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Timmins Summit Summary Report

Timmins, Ont. September 5–7, 2024

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We acknowledge the Indigenous Peoples as traditional knowledge keepers, and that our greater society benefits from the sharing of Indigenous Peoples.

We further respectfully acknowledge that the land on which we gathered for this presentation is in the traditional, territory of the Mattagami First Nation, Flying Post First Nation and Matachewan First Nation, home to many Ojibway, Cree, Oji-Cree, Algonquin and Métis people. We also acknowledge that the meeting was situated in Treaty 9 territory (also known as the James Bay Treaty), which is steeped in the rich Indigenous history of many First Nations, Inuit and Métis Peoples, and we acknowledge its history and culture as keepers of this land.

Executive Summary

Held from September 5 to 7, 2024, the Timmins Summit convened more than 70 municipal leaders, healthcare professionals, policy makers and community advocates to address Canada's growing substance use crisis. Co-hosted by the Canadian Centre on Substance Use and Addiction (CCSA) and the City of Timmins, the aim of the summit was to find community-centred solutions to the crisis, which has disproportionately affected smaller cities and towns. The discussions highlighted the need for collaborative, integrated approaches that involve various sectors and prioritize strategies that include prevention, harm reduction, treatment, recovery and a role for police services.

Key Themes and Challenges

Particularly driven by synthetic opioids like fentanyl, the substance use crisis has evolved into a major public health issue, especially in smaller communities. The summit participants identified the following critical challenges.

Lack of Local Resources: Smaller municipalities often rely on larger urban centres for healthcare services. This situation has led to accessibility issues that prevent people from addressing substance use challenges early or finding support when they are in crisis. It has also forced individuals to relocate, worsening stigma and vulnerability while straining the resources of larger municipalities.

Burnout and Service Provider Shortages: High demand and insufficient resources have led to burnout among healthcare workers, social workers and first responders. This has further reduced the capacity to provide essential services, especially in areas requiring wraparound care for people with lived or living experience (PLLE).

Stigma and Public Perception: The persistence of substance use stigma in close-knit communities, where anonymity is limited, discourages individuals from seeking help. The view of substance use as a moral failing rather than a health issue continues to isolate people in need and prevents the uptake of evidence-based interventions.

Housing Crisis and Public Drug Use: Especially in smaller cities and towns, the housing crisis has led to an increase in visible drug use in public spaces and related community safety issues. This has created tension between service providers and the broader community, contributing to polarization between harm reduction strategies and policing activities.

Fragmented Care: The lack of integration between health, social and community services has compounded the substance use crisis. Primary care and mental health systems are underfunded and overburdened, limiting the effectiveness of interventions in smaller communities.

Diverse Regional Challenges: The substance use crisis manifests differently across regions, requiring tailored interventions. For example, northern communities face geographic isolation, making healthcare and support services difficult to access. While fentanyl is a

major concern nationwide, crack cocaine and alcohol are more prevalent in Indigenous and remote communities.

Unique Vulnerabilities

The summit participants highlighted the disproportionate impact of the crisis on certain populations.

Indigenous Communities: First Nations, Inuit and Métis people in remote areas face transportation barriers and lack access to culturally appropriate care. Intergenerational trauma and isolation compound these challenges.

Youth: Young people in smaller communities face limited access to mental health services, higher unemployment and increasing substance use. The COVID-19 pandemic, social media and economic instability have worsened mental health challenges for youth.

Individuals Who Are 2SLGBTQ+: Many 2SLGBTQ+ individuals are forced to leave their communities and support networks to access gender-affirming and other specialized care, compounding stigma and vulnerability.

Individuals Recently Released from Incarceration: Individuals leaving incarceration face increased risk of overdose in the absence of aftercare services.

Role of Government

Summit participants emphasized that municipalities are taking the brunt of the crisis but often lack the authority and funding necessary to address it effectively. Several key governance challenges were identified.

Top-Down Decision Making: Federal, provincial territorial governments often implement policies without consulting municipalities, resulting in ineffective solutions that are not aligned with the realities in smaller communities.

Funding Barriers: Funding from federal to provincial or territorial and then to municipal governments often means resources are diluted, leaving municipalities without sufficient funding to meet local needs. Smaller towns lack the administrative capacity to apply for competitive, grants-based funding, putting them at a further disadvantage.

