



Playbook for Action:

Practical Interventions Small Cities Can Use
to Tackle Canada's Substance Use Crisis



Canadian Centre
on Substance Use
and Addiction

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- | | | |
|-------------------|------------------------|--------------------|
| 1. Brantford | 12. Kensington | 23. Prince County |
| 2. Brockville | 13. Lethbridge | 24. Prince George |
| 3. Burlington | 14. Miramichi | 25. Queens |
| 4. Cambridge | 15. New Westminster | 26. Red Deer |
| 5. Campbell River | 16. North Battleford | 27. Stephenville |
| 6. Charlottetown | 17. North Cowichan | 28. Thompson |
| 7. Cobourg | 18. Orangeville | 29. Timmins |
| 8. Cornwall | 19. Penticton | 30. West Nipissing |
| 9. Duncan City | 20. Portage la Prairie | 31. Yellowknife |
| 10. Fredericton | 21. Powell River | |
| 11. Iqaluit | 22. Prince Albert | |

WHAT WE KNOW ABOUT WHAT'S HAPPENING IN SMALL CITIES AND TOWNS

Across the country, communities are grappling with a profound health emergency that continues to claim lives at a staggering pace. Communities are encountering increases in alcohol consumption and methamphetamine use, alongside street opioids and benzodiazepines. According to the Public Health Agency of Canada, more than 47,000 people in Canada have died from opioid toxicity since 2016. In the first three months of 2024 alone, nearly 2,000 people lost their lives to toxic drugs.

The crisis is national, but each community experiences it differently. From small towns in the North to suburban neighbourhoods in the East, the harms of substance use are showing up in emergency departments, encampments and homes. The system is overwhelmed, and often people who are ready to ask for help cannot find it or face barriers.

This is not just a story about overdose. It is also a story about access, service gaps and a system that too often fails to respond before it is too late. A national survey conducted by the Canadian Centre on Substance Use and Addiction (CCSA) and CAPSA found that 62% of respondents had never been asked about their substance use in a healthcare setting. Even more stark: 79% had never received direct support. People are not being seen, screened or supported early enough.



There is pain and tragedy. At the same time, small cities and towns are dealing with public disorder that feels increasingly unmanageable. Many communities feel neither healthy nor safe.

Surveillance systems like the Canadian Community Epidemiology Network on Drug Use (CCENDU) provide timely monitoring of emerging contaminants and changing patterns of use. In some cases, these systems are the first to detect dangerous batches of drugs in circulation. But early warnings are only effective when there are systems and partnerships ready to act. Right now, those systems are uneven, under-resourced or absent in many communities.

These challenges are not limited to health care, justice or social services. They reflect a broader community crisis. In Canada today, one in four households report being unable to cover an unexpected \$500 expense. Economic instability, housing insecurity, social isolation and untreated trauma all shape people's vulnerability to substance use harms. Substance use does not exist in a vacuum — it's intertwined with daily life. When systems fray, harm compounds. For those already pushed to the margins, the consequences can be fatal.

A piecemeal approach will not work. The toxic drug crisis is not a singular emergency, but a convergence of many. As municipal leaders respond to overdoses, they are also contending with unaffordable housing, declining mental health, economic strain and resource pressures on emergency and public health services. People are not only dying in alleyways — many are suffering privately in homes, often without any contact with health or social supports until it is too late.

The data tells us what's broken, and it also shows what works, and where it works. The very things that make small cities and towns distinct — connection, compassion for neighbours and family, and cross-sector partnerships — are the raw ingredients for evidence-based and evidence-informed solutions.

This playbook is grounded in the understanding that every crisis is unique and that not every intervention will work in every jurisdiction. Early screening, low-barrier treatment, harm reduction, youth-specific services and coordinated care all have a place. Municipal leaders have a critical role in bringing these solutions closer to the ground. They can advocate, convene and build the local infrastructure needed to turn evidence into practice.

