



Written Submission to the House of Commons Standing Committee on Health
Study: Opioid Epidemic and Toxic Drug Crisis in Canada
By: Canadian Association of Social Workers (CASW)

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Canada's response to the toxic opioid crisis remains undermined by two connected policy failures: people face fragmented and unaffordable mental and substance use health services, while personal possession continues to expose them to criminal penalties. CASW, representing more than 20,500 members across Canada, urges the federal government to address both failures through a coordinated health-based response grounded in parity, decriminalization, harm reduction, treatment, and community support.

- **Recommendation 1:** That the government decriminalize possession of small quantities of psychoactive substances for personal use through collaboration with provinces, territories, Indigenous governments, and people with lived and living experience, while pairing reform with sustained investment in harm reduction, treatment, and community supports and granting amnesty for previous convictions.
- **Recommendation 2:** That the government establish Mental and Substance Use Health Parity through legislation, stabilized targeted funding and accountability via a dedicated federal office responsible for Mental and Substance Use Health.

Introduction

The Canadian Association of Social Workers (CASW) is committed to advancing policy in ways that respect the dignity and worth of all people. CASW is encouraged by Canada's ongoing commitment to the health and well-being of Canadians as evidenced by the government's recent [announcement](#) of a one-year, \$1.2B extension of funding to provinces and territories for mental health, addictions and home care. Although this was a welcome step, one year isn't enough considering the government's focus on addressing Canada's opioid epidemic and toxic drug crisis.

Inequitable access to mental and substance use health support prevents Canada from turning the tide on the toxic drug crisis. Delays and gaps in care can compound harms for individuals and communities while increasing pressure on health, social, and public-safety systems. CASW therefore urges the Committee to treat parity and decriminalization as mutually reinforcing parts of a health-based response: parity determines whether appropriate services are available and affordable, while decriminalization reduces the legal barriers that can deter people from seeking those services.

Evidence supports addressing these barriers together. Wogen and Restrepo (2020) identify unequal mental health coverage and punitive drug policies as sources of structural stigma and document how stigma can impede treatment seeking and engagement. Wen and colleagues (2013) found that comprehensive substance use disorder parity laws were associated with increased access to specialty treatment. These findings support a coordinated response in which parity improves access to care and decriminalization reduces a legal and stigmatizing barrier to seeking it.

CASW's recommendations are straightforward: Canada needs a coordinated response that puts health first. Removing criminal penalties for personal possession and improving access to mental and substance use health are complementary parts of that response. This submission brings CASW's positions on decriminalization and mental health parity together because neither reform is sufficient on its own.

Move from criminalization to care

In 2019, CASW called for the decriminalization of possession of small quantities of currently illegal psychoactive substances for personal use. Its position paper, [Decriminalization of Personal Use of Psychoactive Substances](#) explains how criminalization can deepen stigma, discourage access to prevention and care, and create lasting barriers to housing and employment. These consequences can compound the conditions that already put people's health at risk and reinforce the need to replace punitive responses with a coordinated public health approach.

The harms identified in CASW's 2019 position remain directly relevant to the toxic drug crisis. Criminal records and fear of enforcement can destabilize housing and employment, deepen stigma, and make engagement with health and social services more difficult. A health-based response must therefore remove criminal penalties for personal possession while ensuring that people can access the supports needed to improve their health and stability.

The connection is practical as well as principled. Expanding publicly funded services addresses whether care is available and affordable. Decriminalization addresses a different barrier: whether people can seek support without fear of criminal consequences associated with personal possession. Neither reform replaces the other. Accessible services cannot fully overcome the harms of criminalization, and removing criminal penalties does not, by itself, create timely treatment, counselling, harm reduction, or community support.

Decriminalization is not the same as legalizing commercial production or trafficking, and it is not a stand-alone solution. It must be accompanied by accessible treatment, health promotion, and evidence-informed harm reduction services, including supervised consumption and drug checking. CASW's position also calls for amnesty for people previously convicted of possessing small quantities for personal use.

CASW recommends that the Committee urge the federal government to:

- Work with provinces, territories, Indigenous governments, and people with lived and living experience to decriminalize possession of small quantities of psychoactive substances for personal use.
- Pair legislative reform with sustained investment in harm reduction, treatment, and community-based support.
- Provide amnesty for previous convictions for possession of small quantities for personal use.

These recommendations build on CASW's longstanding call to replace punitive responses to personal substance use with a public health approach grounded in human rights and equity. CASW recommends that the federal government pursue decriminalization as one part of an integrated response that also guarantees timely access to treatment, counselling, evidence-informed harm reduction, and community-based support through mental and substance use health parity.

Make mental and substance use health parity a practical commitment

Since 2020, a strong consensus has emerged among national organizations supporting mental and substance use health parity through legislative reform, expanded public coverage of non-physician services, equity-focused implementation, and integration of substance use care.

On February 24, 2026, Senator Burey put forth a motion that “the Senate urge the Government of Canada to establish a federal legal framework that ensures mental health and addiction care are treated on an equal footing with physical health care.”¹ The motion follows the 2025 Senate of Canada roundtable on mental health, substance abuse, and addiction parity ⁶, that highlighted the structural barriers in mental and substance use health care experienced by Canadians, including underfunding, fragmented services, and inequitable access.

Many national organizations, coalitions and alliances have highlighted that Canada’s health care systems focus on physical health however there can be no health without mental and substance use health. For example, CASW along with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) have called for a federal *Mental Health and Substance Use Health Care for All Parity Act*² to ensure mental and substance use health receive on par investments with physical health. Parity means more than raising awareness: it requires legislation, funding, and service delivery that address the current fragmented approach to care. The opioid crisis cannot not be tackled unless mental and substance use health services are better connected, coordinated and synchronized.

Currently, Canadians must navigate disconnected services or forgo support because they cannot afford it. Gaps in publicly funded coverage, limits in private insurance, and fragmented services are significant barriers to receiving appropriate care, including services delivered by social workers.

CASW recommends that the Committee urge the federal government to:

- Introduce a Mental Health Parity Act, developed in collaboration with provinces, territories, and Indigenous partners, that recognizes mental health as a human right and explicitly includes substance use health.
- Support implementation through sustained funding for timely, publicly accessible mental health and substance use services, including community-based social work services.
- Establish shared objectives and public reporting on access, affordability, and outcomes so that parity translates into meaningful improvements in care.

An effective response to Canada’s opioid and toxic drug crisis must address the social determinants of health; poverty, housing insecurity, discrimination, and trauma cannot be

¹ https://sencanada.ca/en/content/sen/chamber/451/debates/052db_2026-02-24-e#48

² For more details, please see From Out of the Shadows and Into the Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health. Canadian Alliance on Mental Illness and Mental Health, June 2021.

separated from mental and substance use health policies. Policies must reflect the lived and living experiences of Black, racialized and marginalized people, First Nations, Métis and Inuit peoples. CASW urges the Committee to recommend a coordinated federal response that links health investments with housing, income security, and community supports, while centering community-led approaches.

Canada does not have to choose among preventing deaths, supporting recovery, and building safer communities. CASW advocates that the Committee recommend a coordinated federal response that decriminalizes personal possession, expands accessible harm reduction and treatment, and establishes mental and substance use health parity through legislation, sustained funding, federal leadership, and public accountability. Canadians deserve support that is accessible, respectful, and available when they are ready to seek it.

About CASW

The [Canadian Association of Social Workers](#) (CASW) is the national professional association for social work in Canada. Founded in 1926, CASW is a national federation composed of 10 partner organizations in the provinces and territories and a national office.