Jurisdictional Fragmentation: The division of responsibilities between different levels of government creates delays and inefficiencies, hindering local governments from implementing timely and effective solutions.

Moving Forward: The Municipal Leadership Table

Discussions at the summit laid the groundwork for the creation of a pan-Canadian playbook that will guide municipalities in addressing the substance use crisis. The playbook will provide evidence-based policies, services and support options tailored to the needs of smaller communities. CCSA will convene a Municipal Leadership Table (MLT) to develop the playbook.

Participants of the Timmins Summit identified numerous principles they felt should guide this work and improvements that would address the substance use crisis more effectively in smaller cities and towns across the country.

Proposed Principles for the MLT

Community-Centred: Solutions must reflect the unique realities of local communities.

Collaborative and Integrated: Cross-sector partnerships between healthcare, police services and social services are essential.

Inclusion of PLLE: Individuals with lived or living experiences must have a role in decision making.

Equity: Historically excluded and underrepresented groups must be represented in discussions and strategies.

Accountability: Data-driven evaluation and public transparency are critical for the success of the pan-Canadian playbook.

Desired Outcomes

- A reduction in overdose deaths and drug-related harm.
- Decreased stigma and a shift in public attitudes toward empathy and support.
- Expanded access to the full continuum of healthcare services, including bed-based addiction treatment and harm reduction sites, in underserved areas.
- Policy changes at federal, provincial and territorial levels, including more integrated healthcare systems and stable, long-term funding for municipalities.

The Timmins Summit was a promising first step toward addressing the substance use crisis in Canada's smaller cities and towns. The development of the pan-Canadian playbook and the MLT will play a crucial role in shaping effective, community-centred responses to this ongoing public health emergency.

Introduction

Held September 5 to 7, 2024, the Timmins Summit brought together more than 70 municipal leaders, healthcare professionals, policy makers and community advocates from across Canada to address the substance use crisis. Co-hosted by the Canadian Centre on Substance Use and Addiction (CCSA) and the City of Timmins, the aim of the summit was to identify pragmatic, community-centred solutions to one of the most urgent public health challenges facing the country.

Largely driven by the widespread availability of synthetic opioids and a toxic drug supply, substance use–related hospitalizations and deaths have devastated urban and rural communities of all sizes. While media and policy attention often focus on large cities like Toronto and Vancouver, data shows that opioid-related deaths and hospitalizations are more common in smaller communities on a per-capita basis. The crisis is tightly intertwined with mental health, housing instability, stigma and intergenerational trauma, demanding a comprehensive and collaborative response.

The summit featured expert presentations and panel discussions, along with breakout sessions that explored the diverse impacts of the crisis on different regions and populations. Participants discussed a wide range of strategies, including harm reduction, addiction treatment, mental health services, and the role of police services and community partnerships.

The Timmins Summit also laid the groundwork for a broader project to develop a pan-Canadian playbook, providing small cities and towns across the country with tools to address the substance use crisis in their communities. CCSA will co-convene a Municipal Leadership Table (MLT) in early 2025 to develop the playbook. The MLT will include representatives from the medical, judicial and social fields. They will create the playbook, which will be a suite of interventions, services and supports available to any small city or town in Canada.

This report summarizes the expert presentations and panel discussions from the summit, and synthesizes key insights and recommendations from the breakout discussions. These insights build the case for the pan-Canadian playbook and offer direction to CCSA and its partners on the next steps.

Thursday, September 5

Keynote Panel Discussion

- Retired General Barrye L. Price, Chief Executive Officer of CADCA
- Carlene Donnelly, Executive Director of CUPS
- Dr. Paul Roumeliotis, Medical Officer of Health with the Eastern Ontario Health Unit

The speakers focused on the importance of community-based, integrated approaches to addressing the substance use crisis. They emphasized the need to move beyond isolated interventions and binary thinking of harm reduction versus recovery. Instead, they recommended advocating for comprehensive strategies and cross-sector collaboration that tackle the root causes of substance use. The panellists underscored that there is no one-size-fits-all solution to substance use, highlighting the importance of coalition building and public health advocacy in creating safer, healthier communities. They pointed out that integrating healthcare, housing and social supports can significantly reduce the effects of toxic stress on vulnerable populations, particularly children and families.

Addressing the social determinants of health is essential for developing sustainable solutions to the substance use crisis, particularly in smaller communities where resources may be more limited.

