

What is International Overdose Awareness Day (IOAD)?

International Overdose Awareness Day ([IOAD](#)) began in 2001, when a group of people who use drugs and their supporters gathered in Melbourne, Australia, to commemorate lives lost to overdose. IOAD has since evolved into a Global Day of Action. Every year, on August 31, communities come together to highlight the failures of drug prohibition: Not only has prohibition not reduced the availability of drugs or demand for them, it has created volatile, unpredictable drug markets that drive overdoses because people have no way of knowing what they are consuming. The criminalization of drug-related activities also fuels stigma and discrimination, preventing PWUD from maintaining stable housing, accessing healthcare, and participating fully in the education and employment systems while incentivizing further drug use.

On IOAD, we imagine a world where drug policies and laws are grounded in evidence, promote human rights, and support the health, safety, and dignity of all people.

What Does the International Community Say?

We are not alone. There is growing awareness that it is impossible to uphold human rights under international law while continuing to enforce prohibition. Several international bodies have concluded that in addition to fatal overdoses, prohibition contributes to environmental degradation, [gender-based violence](#), racial profiling, health inequalities, infectious disease transmission, mass incarceration, organized crime, and political corruption while undermining nations' health, sustainable development, and environmental protection goals.

For instance, in 2023, the United Nations (UN) Office of the High Commission for Human Rights (OHCHR) published a landmark [report](#) calling for a radical overhaul of international drug control efforts. The report declared, “*Rather than a ‘war on drugs’, what is needed is a focus on transformative change.*” These sentiments have been echoed by the [UN Special Rapporteur on the Right to Health](#), [Amnesty International](#), the [World Health Organization](#), the [UN Joint Programme on HIV/AIDS](#), the International Centre on Human Rights and Drug Policy, and the [International Drug Policy Consortium](#), all of which champion the decriminalization of drug possession for personal use and the development of a system for responsibly regulating legal access to substances. In the words of Colombia’s ambassador to the UN [Laura Gil](#), who led an historic coalition of 60 Member States demanding an expert review of international drug control conventions at this year’s Convention on Narcotic Drugs in Vienna, “*if you want to save lives, if you want to show solidarity, if you want to make the world a better place, we need to change this really, really antiquated...global drug regime.*”

What is the Canadian Government Doing?

Unfortunately, progress in other nations has not been reflected in Canada. At the federal level, the Prime Minister's Office (PMO) recently proposed [Bill C-2: The Strong Borders Act](#). Legal watchdogs have called the Bill "[an attack on human rights](#)" because it targets migrants and undocumented people. It also gives police, CSIS agents, and government agencies [sweeping powers](#) to demand highly sensitive information about everyone living in Canada from companies and public servants without accountability or oversight. The PMO has also announced a [\\$1.3 billion](#) border plan - including [\\$11.7M](#) for [surveillance helicopters](#), \$78.7M for two new drug analysis labs, [\\$200M](#) in intelligence gathering and sharing, and the deployment of 10,000 border security agents - and created a "fentanyl czar" position whose annual salary is between [\\$243,500 and \\$286,400](#).

The government claims that these investments will disrupt transnational organized criminal activity and prevent drug trafficking. However, there is no evidence that they will positively impact our communities. Rather, research shows that enforcement approaches to drug control [increase](#) fatal overdoses. This is known as the "iron law of prohibition": In an illegal market, organized criminal groups are motivated to reduce the costs associated with transporting drug shipments and to evade law enforcement and border security. They do so by adding even more, highly concentrated adulterants to the drug supply. While this tactic minimizes the size and volume of the drug shipments, it also intensifies the unpredictability and potency of the drug supply, and therefore overdoses. Enhanced policing also drives drug use underground, deterring people from accessing vital [healthcare services](#) and making them more likely to use alone - out of sight of law enforcement, but separated from their friends, loved ones, and medical professionals who can respond quickly if they overdose.

These developments come despite the government's own Expert Task Force on Substance Use [recommending](#) in 2021 that Canada bring all psychoactive substances, including alcohol, cannabis, tobacco, and currently criminalized drugs, under a single legal framework. This same recommendation was issued as early as 1973 by the federal [Commission of Inquiry into the Non-Medical Use of Narcotic Drugs](#) and since 2021 by the [British Columbia \(B.C.\) Coroner's Service](#), the [B.C. Provincial Health Officer](#), and the [Ontario Chief Medical Officer of Health](#).

What is the Provincial Government Doing?

Provincially, the government has passed a suite of legislation that further entrenches prohibition and its harmful consequences. Last December, The Community Care and Recovery Act received Royal Assent as part of Ontario's [Safer Streets, Stronger Communities Act](#). The Act severely restricts the operation of supervised consumption sites (SCS) while

limiting the ability of municipalities to pursue the decriminalisation of personal drug possession or to fund programs that provide safe, pharmaceutical-grade alternatives to the illegal drug supply. In place of harm reduction, the province has announced that services for people who use drugs must transition to an abstinence-only model. Although the Act is the subject of an ongoing [legal challenge](#) because it may violate several rights under the Canadian Charter of Rights and Freedoms, 10 SCS received notice from the province to halt operations as of April 1, 2025. The Act has also led to the closure of regional drug checking services, which allow people, including young people and others using party drugs recreationally, to discretely test their drugs for toxic additives before consuming them.