What is needed now is urgency and clarity. We cannot address what we do not measure, and we cannot solve what we do not name. The current substance use crisis is complex, but not insurmountable. With better data, stronger partnerships and shared resolve, communities can chart a path forward.



About This Playbook

This playbook is a practical guide to understanding interventions that can help tackle substance use challenges in communities, and which contexts they may be best suited for. It aims to prioritize what matters most to local governments and communities, and we anticipate that it will evolve as evidence grows and as the Canadian and global landscape continues to change.

It includes more than 50 interventions across six areas for action:

1. Prevention and early intervention
2. Harm reduction and outreach
3. Treatment and recovery
4. Community and cultural supports
5. Housing and employment supports
6. Policing and public safety

The figure below shows these interventions and their respective areas for action.



We recognize that every province, territory, city and town is different, and that there is no one-size-fits-all solution. Instead of a prescriptive approach, this playbook brings together a range of evidence-based and evidence-informed programs, services, approaches and strategies that small municipalities have found useful and that they can adopt or advocate for. Each intervention can be tailored to your unique local needs and circumstances.

How the Playbook Was Created

The interventions included in this playbook were identified through a review of peer-reviewed evidence and best practice literature. A Technical Advisory Group (TAG), convened specifically for this initiative, shared its expertise and helped refine, validate and expand an initial list of interventions. The result was a broad set of evidence-informed options for consideration by mayors and civic leaders. CCSA thanks the members of the TAG for their important contributions.

Municipal leaders then played a central role in shaping what appears in this playbook. In May 2025, mayors, councillors and senior municipal leaders convened in Lethbridge, Alberta, for three intensive days to review and assess each intervention. Drawing on their experience and knowledge of the communities they serve, participants weighed the relevance, feasibility and practical implications for each option and reached consensus on what is presented here.

Throughout this process, municipal leaders were encouraged to approach work with the same practical considerations they use when making real-world decisions about what to adopt, fund and implement. Their insights and judgments are reflected throughout the intervention descriptions and accompanying guidance.

A key outcome of this work was distinguishing between interventions considered **essential** — relevant for all communities — and those considered **additional**, where local context such as population size, density, location, existing infrastructure and the roles of other orders of government may affect suitability. While all interventions in this playbook are supported by internationally recognized evidence, the critical perspective of what works in small cities and towns across Canada was brought by municipal leaders themselves.

This playbook is part of a broader initiative led by CCSA that recognizes the unique challenges smaller municipalities face in responding to substance use and related harms. Through the Small Cities Initiative, CCSA is working to develop the first municipally led, integrated standards for prevention, treatment, harm reduction, recovery and policing strategies and policies. This playbook is one component of that work and is accompanied by an [implementation guide](#) which provides practical steps, tools and resources to support local action in ways that reflect community context.

Earlier in this process, in September 2024, an initial group of municipal leaders, healthcare professionals, policy makers, Indigenous leaders and community advocates met in Timmins, Ontario, to discuss the need for this initiative. The May 2025 gathering in Lethbridge built on that foundation and was hosted by CCSA and co-chaired by Lethbridge Mayor Blaine Hyggen and Timmins Mayor Michelle Boileau.

While Indigenous perspectives were present, CCSA acknowledges that a formal, distinctions-based engagement with First Nations, Métis and Inuit leaders was not undertaken for this iteration of the playbook. This remains an important area for future work.

The result is a playbook grounded in evidence and shaped by the lived expertise of municipal and community leaders who are responding to the substance use crisis every day. It does not claim to offer every answer, but it reflects practical judgment, shared learning and a clear understanding of what municipalities need to act effectively.

Who This Playbook Is For

This playbook has been developed for anyone working to address substance use challenges in their community. Whether you are a municipal leader, service provider, law enforcement officer, harm reduction or treatment provider, person with lived or living experience, or an engaged resident, this resource is for you. You do not need to be an expert in substance use health to use it.