Friday, September 6

Panel Discussion: Mayor and Council Panel on the Crisis

- Timmins, Ont., Mayor Michelle Boileau
- Iqaluit, Nunavut, Mayor Solomon Awa
- Cambridge, Ont., Mayor Jan Liggett
- Lethbridge, Alta, Mayor Blaine Hyggen
- Charlottetown, P.E.I., Deputy Mayor Alanna Jankov
- West Nipissing, Ont., Mayor Kathleen Thorne-Rochon

Each speaker shared their diverse perspectives on how the substance use crisis is affecting their small cities and towns. They highlighted the unique challenges municipalities face in addressing this growing issue, including the strain on local resources, the influence of historical and cultural contexts, and the need for comprehensive, compassionate responses to the crisis.

Municipal Resource Constraints and Prioritization

Several mayors discussed the challenge of balancing core municipal services (e.g., transit, water, waste management, emergency services) with the urgent need to respond to the substance use crisis. This strain on local resources has been exacerbated by the housing crisis and rising food insecurity following the pandemic. The panel emphasized that municipalities must have a greater role in decision making about resource allocation to

better address the rising demand for services, particularly given their dependence on property taxes as the main source of funding.

Cultural and Historical Contexts

The mayors also explored how local cultural and historical dynamics shape the substance use crisis in their communities. Mayor Awa shared a northern Inuk perspective, explaining how alcohol addiction in his community is deeply tied to intergenerational trauma from residential schools. He emphasized that addiction often stems from personal trauma rather than the substance itself. Other mayors spoke of the importance of recognizing cultural diversity when meeting the needs of their residents.

Diverse Municipal Structures

The discussion underscored the governance challenges smaller municipalities face when they are part of larger regional structures, which are responsible for key areas such as policing and planning. As a result, municipal leaders frequently endure the most of the public's frustration, with residents directing their blame toward local governments despite their limited ability to enact change at the regional level.

Community Support and Public Perception

The mayors emphasized the importance — and difficulty — of securing community support for harm reduction strategies and other interventions. Public resistance and fear often make it challenging to implement effective, evidence-based solutions. The panel emphasized that municipalities must take a stronger advocacy role to address public concerns and improve understanding of substance use as a public health issue.

Panel Discussion: What We Know About the Toxic Drug Crisis in Canada

- Dr. Dan Werb, Director of the Centre of Drug Policy Evaluation at St. Michael's Hospital
- Shahin Mehdizadeh, Chief of the Lethbridge Police Service
- Seamus Murphy, Deputy Chief of the Cochrane District Paramedic Services

The presentation and panel focused on the evolving substance use crisis in Canada. The presentation drew a stark comparison between the comprehensive response to COVID-19 and the underfunded, insufficient response to the drug crisis. Overdose deaths, particularly among younger people (ages 20 to 39 years), far surpassed COVID-related deaths in that age group.

The speakers highlighted the inadequacies of the current response to the overdose crisis and called for strategies that address both the public health and law enforcement dimensions of the issue. The complexity of the drug market — where synthetic opioids like fentanyl are frequently mixed with other substances — has made both treatment and policing services increasingly challenging. Additionally, public fear of open drug use fuels

divisions with neighbourhoods and local businesses on one side and service providers and sectors involved in responding to the substance use crisis on the other.

A new initiative in Timmins involves paramedics administering suboxone, an opioid withdrawal treatment that relieves cravings, in the field. This allows for immediate intervention without the need for a hospital visit and has already proven life-saving. The panel collectively emphasized that substance use must be treated as a medical issue, supporting a comprehensive strategy that includes both treatment and harm reduction.

Panel Discussion: How the Current Crisis Is Impacting Canadian Industries

- Shawna Meister, Associate Director of Innovation and Evidence in Practice at CCSA
- Vicky Waldron, Executive Director of Construction Industry Rehabilitation Plan
- Kevin Watson, Superintendent of Health and Safety, Ontario Region, at Agnico-Eagle Mines
- Rochelle Thompson, PhD candidate with the Department of Population Medicine, Ontario Veterinary College at the University of Guelph.

They focused on the stigma, lack of training and need for comprehensive support systems across various sectors to address substance use in the workplace. The speakers stressed the importance of creating safe, open environments where substance use can be addressed without the fear of judgment or discrimination.