The Community Care and Recovery Act was followed by the passage of the [Safer Municipalities Act](#), which dually prohibits the consumption of illegal substances in public spaces and enhances penalties for trespassing, particularly in cases involving encampments in parks; and the Protect Ontario Through Safer Streets and Stronger Communities Act, which implicates landlords in drug-related activities occurring on their properties. It also emboldens law enforcement to remove individuals from properties, close businesses, seize property, and restrict access to locations if they are suspected of drug-related activities.

These decisions were born of stigma and fear, not evidence. Decades of research demonstrate that SCS reduce drug-related injuries, infectious disease transmission, public drug use, and crime while connecting people to housing, healthcare, income supports, and substance use treatment services. Overdose fatalities also [decrease significantly](#) in neighbourhoods that implement SCS, with no overdose fatalities ever being recorded at an SCS in the nearly two decades they have operated legally in Canada. In Ontario, between March 2020 and March 2024, SCS services in the province served 178,253 unique clients who made 1,120,144 [total visits](#). 21,979 non-fatal overdoses were reversed onsite, and 533,624 service and substance use treatment referrals were made by staff at sites. The provincial government's own Opioid Emergency Task Force has concluded that SCS's reduce negative health and social outcomes and result in substantial cost savings to the healthcare [system](#).

Conversely, experts know that mandatory abstinence does not produce positive outcomes for individuals or communities. Rather, risk of fatal overdose increases significantly after periods of abstinence because people are severed from their social networks and may return to the unregulated drug supply with a reduced tolerance and less knowledge of the current adulterants being used. People who have experienced involuntary treatment for substance use also state that it erodes trust in the healthcare system, preventing them from seeking support voluntarily in the future. What is more, despite claims that the province's new substance use treatment model will promote referrals to treatment and related services, employees in the sector have noted that proportionate investments have not been made into the healthcare

system: Even when people want to pursue substance use detoxification and treatment, *they have nowhere to go.*

Cumulatively, then, these pieces of legislation are a thinly veiled attempt to further criminalize extreme poverty. It is clearly targeted at people who have no choice but to exist in public space, and to subject them to policing, harassment, displacement, exorbitant fines, and imprisonment - including forced substance use treatment. More perversely, because the province is aggressively privatizing health-related services, and because substance use treatment is already largely privatized, a primary function of the legislation is to further convert poverty into a source of revenue for the government and for-profit healthcare owners and operators.

What is Happening in Toronto?

We don't yet know what the full impact of the choices made by the federal and provincial governments will be locally. Last fall, researchers [predicted](#) that SCS closures due to Bill 6 would cause approximately 47% of current SCS clients to lose access to harm reduction services. Since then, 9 out of the city's 10 SCS slated for closure have [converted to](#) abstinence-only models. The remaining SCS reports a 35% increase in traffic, while public drug use has increased and overdoses at drop-in centres have skyrocketed by approximately 300%. Toronto's drug checking services also point out that it is more difficult to monitor the composition of the drug supply, as [78% of drug checking samples](#) were collected through SCS that have closed. Additionally, because SCS facilitate referrals to housing and healthcare programs and other wrap-around services, and act as critical points of humane care for people who are often excluded from other parts of society, people who use drugs are being even more deprived of basic, life-sustaining services.

Summary of Why We Still Need IOAD

Presently, approximately 22 people in Canada, and 10 in Ontario, die every day from the unregulated drug supply. Countless others suffer acute and chronic injuries. Working-age men employed in the trades, Black and [Indigenous](#) peoples, and people living in poverty are vastly overrepresented among those enduring drug-policy-related deaths, injuries, and incarceration, as are others who contend with systemic discrimination on the bases of race, class, gender and sexual orientation, and ability. These are not just statistics: they represent our friends, peers, colleagues, and loved ones.

Meanwhile, rates of poverty and homelessness are increasing rapidly across the country. Demand for healthcare far exceeds need, especially for those who are poor, precariously housed or unhoused, and using criminalized drugs. While healthcare system burden may

appear disconnected from drug policy, emergency department wait times, as well as wait times for non-emergency care, are partly attributable to drug-related injuries from the unregulated supply. We maintain that the enormous resources we currently waste on enforcing prohibition, both domestically and at the border, could be reallocated to investments in affordable housing, quality healthcare, including voluntary substance use treatment services, and education and employment programs. They could also be dedicated to crafting the legislative and policy framework for responsibly regulating the drug supply that would prevent future overdoses while making everyone healthier and safer.

On this IOAD, join us to demand better.