

Ontario mayors propose invoking “notwithstanding clause” to impose involuntary treatment on drug users in homeless encampments

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The Ontario Big City Mayors (OBCM) caucus recently drafted a resolution calling on all levels of government to take immediate action on homelessness, mental health and addictions. Far from this representing a sign of genuine concern for the appalling social conditions that are the root cause of these ills, the resolution and debates it has triggered underscore that the political establishment view homelessness and drug addiction primarily as security issues to be dealt with by state-organized coercion.

The OBCM, an organization comprised of 29 mayors of cities with a population of 100,000 or more, collectively accounts for approximately 70 per cent of the province’s population.

The June OBCM resolution recognized that although the provincial government of Conservative Premier Doug Ford has provided some additional funding for mental health, addictions and homelessness programs, the funding is insufficient, and the province is not adequately focused on the crisis.

The OBCM made no demand that the root causes of the crisis be identified and dealt with, since to do so would implicate the entire political establishment for imposing decades of austerity and the capitalist system which they all uphold. This would also implicate the trade union bureaucracy for colluding with corporate management and successive governments in the decimation of jobs across the province, leaving many previously thriving communities devastated.

The resolution merely appealed for more funds to be allocated to municipalities to treat the symptoms, and that the treatment revolve primarily around a more ruthless crackdown on the most vulnerable sections of society.

At an early October press conference, Brampton Mayor and former leader of the provincial Progressive Conservatives Patrick Brown went far beyond the June resolution and specifically called on the hard-right government of Premier Ford to introduce involuntary treatment programs for individuals “unable” to seek care.

Brown stated that police in his region perform 14 “apprehensions” a day for conditions such as mental illness, addiction or brain injuries. Claiming that the volume of mental health calls and opioid-related deaths demands legislative changes, the OBCM meeting on October 18 was presented with a resolution that calls for a “system of mandatory community-based and residential mental health and addictions treatment.”

Taking his cue from recent developments in NDP-controlled British Columbia, Mayor Brown is requesting the province implement a pilot project in Peel Region to allow “first responders to place a person in a psychiatric facility if a doctor deems it necessary for their health and safety, as well as the safety of others.” This would include detaining

individuals with addiction challenges, brain injuries and mental health issues in secure facilities—including within the correctional system.

The resolution put forward by Brown goes so far as to suggest that the provincial and federal governments invoke the “notwithstanding” clause in the Canadian Charter of Rights and Freedoms to prevent likely constitutional challenges. Brown is suggesting that the stripping of basic democratic rights is necessary to ensure “that individuals in need are able to access treatment.”

Brown and other mayors have justified this discussion with reference to the proliferation of homeless encampments, which have become a common site in large and small towns and cities across the country. Unable to access affordable housing and abandoned by social programs cut to the bone by federal and provincial governments, homeless people have gathered together under bridges, on wasteland, in parks, and other areas to construct makeshift housing and support each other as best they can. These camps are frequently the target of brutal police raids, during which wanton violence is deployed to break them up.

When Premier Ford was asked at a press conference about the possibility of introducing the draconian measures proposed by Brown and the OBCM, Ford replied that the province would “have to look into it pretty deep.” However, he added that the Associate Mental Health Minister Michael Tibollo is “a big fan” of compulsory treatment.

Under the various provincial Health Acts, everyone has the legally protected right to decide if they want treatment—except under very specific conditions. If a person is suspected of being an immediate danger to themselves or others, they can be admitted to hospital by a doctor for up to 72 hours for a psychiatric assessment. If they have been deemed not to be a threat, the person can leave the hospital even against medical advice.

The New Democratic Party (NDP) government of British Columbia recently announced that it would make legislative changes to alter the tone of its provincial Mental Health Act. Instead of a system that uses its coercive power to prevent immediate harm, the new emphasis would be on forcing medical treatment on people “for their own good” regardless of their wishes.

In announcing the policy shift in September, BC Premier David Eby said, “People with addiction challenges, brain injuries and mental-health issues need compassionate care and direct and assertive intervention to help them stabilize and rebuild a meaningful life.” He added, “We’re going to respond to people struggling like any family member would. We are taking action to get them the care they need to keep them safe, and in doing so, keep our communities safe, too.”

Nobody can take seriously the Tory Brown or NDP Premier Eby when they prattle on about their concern to provide “compassionate care.” The

reality is that their parties, together with the Liberals led by Prime Minister Justin Trudeau, preside over a social order that cares about nothing beyond boosting profits for the corporate oligarchy and squeezing billions of dollars from the working class to pay for Canadian imperialism's involvement in wars around the world.