A national survey on workplace substance use revealed that 64 per cent of workers hide their substance use due to fears of job loss or discrimination. Stigma remains pervasive across many industries, with workers often supporting mental health initiatives but feeling uncomfortable offering help to colleagues or disclosing their own struggles. The panel also spoke of the need for industry-specific health and safety programs that integrate substance use into assessments of fitness for duty, which often overlook the health aspect of workers' well-being.

In rural communities, where privacy and anonymity are crucial, offering online or private services can make a significant difference in enabling workers to disclose substance use issues. Tailored interventions and comprehensive training for managers are key to fostering environments that support individuals in seeking help without the fear of consequences.

Panel Discussion: Whole-Health Approaches to Substance Use — Intersectoral Partnerships

- Dr. Kim Corace, Vice President of Innovation and Senior Scientist at CCSA
- Brianne Peters, Research Specialist at CAPSA
- Dr. Julie Samson, Co-lead of the Addiction Medicine Consult Team at the City of Timmins

- Dr. Louisa Marion-Bellemare, Co-lead of the Addiction Medicine Consult Team at the City of Timmins
- Dr. Alex Petiquan, resident physician at Public Health and Preventative Medicine.

They highlighted innovative and integrated approaches to addressing substance use. The speakers focused on inclusive care models, reducing stigma and the importance of reciprocal education in creating compassionate support systems for individuals with substance use disorders. They shared the following.

Rapid Access Addiction Medicine (RAAM) Clinics: These low-barrier, walk-in clinics provide evidence-based care by bringing together experts from different sectors to help patients navigate the healthcare system. With 80 in Ontario, RAAM clinics have significantly reduced hospitalizations and deaths, saving the healthcare system about $13,000 per patient.

CAPSA's Substance Use Health Spectrum: The spectrum reframes substance use by recognizing that everyone has a relationship with substance use. This relationship includes no use, lower risk, occasional use, problematic use and a diagnosable medical condition of disordered use. CAPSA focuses on reducing stigma by capturing the perspectives of people with lived and living experience, whose insights have often been excluded from research.

Fourteen Inpatient Acute Withdrawal Management Beds at the Timmins and District Hospital: This unit provides accessible, destigmatized care outside regular physician hours. The hospital has worked to shift its culture, ensuring individuals with substance use disorders are treated with respect and compassion. As a crucial touchpoint for people seeking help, the unit underscores the importance of integrating addiction services with mainstream health care.

Indigenous Knowledge and Reciprocal Education: The importance of incorporating Indigenous knowledge into health care was emphasised. Reciprocal education between healthcare providers and Indigenous communities is essential for creating culturally competent programs. Jurisdictional flexibility allows Indigenous groups to implement tailored programs that may not align with provincial directives but meet the specific needs of their community members.

Saturday, September 7

Presentation: The Municipal Imperative

Mary Rowe, Chief Executive Officer at the Canadian Urban Institute, emphasized the critical role municipalities play in addressing the substance use crisis. While the federal government controls the funding and provincial governments hold decision making power, municipalities are managing the direct impacts of the crisis.

Rowe underscored the importance of resilience, both at the individual and community levels, and highlighted main streets and downtown cores as key spaces where social and economic

life converge. These areas provide essential services, including health care, law enforcement and housing, making them crucial to addressing the crisis.

Rowe advocated for municipalities to lead in blending top-down directives with bottom-up, community-driven efforts and working horizontally across sectors and organizations at the local level to find pragmatic, local solutions. She stressed that building strong community relationships and fostering local innovation are essential to creating resilient municipalities capable of effectively managing these crises.

Presentation: Calgary CUPS Model

Carlene Donnelly, Executive Director at CUPS, shared how the CUPS model has evolved over the past 25 years into a leading organization providing integrated services across health, housing, economic support, and family and child development in Calgary. She highlighted several key programs and initiatives.

- Integrated Care Tool (ICT): This tool allows clients to guide their care by selecting the subdomains they wish to focus on, creating a more person-centred approach. The ICT effectively measures progress in areas such as housing, income, physical and mental health, ensuring a sensitive approach to tracking change that is meaningful to the person.
- Housing and Economic Support: CUPS partners with property owners and managers to provide affordable housing for more than 500 individuals, recognizing the critical connection between housing stability and overall well-being. Their Graduated Rent Subsidy Program helps clients achieve independence, addressing both immediate needs and long-term stability. The organization also places special emphasis on the impact stable housing has on children, particularly as they enter school.
- Focus on Family and Child Development: CUPS adopts a two-generational approach, supporting both parents and children. The organization focuses on mitigating the instability children face from frequent relocations, which can negatively impact their development. This early intervention helps prevent long-term adverse outcomes, ensuring families receive comprehensive care that addresses their diverse needs.

