

November 3, 2024

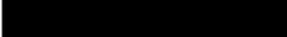
Re: Notice of Motion: Chronic Homelessness, Mental Health, Safety, and Addiction Crisis

Dear Cambridge City Council Members,

As an Assistant Professor in the Faculty of Social Work at Wilfrid Laurier University, with over 15 years of direct healthcare provider experience working with individuals living in poverty, experiencing homelessness, and who use substances, I am deeply concerned by the framing and approach outlined in the Notice of Motion on 'Chronic Homelessness, Mental Health, Safety, and Addiction Crisis.' Through my research and direct practice with these populations, I have come to understand that effective responses to these challenges require nuanced, evidence-based, and humane strategies that center on social determinants of health, rather than an overemphasis on individual pathology.

The motion begins by acknowledging the complexity of homelessness but quickly narrows the causes to mental health and addiction, which risks oversimplifying the issue. Research and practice show that homelessness is frequently driven by structural issues, such as a lack of affordable housing, economic inequity, and insufficient support services. While mental health and substance use can be factors, focusing primarily on these individual-level causes risks obscuring the broader social and economic determinants that play a critical role. To address homelessness effectively, we must recognize and prioritize these systemic barriers, which are often fundamental in both creating and perpetuating the crisis.

Additionally, the language suggesting that individuals with untreated mental health or substance use challenges pose a safety risk perpetuates harmful stereotypes and can inadvertently foster fear rather than empathy. My experience and research suggest that individuals experiencing homelessness are more often victims of violence and systemic neglect than sources of community danger. Emphasizing that all members of our society deserve equitable, humane care and support can foster a truly inclusive and safe community, as opposed to approaches that reinforce stigma and marginalization.

 Criminalization of homelessness is particularly concerning and contradicts evidence-based public health responses. Criminalizing this issue does not address root causes and frequently exacerbates health risks for already vulnerable populations. For example, placing individuals who are experiencing homelessness and who use substances into institutional care - especially if they have not voluntarily chosen to reduce or abstain - creates a serious health risk. When these individuals are released with a lowered tolerance, they face an increased risk of overdose and death. Such punitive measures not only endanger lives but also fail to offer sustainable, supportive solutions.

Although the motion rightly affirms that everyone deserves access to treatment and recovery, it appears to position these services primarily as tools for managing public safety rather than as fundamental rights. Evidence-based, harm-reduction approaches prioritize individuals' rights, autonomy, and safety over punitive measures. Effective public health strategies encourage voluntary engagement and trauma-informed care, rather than involuntary institutionalization as a mechanism of control

For a genuinely impactful response, the province should prioritize housing-first models and comprehensive, harm-reduction-centered support systems, which have been shown to improve outcomes for individuals facing homelessness, mental health challenges, and problematic substance use. Such approaches align with evidence-based practices that foster both individual well-being and community safety. Ontario's response to this complex crisis must be rooted in respect, compassion, and a commitment to structural change to create lasting, humane solutions.

Thank you for considering these perspectives grounded in both practical experience and research insights.

Sincerely,

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