Following these principles, governments led by the Liberals, Tories, NDP, and Quebec separatist and federalist parties have taken the axe to public spending over the past three decades, eliminating all the social supports that would provide the support and care needed most by those who have been brutalized by capitalist society. One recalls Bob Rae's NDP government halting the construction of public housing in the early 1990s, the Liberals' gutting of public services in Ontario and BC during the early 2000s, and successive Quebec governments inflicting devastating attacks on public sector workers in the name of achieving a "zero deficit."

The contempt felt by the ruling class and their political parties to the lives of workers, especially the most vulnerable sections of the population, was summed with the onset of the ongoing COVID-19 pandemic. They have pursued a "profits before life" policy that prioritizes the balance sheet of Bay Street banks and investors over the wellbeing of the population, with the result that tens of thousands have lost their lives, and levels of Long COVID and all of its associated debilitations are measured in the millions of people affected.

In the case of drug addiction, critics of the new policy point out that existing programs of harm reduction have proven to be effective in mitigating the crisis of overdose deaths. But there has been a deliberate campaign to vilify services such as safe injection sites as catering to addiction and illegal activity, leading to closures of sites and cancellation of service expansion proposals. More fundamentally, governments have starved these initiatives of resources, resulting in workers being placed in impossible positions when confronted with the scale of the social need.

When it comes to homelessness and mental health issues, many people who are struggling say that there are not currently enough treatment options available or that the quality of shelters is abominable. In the vast majority of cases, it is not a matter of individuals refusing treatment or shelter, but the fact that those social services are either overcapacity, do not meet the needs of those concerned, or simply do not exist.

In September, the Canadian Mental Health Association (CMHA) of BC reported:

Over the last two decades, there has been a dramatic increase in reliance on involuntary services, while voluntary services have not kept up with demand... Those seeking voluntary services report significant closed doors to care and subsequently do not get the care they need at the right time. For those who have experienced involuntary care, there have been concerning accounts out of psychiatric wards across the province, including the inappropriate use of restraints and seclusion rooms, the coercive use of sedation and a lack of trauma-informed care that has led to further trauma.

Additionally, the National Institutes of Health in the United States published a study which strongly suggests that involuntary treatment of people who use drugs increases the probability of future overdoses.

Nonetheless, the social-democratic BC government has insisted that legislative changes are required to establish potentially hundreds of new involuntary treatment beds in "highly secure facilities for people under the Mental Health Act throughout the province, as well as secure treatment within BC Corrections."

There has even been some discussion of re-opening the Riverview Hospital, which once housed thousands of mentally ill patients until it was

closed in 2012 after several scandals. The hospital controversially continued to use electroshock therapy up until 2000. Nine women received settlements in 2005 after alleging in a lawsuit that they had been illegally sterilized between 1933 and 1968.

Jennifer Whiteside, BC Minister of Mental Health and Addictions, said, "The toxic-drug crisis of today is not what it was 10 or even five years ago. We are now facing a rising number of people who are living with the lasting effects of multiple overdoses and complex mental-health challenges, tied to social factors like poverty and trauma."

For good reason, Whiteside does not provide an answer to the question of who is responsible for creating the poverty and trauma that are blighting Canadian society. Her seven-year-old NDP government, which committed to maintaining the fiscal framework of the pro-austerity BC Liberals when it came to power in 2017, certainly shares a significant portion of the blame. Instead, the minister ranted in the manner of a right-wing agitator against the "deadly poisoned-drug supply" and supposedly inadequate resources of the Canada Border Services Agency to prevent drugs entering the province.

All measures of the capitalist state, particularly those which are coercive, regardless of whether they are framed as being in the interest of social welfare, are in fact intended, ultimately, to defend the profit system. The political representatives of the capitalist oligarchy are determined to impose discipline and order at home as they pursue their rapacious interests abroad. Homelessness, addiction and mental illness will no longer be swept under the rug—they will be criminalized.

The ruling class in the imperialist countries daily proclaims its global plans and ambitions. From a deeply unpopular war against one of the world's leading nuclear-armed states, Russia, to backing a genocide against one of the world's most oppressed peoples, the Palestinians, the ruling class has demonstrated its willingness to happily employ the most barbaric measures around the world. The proposal to revive methods of involuntary medical procedures generally associated with the 19th century or authoritarian regimes in the 20th demonstrates that Canada's ruling elite is bringing these barbaric measures home.



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