

Ontario Early Adversity and Resilience Framework Topic Summaries

Connections Between Early Adversity, Resilience and SUBSTANCE USE

The [Ontario Early Adversity and Resilience Framework](#) is a call for collective action across sectors. It aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities. This document will provide a summary of how early adversity and resilience connect to substance use prevention, harm reduction, and overdose prevention.

Reducing early adversity and increasing resilience is a powerful **prevention strategy**. It allows us to take action **before adversity occurs**, by identifying evidence-based interventions that **enhance protective factors and reduce risk factors** rooted in **the social determinants of health and inequity**. Substance use prevention requires an upstream, intergenerational approach—supporting not just children and youth, but also the adults who care for them. This builds resilience that can carry forward into the next generation, preventing the harm that drives substance use.

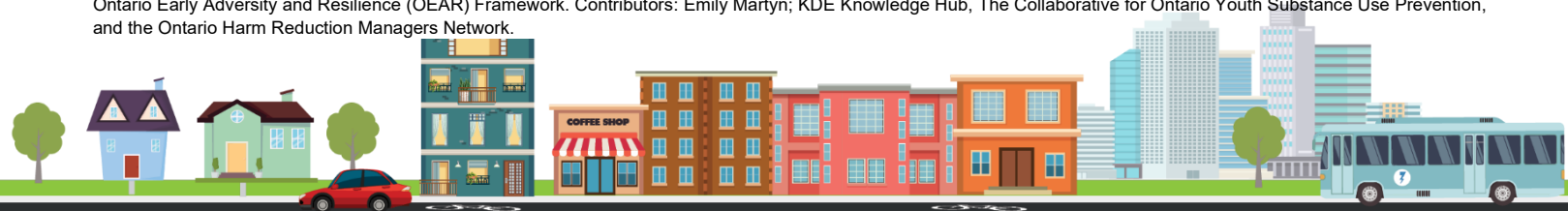
What is the connection between early adversity and substance use?

- Evidence shows a dose-response link** between Adverse Childhood Experiences (ACEs) and substance use, specifically that:
 - People who experienced 4 or more ACEs are 2 to 4 times higher risk of using alcohol or other drugs and of starting use at an early age.¹
 - People who experienced 5 or more ACEs are 7 to 10 times more likely to use unregulated and/or injectable substances.¹
- People with a history of ACEs who use substances** have been found to maintain shorter periods of abstinence, more frequent relapse, and be less adherent to treatment, compared to those without a history of ACEs.² Trauma-informed services that emphasize safety, trust, empowerment, and connection can strengthen engagement and support recovery.³
- Early adversity can influence the development of brain systems** that control the stress response, executive function, impulsivity and reward processing/sensitivity. Dysregulation in these systems contribute to risky substance use, cravings, and challenges managing stress and emotional regulation, all of which drive substance use disorders.² Understanding these impacts highlights the importance of prevention and treatment strategies that build coping skills, promote self-regulation, and strengthen resilience.
- Supportive relationships are a powerful protective factor.** Prevalence of daily smoking and heavy alcohol consumption in adulthood was decreased with support from a trusted and always available adult during childhood, even with experiences of significant adversity.⁴

What actions does the Ontario Early Adversity and Resilience Framework recommend?

A 2023 Report from the Ontario Chief Medical Officer of Health, called [Balancing Act](#), states that upstream investment in strong relationships and social connections, and increasing equitable access to the determinants of health (e.g. income, education, employment opportunities, housing, mental health supports) are critical to reduce substance use harms.⁵ The Canadian Centre on Substance Use and Addiction's 2025 report [How to Prevent Substance Use Harms for Youth](#) also references the importance of understanding the “why” behind an individual's substance use, and the need for prevention efforts that address their personal motivations.⁶ The recommendations in the Ontario Early Adversity and Resilience Framework take a complimentary approach that recognizes key activities in each of the framework's five pathways to change. Although all of the activities in the framework contribute to an environment that will mitigate adversity and increase resilience, **the actions identified on the next page** are those with strong alignment to substance use prevention, harm reduction, and overdose prevention.

Author Statement: This topic summary was created by members of the Public Health Ontario ACEs and Resilience Community of Practice to support implementation of the Ontario Early Adversity and Resilience (OEAR) Framework. Contributors: Emily Martyn; KDE Knowledge Hub, The Collaborative for Ontario Youth Substance Use Prevention, and the Ontario Harm Reduction Managers Network.



	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Create a shared understanding of Social and Emotional Development with school and community partners and use this to develop equitable, strength-building program strategies	Normalize the experience of mental health issues during pregnancy and parenting/caregiving to reduce stigma around seeking help	Promote and support School Mental Health Ontario's initiative to develop and deliver a systematic and comprehensive approach to school mental health	Challenge cultural and social constructs of violence, gender and race and promote social norms that protect against violence
Integrate upstream strategies	Expand access and reduce barriers to multi-component family-focused interventions for perinatal mood and anxiety disorders	Connect children and youth with caring adults in their community and promote importance of addressing mental health and developing healthy coping strategies	Use community-driven approaches such as the Icelandic Prevention Model to creating safe environments that prevent substance use harms and promote well-being	Develop programs and create interventions to foster a healthy social environment using evidence-based frameworks such as BC CDC's Healthy Social Environments Framework
Influence healthy public policy	Implement programs that enhance self-regulation and executive function skills through two-generation programs that support these skills in both children and caregivers	Advocate for and support municipal and community efforts to expand high-quality, affordable child care spaces and programs, and access to safe and affordable housing for low-income families with children	Work alongside racialized, Black and Indigenous communities to co-develop policies and practices that prioritize a child- and family centered approach, addressing the unique needs and circumstances of these population	*Advance policies that limit the availability of substances, especially for youth, and challenge social and media messages promoting substance use ⁷
Intervene to lessen harm	Invest in and connect families to early childhood programs (e.g., Healthy Babies Healthy Children (HBHC), Nurse-Family Partnership (NFP), EarlyON)	Expand access to addiction services, crisis intervention, mental health treatments, and community-based support for victims of gender-based violence, survivors and their families, including those who cause harm	Work together to improve navigation to community services for individuals who have experienced early adversity including comprehensive crisis intervention services	Adopt a healing-centred engagement approach that empowers individuals exposed to trauma to actively participate in their own healing process, focusing on their agency and well-being
Collect and use data	Promote data sharing between primary care and other health professionals within the circle of care to foster a holistic approach to treatment and enhance referrals	Facilitate the measuring and monitoring of SED and resilience of children and youth across the province (e.g., EDI, ASQ-SE, School Climate Surveys)	Utilize geographic data to determine which neighbourhoods could benefit from additional resources, programs and services to ensure equitable access	Support data collection and sharing to monitor child poverty, including developing a Market Basket Measure for children (MBMC) that reflects their needs, development, and perspectives

Legend:
Each colour corresponds to a focus area

SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING

*Interventions not included in the OEAR framework

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The strategic actions in this document are drawn from the *Ontario Early Adversity and Resilience Framework*, which includes actions originally adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, as well as additional actions included specifically for the OEAR framework and referenced therein.