Panel Discussion: Youth Perspectives on the Crisis

The panel discussion included Phoenix Vieno, Peer Support Worker at the Timmins Youth Wellness Hub; Anne Vincent, Executive Director at the Timmins Youth Wellness Hub; Alanna Hicks, Program Advisor on Prevention at the New Brunswick Department of Health; and Dr. Amy Porath, Director of Research and Knowledge Mobilization at the Knowledge Institute on Child and Youth Mental Health and Addictions. They emphasized the importance of creating inclusive, youth-centred environments for addressing substance use and mental health issues. They stressed the need for community collaboration, prevention strategies and meaningful — not tokenistic — youth involvement in the design of services.

The panel underscored the critical need for safe, nonjudgmental spaces where youth feel comfortable expressing themselves. For example, the Timmins Youth Wellness Hub was co-

created with input from 30 community partners and youth to ensure the space is welcoming and supportive.

In New Brunswick, early prevention strategies are data driven. It focuses on family involvement, with access to recreation and physical activity being key factors in promoting healthy behaviours and reducing substance use among youth. These initiatives highlight the importance of proactive, community-based efforts to engage with youth and to support them in making healthy choices.

Panel Discussion: Policy, Service and Support Options

- Dr. Kim Corace, Vice President of Innovation and Senior Scientist at CCSA
- Corey Rempel, Inuit Community Support Worker at the Manitoba Inuit Association
- Carlene Donnelly, Executive Director of CUPS
- Rachel Huggins, Deputy Director Executive Lead of Cannabis Legalization at the Organized Crime Enforcement Bureau of the Ontario Provincial Police)
- Dr. Natalie Aubin, Regional Vice-President of North East Cancer Care and Vice-President Social Accountability at the Health Sciences North
- Karen McDonald, Executive Director of Toronto's Drug Checking Service and Ontario's Drug Checking Community.

They discussed identifying critical gaps in services, ensuring equitable access to care, and using data and partnerships to address substance use and related challenges. They shared the following.

- Services are needed that reflect the specific realities of Northern communities, where alcohol use plays a more significant role than toxic drugs. Tailored, targeted interventions are required to meet the unique needs of these communities.
- Evaluation plans are critical to monitor program effectiveness and ensure that funding is used efficiently to maximize impact. This data-driven approach is vital to sustaining successful programs.
- Diversion programs reduce criminal prosecution for minor offences, such as simple possession. These programs can strengthen police–community relationships and focus on providing support rather than punishment. Data and documentation are critical in demonstrating the value of these partnerships, ensuring their continued evolution.
- The mental health and addictions field could learn from the data collection practices of the cancer care system in Ontario. By using data to assess outcomes and spread best practices, effective programs can be scaled and made available in smaller municipalities.
- Drug checking services monitor the unregulated drug market. These services provide essential information to public health units and substance users about which drugs are circulating in their communities.

Synthesis of Breakout Discussions

Over the course of two days, summit participants engaged in four rounds of table discussions. The questions guiding those breakout discussions are included in the appendix.

The synthesis of these conversations has been organized into two sections.

The first reflects what is happening in small cities and towns across Canada, capturing participants' accounts of the substance use crisis in their municipalities. This included the challenges and impacts they face, with a focus on the needs of specific populations and the relationship between municipalities and other levels of government.

The second outlines participants' hopes for the broader initiative and guiding principles for the MLT. It also suggests outcomes or indicators that would signal the MLT's work has been successful.

Case For Support: The Substance Use Crisis in Small Cities and Towns

A Complex and Evolving Crisis

The substance use crisis in small cities and towns is multifaceted and constantly evolving, particularly with the rise of opioid use and the introduction of new substances, such as fentanyl and xylazine. In the first three months of 2024, there were 21 apparent opioid toxicity deaths a day on average.