We also recognize that municipal leaders cannot address this issue alone. Most of the interventions described here do not fall solely under municipal authority. They require a multi-sector approach across communities and all orders of government to implement effectively. Even so, municipal leaders supported their inclusion with the understanding that municipalities still have an important role to play in this work.

It can be helpful to know who is responsible for what. Below are the key areas of responsibility for each order of government related to the interventions in this playbook.

To support municipal leaders in taking action now, we highlight municipal levers whenever possible to help guide implementation of key interventions.

Federal	Provincial and Territorial	Municipal
Funding and regulation of health care	Schools and education	Fire, paramedic and ambulatory services
Indigenous health, lands and rights	Hospitals and healthcare delivery	Bylaws and zoning
Legislation (<i>Criminal Code</i> and <i>Youth Criminal Justice Act</i>)	Enforcement of <i>Criminal Code</i> and <i>Youth Criminal Justice Act</i>	Housing-related bylaws, zoning and permitting
Federal correctional institutions	Provincial, territorial and regional correctional facilities	Local transit, roads and sidewalks
Federal taxes	Social assistance programs	Community planning and development
Employment insurance	Funding and delivery of housing programs	Household waste collection
Money and banking	Highways	Community centres and city parks
Funding for housing programs	Provincial and territorial parks	
National housing strategy		
National parks and Crown land		

Substance Use Health

Substance use is a complex behaviour that people experience differently. The term **substance use health** is a way of thinking about why and how we form relationships with substances, and how these relationships can affect our physical and mental well-being. It was introduced by CAPSA to move away from illness-based models and recognize that health effects related to substance use exist along a spectrum, from no use to use with varying levels of risks and benefit. Like mental health and physical health, substance use health includes strategies that support and maintain health, not only treat illness, at any point along the spectrum.

How to Use This Playbook

The *Playbook for Action* is a descriptive guide to the different kinds of actions a community can take. Throughout this resource, we describe each of the six areas for action and the interventions within them. Each intervention includes a short description, benefits, and spotlight examples and considerations to help bring it to life.

Within each area for action, interventions the Municipal Leaders Table identified as essential or additional are marked. We recognize there is no one-size-fits-all solution, and this playbook includes more than 50 interventions for municipalities to consider. It is intended to help you understand evidence-informed interventions you may implement based on local needs. Some interventions are actionable in the near term, while others require more planning and groundwork. Almost all require collaboration with partners. Evidence shows that a comprehensive, balanced approach — using interventions from each category — is the most effective way to create change and get results.

Knowing what to do and knowing how to do it are different things. To support communities in putting this playbook into action, we developed the *Playbook for Action: Implementation Guide*. This companion guide provides a step-by-step process to support planning, implementation and evaluation of interventions. It includes tools and resources to assess community needs, use data, plan strategically, identify partners and consider equity. These tools are organized around the following outcomes:

- Reduced crime related to substance use
- Reduced health harms related to substance use
- Reduced or prevented substance use among young people
- Reduced or discontinued use of a particular substance of concern
- Improved access to services and supports
- Improved experiences within services and supports
- Improved social determinants of health
- Shifted attitudes and perceptions
- Stronger community cohesion and connection

Like the interventions themselves, the implementation tools are grounded in evidence of what works. Together, the playbook and implementation guide provide a clear direction for change.

Begin by reviewing the interventions in this playbook. Then use the implementation guide to prioritize and implement actions based on your community's substance use challenges, readiness and values, as well as available resources and investment.





AREA FOR ACTION 1: PREVENTION AND EARLY INTERVENTION

When substance use challenges arise, they rarely happen overnight. They often develop gradually, shaped by personal, genetic, social and environmental factors. That's why prevention and early intervention matter. They are smart investments that support people early, prevent harms from becoming entrenched, reduce future costs and build stronger, healthier communities.

For municipalities, this work often falls outside of direct authority, but not outside of influence. Municipal governments can help enable prevention by creating space, funding partnerships or connecting schools, healthcare providers and community groups.

