomes than others in the general population. Priority populations include equity-deserving populations that experience structural barriers to health. Priority populations are identified based on evidence such as analysis of local, provincial and/or federal data and community engagement.

Population/structural stigma: Stigma at the level of media, laws, and policies, including stereotypes and discriminatory practices that affect legal protections.

Protective factors: Factors which reduce the likelihood that a particular disease or adverse health outcome will occur.

Recovery: A process of change through which individuals improve health and wellness, live a self-directed life, and strive to reach their full potential.

Risk factors: Factors that affect health in a negative way. They can increase the likelihood of poor health outcomes.

Safe supply (or Safer supply): Providing prescribed medications as a safer alternative to the toxic, unregulated drug supply to people who are at high risk of overdose.

Social determinants of health (SDOH): Interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways. [29]

Stigma: Negative attitudes or behaviors toward people who use drugs or their families, existing at multiple societal levels.

Street outreach: A coordinated, proactive approach to engaging people experiencing unsheltered homelessness or substance use in public spaces and connecting them to housing, health care, and social services.

Substance-related harms: Negative health, social, legal, and economic consequences resulting from substance use.

Substance use: Use of substances such as alcohol, tobacco, illicit drugs, and medications that may lead to dependence and health effects.

Toxic, unregulated drug supply: Unregulated or non-prescribed drugs not subject to quality control, with unknown contents and potency, making them highly unpredictable.

Endnotes

[1] Health Canada. (2023). The Canadian drugs and substances strategy: The Government of Canada's approach to substance use related harms and the overdose crisis. Government of Canada. https://www.canada.ca/en/health-canada/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis.html

[2] Niagara Region. (2025). Niagara's Community and Safety Well-Being Plan. 2025-2029. https://www.niagararegion.ca/community-safety/plan.aspx

[3] Grape Growers of Ontario. (n.d.). Explore our grape growing regions. https://grapegrowersofontario.com/grape-industry-in-ontario/explore-our-grape-growing-regions/.

[4] Deloitte. (2023). The Niagara Cluster: Ontario's Untapped Economic Engine [Powerpoint Slides]. https://uncorkontario.ca/wp-content/uploads/2023/07/The-Niagara-Cluster-Ontarios-Untapped-Economic-Engine-executive-summary.pdf

[5] Shigihara, A. (2020). Health behaviors in the service sector: Substance use among restaurant employees. Journal of Social, Behavioral, and Health Sciences, 14, 37–52. https://doi.org/10.5590/JSBHS.2020.14.1.04

[6] Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2025). Snapshots: Alcohol use snapshot: self-reported rate of current drinking. Toronto, ON: King's Printer for Ontario. https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Use

[7] Statistics Canada. Canadian Community Health Survey, 2019/2020 [data file]. Ottawa, ON: Statistics Canada [producer]; Toronto, ON: Ontario. Ministry of Health [distributor]; [received 2024 January 31].

[8] Ontario Agency for Health Protection and Promotion (Public Health Ontario Substance use and harms tool >> ED visits for conditions entirely caused by alcohol [Internet]. Toronto, ON: King's Printer for Ontario; c2025. https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Substance-Use-Harms-Tool

[9] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Substance use and harms tool >> ED visits for conditions entirely caused by alcohol [Internet]. Toronto, ON: King's Printer for Ontario; c2025.

https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Substance-Use-Harms-Tool

[10] Statistics Canada. Canadian Community Health Survey, 2019/2020 [data file]. Ottawa, ON: Statistics Canada [producer]; Toronto, ON: Ontario. Ministry of Health [distributor]; [received 2024 January 31].

[11] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: cannabis harms snapshot: Emergency department visits for all cannabis related harms [Internet]. Toronto, ON: King's Printer for Ontario; 2025 https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Cannabis-Harms

[12] Health Canada. (2024). Canadian Cannabis Survey 2024: Summary. Government of Canada. https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2024-summary.html

[13] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Substance use and harms tool >> Deaths due to opioid toxicity [Internet]. Toronto, ON: King's Printer for Ontario; c2025. https://www.publichealthontario.ca/en/data-and-analysis/substance-use/substance-use-harms-tool#/trends

[14] Office of the Chief Coroner, Ontario. (2024). OCC Opioid Mortality Summary Q4 2024. [PDF]. Suspect Drug-Related and Drug Toxicity Deaths in Ontario - ODPR https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/