A core challenge is the consolidation of services in larger urban centres, leaving smaller municipalities without adequate local resources. People with lived and living experience (PLLE) in smaller towns are often forced to relocate to larger cities to access care, increasing their vulnerability to criminalization and stigmatization, while limiting access to their trusted social supports. This consolidation overburdens services in larger municipalities, which struggle to address the volume and diversity of needs.

Burnout among key service providers — healthcare professionals, social workers and first responders — is also a significant problem. Constant exposure to trauma with limited resources and high demand has led to widespread burnout and staffing shortages. These further limit the availability of wraparound services that PLLE rely on. As urban centres grapple with responding to the needs of PLLE in and outside of their communities, smaller towns are faced with even more limited services to support their communities. Moreover, the absence of sustainable support systems not only impacts service providers but also weakens the overall capacity of smaller towns to respond effectively to the crisis.

Stigma remains a pervasive barrier to care. In tight-knit, small communities where "everyone knows everyone," heightened levels of shame and fear of judgment discourage individuals from seeking help. Substance use is often seen as a moral failing rather than a health issue, reinforcing isolation and preventing people in need from accessing services.

The housing crisis in many regions has exacerbated the problem, with people who are homeless often using drugs more visibly in public spaces. This has led to increased tensions between service providers and the broader community, further polarizing public opinion on issues like harm reduction and recovery strategies.

Public drug use is highly visible in some municipalities, occurring openly in public spaces, while in other areas, substance use remains hidden behind closed doors. These variations in visibility affect how communities perceive the crisis and what types of interventions they support. Communities with more visible public drug use often experience higher levels of tension and polarization, while areas where use is less visible, the crisis may be underreported, resulting in fewer resources being allocated to address it.

A lack of integration among health services, social services and community supports also contributes to the crisis. Municipalities often lack the authority or resources to co-ordinate these services effectively. Access to care is further restricted by strained primary care and mental health systems that have long struggled with underfunding and workforce shortages.

While many municipalities face similar structural challenges, the crisis manifests differently across regions. Access to services is not consistent across the country. For example, intranasal naloxone is not available in all regions, and Prince Edward Island is one of the only provinces in Canada without a supervised consumption site. Funding in northern and rural communities need to stretch further due to geographic isolation and the expansive coverage areas.

Northern communities across the country face particularly acute challenges. Many lack year-round road access, making residents reliant on flights to access healthcare, social services and education. Recruiting and retaining healthcare workers is a persistent issue, compounding the crisis. Severe housing shortages and unsafe living conditions further exacerbate the interconnected issues of poverty, food insecurity, domestic violence and substance use.

Substance use patterns also vary by region. While fentanyl is a significant concern nationwide, in the Northwest Territories and many fly-in First Nations communities, the crisis is more closely tied to crack cocaine and alcohol use. These regional differences require tailored interventions that reflect each community's specific challenges and needs.

Unique Challenges Faced by Historically Excluded and Underrepresented Populations

Although the substance use crisis affects all segments of society, certain populations are particularly vulnerable and consistently underserved:

Indigenous Communities: Indigenous people in small and remote communities face significant challenges due to limited service access and transportation barriers. The compounded effects of intergenerational trauma, geographic isolation and gaps in healthcare infrastructure further exacerbate these issues.

Youth: Young people in smaller communities often have limited access to mental health services and employment opportunities, which can contribute to increased substance use. The COVID-19 pandemic, social media pressures, affordability concerns and geopolitical tensions are exacerbating mental health challenges, leading to heightened uncertainty about the future.

Families with Low Incomes: Families with fewer financial resources are more significantly impacted by the crisis. Relatives (e.g., grandparents) raising children due to parental substance use face additional financial and emotional pressures.

Individuals from the 2SLGBTQ+ Community: Access to specialized care, including gender-affirming services, is often limited in smaller communities. Many individuals from the 2SLGBTQ+ community are forced to seek care elsewhere, leading to additional barriers in accessing support.

Individuals Recently Released from Incarcerated : People recently released from incarceration face higher risks of substance use–related harms, particularly in the days immediately following their release. A lack of accessible aftercare services increases their vulnerability and hinders their reintegration into society.

Role of Governments

The relationship between municipalities and other levels of government plays a critical role in shaping the response to the substance use crisis in small cities and towns. Municipalities are taking the brunt of the crisis but face significant barriers due to funding constraints, political pressures and jurisdictional fragmentation. Summit participants identified several key challenges in this relationship.