INTERVENTIONS

Eleven interventions were identified under prevention and early intervention:

Intervention	Audience	Outcome
Essential Interventions		
1. School-based prevention programs	Youth and young adults	Reduced or prevented substance use among young people
2. Integrated youth services (IYS)	Youth and young adults	Improved access to services and supports
3. Screening, brief intervention and referral to treatment (SBIRT)	General population	Reduced or discontinued use of a particular substance of concern
4. Tobacco and nicotine cessation programs	People who use tobacco or nicotine	Reduced or discontinued use of a particular substance of concern
5. Integrated competencies for workforce development	People working in substance use and mental health	Improved experiences within services and supports
6. Interdisciplinary pain management	People who use opioids	Reduced health harms related to substance use
7. Community coalitions	Communities of interest, including youth, older adults, parents and caregivers	Stronger community cohesion and connection
8. Public education and awareness campaigns	General population	Shifted attitudes and perceptions
Additional Interventions		
9. Comprehensive school health	Youth and young adults	Reduced or prevented substance use among young people
10. Health warning labels on alcoholic beverages	People who consume alcohol	Reduced health harms related to substance use
11. Standard drink guidance	People who consume alcohol	Reduced health harms related to substance use



School-Based Prevention Programs

If we want to teach young people about substance use, schools are the best place to start.

Description

School-based prevention programs teach students about the risks of substance use, build healthy coping skills and support inclusive, connected school environments. Approaches vary and can include classroom instruction, peer-led workshops, assemblies, after-school programs and arts-based engagement.

Benefits

- Help young people build knowledge and skills before substance use begins
- Build school environments where students feel safe, supported and connected
- Equip young people to make informed choices and reduce harms related to substance use

Implementation Considerations

Popularized in Canada in the 1980s, the strongest programs are asset-based — they do more than warn against risks. They build on students' strengths, interests and sense of belonging.

When considering this intervention:

- Avoid one-size-fits-all approaches; programming should be tailored.
- Programs should reflect youths' interests, such as sports, arts, gaming, mechanics or reading, and offer fun, emotionally and physically safe environments free from judgment.
- Deliver programs through staff who are already engaged with youth and trusted.



What can municipalities do?

While school boards set curriculum, municipalities can support this work by helping schools connect with local service providers and adapt programming to reflect community realities.

INTERVENTION IN ACTION:

Westisle Composite High School's Blueprint for Action, Prince Edward Island

Westisle Composite High School has been implementing Blueprint for Action, a Public Health Agency of Canada-supported framework that guides school communities in applying evidence-informed approaches to prevent harms related to substance use. The framework recognizes that prevention is broader than substance use itself and includes creating environments that support student well-being.

To create safer, stigma-free spaces, engage student voices and build strong community partnerships, Westisle has hosted initiatives such as Student Leaders Day, where students educate younger peers about vaping.

More details about Westisle's program are shared in an episode of the [PHE Canada podcast](#).





Integrated Youth Services

Young people navigating mental health, substance use, school pressures or housing instability should not have to move between disconnected services.

Description

Integrated Youth Services (IYS) bring multiple supports into a single, accessible location — such as recreation spaces, mental health care, peer support, primary care, education and employment services — all designed for youth, with youth.

Benefits

- Lower barriers by offering integrated, youth-centred support in one place
- Help young people access the right care early, before challenges become crises
- Strengthen local capacity through cross-sector collaboration
- Can divert youth from high-intensity services toward more appropriate community supports

Implementation Considerations

These “one-stop” hubs first emerged in the mid-2000s in Australia and parts of Europe. In Canada, the first provincial funding for community-based IYS was secured by Foundry in British Columbia in 2015. Since then, IYS models have expanded across Canada. Several First Nations and rural communities were implementing similar models before Foundry.

