

# Actions municipalities can take to influence provincial and federal drug policies and practices

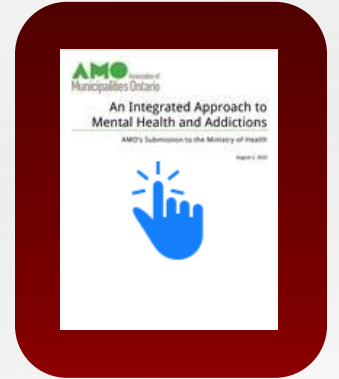
The drug poisoning crisis is a complex and multifaceted problem. Drug policy is set at the federal level, health services are funded at the provincial level, but the most devastating impacts of the drug poisoning crisis are felt at the municipal level. Tackling these large-scale issues at the municipal level alone is challenging; a coordinated and collaborative response from all levels of government is needed.

Below is a list of potential actions municipalities can take to effect change against the drug poisoning crisis. **Click on the images and links to access additional reference materials for each action item.**

## 1

**Advocate for drug and health policy changes by working with your municipal counterparts at the Association of Municipalities of Ontario (AMO) and affiliated associations<sup>1</sup>, to generate collective action.**

Refer to AMO’s 2022 submission to the Ministry of Health, “[An Integrated Approach to Mental Health and Addictions](#)” to see recommendations for an integrated and comprehensive provincial-municipal response.

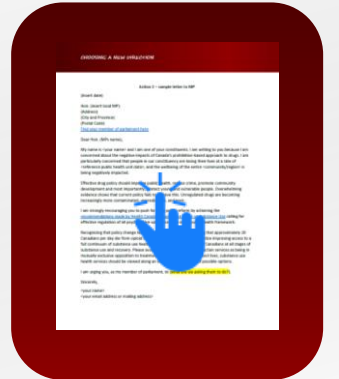


## 2

**Connect with your MP, MPP, Senator, Indigenous governing body, and municipal intergovernmental affairs committee (if relevant/available in your community) to establish or strengthen common goals to address the drug poisoning crisis within your community.**

Work to develop shared understanding of the specific substance use health service gaps or needs in your community, and use the above mechanisms to advocate for funding and policy reforms to address addiction and mental health issues at the provincial and federal levels.

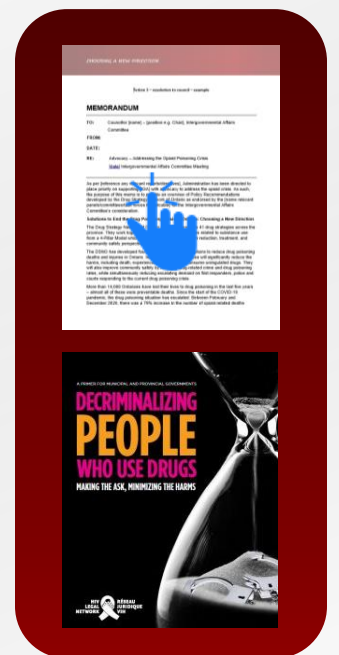
A sample letter to MP or MPP is attached.



## 3

**Follow the lead of other municipalities that have already taken action and built momentum to address the opioid and drug poisoning crises in their communities. Examples:**

- The City of Thunder Bay passed a unanimous resolution to endorse the Drug Strategy Network of Ontario’s proposed Solutions to End the Drug Poisoning Crisis in Ontario ([visit the CBC news article here](#)). A sample resolution to council is attached.
- The City of Toronto is currently in the process of applying for an exemption to the *Controlled Drugs and Substances Act* to allow for the possession of drugs for personal use ([visit their exemption request here](#)). You can find practical guidance for municipalities on the decriminalization process from the [HIV Legal network here](#).
- The Health and Social Services Committee of the Region of Niagara approved a motion to declare states of emergency for homelessness, mental health and opioid addiction in Niagara ([visit The Standard news article here](#)).



1. AMO-affiliated municipal associations: [Ontario’s Big City Mayors](#), [Eastern Ontario Wardens’ Caucus](#), [Western Ontario Wardens’ Caucus](#), [Northeastern Ontario Municipal Association](#), [Northwest Ontario Municipal Association](#), [Ontario Small Urban Municipalities](#) and [Rural Ontario Municipal Association](#).

# 4

## Work with your local public health unit, local opioid response plan and/or your municipality's Community Safety and Wellbeing Plan (CSWP) to implement community-specific priorities.

Through these partnerships, track local data on substance use-related trends and costs (e.g. police, EMS and fire calls for service, impacts on parks, recreation & tourism, etc.). Consider how substance use-related costs and harms could be addressed directly within municipally-controlled services (e.g., through investments in social and housing services and integrating harm reduction services in existing services).



# 5

## Lead your community in developing a health-based approach to substance use by providing training on stigma and trauma to all municipal service staff.

In addition to training for all staff, recognize that many people use substances and some will experience substance use health-related challenges. Therefore, ensure supports for employees wellbeing and/or substance use health concerns is available for all staff.

A list of training options is attached.



# 6

## Access the expertise of people with lived and living experience of substance use by working with local drug user networks and/or grassroots organizations.

If local drug user networks do not yet exist, consider how your community can ensure that the perspectives and insight of people who use/used drugs and families/caregivers are meaningfully represented in all processes where substance use health-related discussions and decisions are being made. Partnering with local grassroots organizations who have already established trust and relationships with marginalized community members can help to facilitate a community-led response.

Refer to the [Canadian Association of People who Use Drugs \(CAPUD\) website](#) and best practices document, [Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs \(PWUD\)](#) for guidance on meaningful inclusion and engagement with PWUD.



# 7

## Prioritize improving access to a full continuum of substance use health services to meet the wide range of needs present in your community.

Ensure substance use health services including harm reduction interventions (e.g. supervised consumption, safe supply), and various forms of treatment are viewed along an integrated spectrum of possible options. Avoid misunderstanding harm reduction as being in conflict or opposition with treatment interventions – harm reduction and treatment are integral components of a strong substance use health system.

Refer to the Canadian Centre on Substance Use and Addiction's [Best Practices across the Continuum of Care for the Treatment of Opioid Use Disorder](#) for more information. The National Harm Reduction Coalition provides a helpful overview of the [Principles of Harm Reduction](#) which can be used to help build a shared understanding.



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