Top-Down Decision Making: Participants raised concerns about the lack of consultation from federal, provincial and territorial governments in creating substance use policies. Solutions designed for urban centres are often imposed on smaller communities without consideration for local needs, leading to a disconnect between local realities and higher-level policy making.

Funding Barriers and Bureaucracy: The flow of funding from federal to provincial or territorial and then municipal governments dilutes resources, often leaving municipalities with insufficient funds to tackle the crisis effectively. The competitive nature of grant-based funding forces municipalities to compete with each other, resulting in short-term, unsustainable solutions. Additionally, smaller municipalities often lack the administrative capacity to apply for and manage these grants, putting them at a disadvantage compared to larger urban centres.

Political Influence and Public Attitudes: Public opinion and political pressure significantly influence how substance use policies are implemented. Municipal leaders often fear that advocating for harm reduction may result in the loss of funding from provincial or federal governments, particularly when their stances conflict with each other. Negative public

perceptions of harm reduction, often shaped by media and political discourse, further stigmatize these approaches, making it difficult to build community support.

Jurisdictional Fragmentation: Fragmentation between different levels of government creates red tape and delays in delivering services. Despite being closest to the crisis, municipalities often lack the authority to implement solutions without approval from higher levels of government. This is especially problematic in smaller towns that have limited funding and rely heavily on federal, provincial and territorial funding to implement interventions.

Guidance for the Municipal Leadership Table

Participants of the Timmins Summit were ask to identify key principles that should guide the MLT and the development of the pan-Canadian playbook. Participants outlined the outcomes and indicators that the playbook should aim to achieve. Transparency and accountability were emphasized, with participants stressing the need to track data on these outcomes and share progress with the public.

Early ideas on the policy, support and service options that could be included in the pan-Canadian playbook were also shared and are included in the appendix.

Proposed Principles

Community-Centred

Participants said the MLT should prioritize local needs and grassroots solutions, ensuring that the approach to the playbook is grounded in the realities of each community, particularly in small towns and rural areas.

Collaborative and Integrated

Effective collaboration is essential across sectors, including healthcare, law enforcement and social services. The MLT should promote partnerships between local governments, Indigenous leaders, people with lived and living experience, and service providers. Substance use care should not be siloed but integrated into broader health and wellness initiatives.

Include People with Lived and Living Experience

The voices of people with lived and living experience must be part of the decision making process, ensuring that policies are effective and responsive to those directly affected by substance use.

Equitable

The MLT must ensure representation from historically excluded groups — such as Indigenous populations, 2SLGBTQ+ communities and individuals with low incomes — in all discussions and strategies.

Accountability and Evidence Based

For accountability to the communities the MLT should establish clear evaluation metrics to track progress and adjust course if needed. Policies should be grounded in evidence and current context, using data and research to inform decision making.

Sustainable

To ensure long-term sustainability, the MLT must move away from short-term solutions and focus on policies with lasting impact. This includes seeking stable funding and building resilient systems that adapt to changing environments.

Potential Outcomes

Improved Health Outcomes

Success should be measured through a reduction in overdose deaths, emergency room visits and substance-related injuries. Broader community health improvements, such as lower addiction rates and reduced substance-related harms, could also be key indicators of the MLT's effectiveness.

Reduced Stigma

A critical outcome would be a significant reduction in the stigma surrounding substance use and addiction. This would involve shifting public attitudes to foster greater empathy and understanding for individuals struggling with addiction, moving away from an us-versus-them mentality.

Safer Communities

A safer and healthier community is an important marker of success. This could be a reduction in crime rates, fewer instances of public drug use and a greater sense of well-being among residents. Indicators such as fewer complaints from business owners and a more positive community atmosphere were also highlighted.

Improved Policy and Funding

The MLT should aim to influence policy changes at the federal, provincial and territorial levels. Success would involve shifts in legislation, improved funding allocations and the development of cross-sector partnerships that enable more effective responses to the substance use crisis. A more integrated healthcare and social services system is a key desired outcome, ensuring that addiction services, mental health care and social supports are available and easily accessible to all.

Increased Access to Services

Expanding the availability of bed-based addiction treatment spaces, harm reduction sites and support services in small and rural communities is a top priority. Reducing wait times for addiction treatment and improving access to care in underserved areas are also important success metrics for the MLT.