[15] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Alcohol attributable hospitalizations health equity snapshot [Internet]. Toronto, ON: King's Printer for Ontario; c2025. Alcohol-Attributable Hospitalizations Health Equity Snapshot | Public Health Ontario. https://www.publichealthontario.ca/en/data-and-analysis/health-equity/alcohol-attributable-hospitalizations

[16] Canadian Centre on Substance Use and Addiction. (2017). Consultations on refreshing the national framework for action on substance use: Summary report. Ottawa, ON: Author. https://ccsa.ca/sites/default/files/2019-04/CCSA-National-Framework-Refresh-Consultations-Summary-Report-2017-en.pdf; Government of Canada. (2016). Canadian drugs and substances strategy. Ottawa, ON: Health Canada. https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html

[17] Niagara Region Public Health. (n.d.). Alcohol and drug use: Niagara region (Teen statistics). https://www.niagararegion.ca/parents/teens/alcohol-drugs.aspx)

[18] Centre for Addiction and Mental Health. (2025). Primary prevention of harms related to substance use. https://www.camh.ca/-/media/driving-change-files/public-policy/primary-prevention-of-harms-related-to-substance-use-june-3-2025-pdf.pdf

[19] Canadian Centre on Substance Use and Addiction. (2023). Canadian substance use costs and harms 2007–2020. https://movendi.ngo/wp-content/uploads/2023/04/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf

[20] Mental Health Commission of Canada. (2019). Stigma and the Opioid Crisis: Final Report. https://mentalhealthcommission.ca/research/stigma/stigma-and-the-opioid-crisis-full-report/

[21] Nafeh, F., Martignetti, L., Werb, D., & Karamouzian, M. (2025). Barriers and facilitators to safer supply pilot program implementation in Canada: A qualitative assessment of service provider perspectives. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-025-01177-0 Harm Reduction Journal, 22(1), 124. https://doi.org/10.1186/s12954-025-01177-0

[22] Sutarsa, N., Campbell, L., Ariawan, I., Kasim, R., Marten, R., Rajan, D., & Dykgraaf, S. (2024). Multisectoral interventions and health system performance: a systematic review. Bulletin of the World Health Organization. 102(7). 521-532. https://pmc.ncbi.nlm.nih.gov/articles/PMC11197648/

[23] Weeks, MR., Li, J., Dickson-Gomez, J., Convey M, Martinez, M., Radda, K., & Clair, S. (2009). Outcomes of a peer HIV prevention program with injection drug and crack users: the Risk Avoidance Partnership. Substance Use & Misuse. 44(2): 253-281. https://pmc.ncbi.nlm.nih.gov/articles/PMC2896279/

[24] Hayashi, K., Wood, E,. Wiebe, L., Qi, J., & Kerr,T. (2010). An external evaluation of a peer-run outreach-based syringe exchange in Vancouver, Canada. International Journal of Drug Policy. 21(5):418-421. https://pmc.ncbi.nlm.nih.gov/articles/PMC2896564/

[25] Niagara Region Public Health and Emergency Services (2023). Niagara Priority Profile: Homelessness, Version 2. https://www.niagararegion.ca/health/equity/priority-profiles.aspx)

[26] Miller-Archie, S. A., Wu, W., DeRosa, C. J., Tarpey, T., Wu, E., & Greene, C. M. (2019). Impact of supportive housing on substance use–related outcomes: A scoping

review. Evaluation and Program Planning, 73, 152–167. https://pubmed.ncbi.nlm.nih.gov/30846275/

[27] Niagara Region. (n.d.). Niagara Community Safety and Wellbeing Plan https://www.niagararegion.ca/community-safety/plan.aspx

[28] De Jesus, M., Puleo, E., Shelton, R., & Emmons, K. (2010). Associations between perceived social environment and neighborhood safety: Health implications. Health Place. 16(5):1007-1013. https://pmc.ncbi.nlm.nih.gov/articles/PMC3229178/

[29] Ontario Ministry of Health and Long-Term Care. (2018). Health Equity Guideline, 2018. Retrieved from https://files.ontario.ca/moh-guidelines-health-equity-guideline-en-2018.pdf

Niagara Region

For more information

niagararegion.ca/community-safety

November 2025