Expanded Role of Healthcare Professionals

Participants felt that addiction care should be a core competency for all primary care professionals, including family physicians, nurses and pharmacists. This would help ensure that addiction services are more widely available in small towns and rural areas, where specialized services are often lacking.

Appendix

Breakout Discussion Questions

Friday, September 6

What You See Where You Live and Work

1a) How does the substance use crisis impact your community?

1b) What similarities and differences can you note with others at your table?

Our Understanding of the Challenge Facing Small-Sized Cities

2a) What do you understand are the challenges for small cities and towns in grappling with the toxic drug crisis? Rank order these challenges.

2b) How are specific communities within these municipalities adversely impacted, be they Indigenous, racialized, low income, youth or otherwise?

2c) How does the relationship of municipalities to higher orders of government contribute to these challenges?

Saturday, September 7

Working with the Options

3a) What criteria should be used when assessing the merits of a policy, service, or support?

3b) What policies, services and supports would you like to see the Municipal Leaders Table (MLT) consider that reduce harms associated with substance use and which promote community well-being and public order? Circle those on which you all agree.

What Should the Municipal Leadership Table Try to Achieve and What Questions Should It Answer?

4a) Identify 3-5 principles that should guide the MLT.

4b) How will the MLT know its work has been successful?

Preliminary Options for the Pan-Canadian Playbook

The table draws on the table discussions for 3b, as well as ideas that were generated during the other table discussions. They are presented here as preliminary options that may be taken up by the MLT and included in the pan-Canadian playbook.

The ideas in the table have been organized using the four pillars approach to drug strategy. The four pillars approach — prevention, harm reduction, treatment and enforcement — have been widely used as a framework to address substance use since the 1990s.

Participants at the Timmins Summit used the language of the four pillars throughout their conversations, so we have reflected this here.

Pillar	Policy options	Program options	Service options
Prevention	Develop and implement public education campaigns to reduce stigma. Implement municipal alcohol control policies (e.g., no alcohol sales near schools). Advocate for a living wage and housing-first policies to reduce economic vulnerabilities tied to substance use. Establish partnerships between schools, healthcare and social services for early identification of substance misuse.	Expand peer-based support programs for youth and families. Launch community-building programs to engage at-risk populations (e.g., cultural initiatives, youth recreation). Invest in comprehensive community health education, integrating substance use prevention with mental health awareness.	Offer mental health education in schools and workplaces to prevent early substance use.
Harm reduction	Provide adequate funding and support for safe consumption programs to improve their capacity to refer and integrate with community health services. Implement policies for safe supply distribution to reduce overdose risks from unregulated contaminated drug supply. Increase public awareness of the life-saving benefits of harm reduction.	Establish mobile harm reduction units that offer drug checking, needle exchange and outreach services to rural and remote areas. Provide wraparound harm reduction programs with links to health and social services. Scale drug checking services to monitor and analyze local drug markets and trends, offering real-time data for harm reduction.	Provide widespread access to naloxone, including intranasal options in rural communities.

continued

Pillar	Policy options	Program options	Service options
Treatment	Expand access to medication-assisted treatment (e.g., suboxone, methadone) in primary care and pharmacy settings. Standardize addiction care across primary care settings to ensure widespread access. Establish cross-sector collaborations between municipalities, Indigenous leaders and healthcare providers. Incentivize training for family physicians, pharmacists and nurses to include addiction care in their practice to broaden treatment capacity.	Introduce integrated care models that combine addiction treatment with mental health, housing and social services. Expand access to Rapid Access Addiction Medicine clinics to provide immediate, low-barrier access to treatment. Develop peer-support networks for ongoing post-treatment care to facilitate continuity.	Increase the number of bed-based addiction treatment spaces in hospitals and rural and remote areas. Ensure 24/7 addiction treatment services, especially in underserved rural and remote communities.
Enforcement	Establish clear policies on non-prosecution for low-level offences like simple drug possession. Encourage restorative justice models that address the root causes of substance use—related crime. Improve data collection and sharing on the effectiveness of diversion and community support programs.	Develop police and community service partnerships that prioritize health-based responses to substance use crises. Provide police training on addiction as a health issue and the use of diversion programs. Establish diversion programs to divert individuals with substance use issues from the criminal justice system to community, health or social services. Train first responders in naloxone use and mental health first aid, increasing their capacity to support people who use substances.	None