When considering this intervention:

- Design services for youth aged 12 to 25 by integrating supports across sectors (mental health, substance use health, social and community services) and across the transition from adolescent and adult services.
- Engage municipalities to convene organizations, community groups, youth and families in planning and delivering IYS.
- Leverage municipal roles to identify safe, youth-friendly hub spaces, support transportation options and integrate recreation and community services.
- Recognize that integration takes time and requires shifting from competition for resources to collaboration and shared decision making.
- Establish dedicated roles to guide the transition, support a shared vision and ensure all partners can contribute and benefit.
- Keep accountability to youth and families central, and use their experience as a measure of success.



What can municipalities do?

Municipal leaders can support IYS hubs by offering municipal space, supporting startup funding or advocating for services in underserved areas.

INTERVENTION IN ACTION: Youth Wellness Hubs Ontario

In Ontario, a network of 32 youth wellness hubs provides support for young people aged 12 to 25. These hubs offer access to mental health and substance use health services, primary health care, and community and social supports.

Youth Wellness Hubs Ontario (YWHO) helps local service providers work together, centring youth needs and experiences in service delivery. The network is geographically and culturally diverse, reaching Indigenous, Francophone, rural and urban communities across the province.

Youth wellness hub networks are also available in other provinces, along with guidance materials for implementing youth wellness hubs.

More information on YWHO's hub locations and resources are available on the [YWHO website](#).

In addition to YWHO, ACCESS Open Minds offers a [pan-Canadian network for Indigenous youth](#).





Screening, Brief Intervention and Referral to Treatment

Some people need long-term treatment. Others just need a supportive nudge at the right time.

Description

Screening, brief intervention and referral to treatment (SBIRT) is a flexible, evidence-informed model that helps health professionals identify risky substance use early and connect people to appropriate care.

Benefits

- Provides a quick, structured way to intervene before substance use escalates
- Works in a range of health and community settings
- Builds stronger connections between frontline services and treatment providers

Implementation Considerations

SBIRT first emerged in the 1980s as a versatile model to support healthcare providers. It can be used in emergency departments, primary care clinics, community health centres and shelters. Research shows SBIRT can reduce substance use and lower healthcare costs when implemented effectively.

When considering this intervention:

- Prioritize broad inclusion and low barriers. When implemented well, SBIRT can be used in many settings.
- Keep implementation simple. Provide easy training for providers, use short scripts and reinforce practice regularly until it becomes routine.
- The most common barrier isn't willingness to help, but uncertainty about where to refer. Municipalities and health authorities can support providers by creating simple one-page referral guides.



What can municipalities do?

While municipalities do not deliver health services, they can encourage adoption and support referral pathways in local systems.

INTERVENTION IN ACTION:

Knowing Your Limits with Alcohol, Canadian Centre on Substance Use and Addiction

CCSA's guide [*Knowing Your Limits with Alcohol: A Practical Guide to Assessing Your Drinking*](#) can be used as a self-help resource, or by healthcare providers during appointments with patients.





Tobacco and Nicotine Cessation Programs

Tobacco and nicotine cessation programs are not just about individual health — they ease pressure on public systems and reduce strain on services that are already stretched.

Description

First introduced in Canada in the 1970s, tobacco and nicotine cessation programs provide information, counselling and medication to support people in reducing or stopping use of tobacco and other nicotine products.

Benefits

- Reduce long-term health costs and preventable illness
- Support youth and adults in reducing or stopping use
- Help shift social norms around smoking and vaping

Implementation Considerations

Tobacco remains a leading cause of preventable death in Canada, and nicotine addiction is evolving — especially among youth — through vaping. Cessation programs, offered online, in clinics or through peer support, can help people quit smoking, reduce their use or avoid starting altogether.

When considering this intervention:

- Promotion is key. Coordinate with agencies that deliver cessation programs and help promote them to residents.
- Funding sources differ by jurisdiction, but local public health offices are often a strong starting point.
- Consider establishing a single phone number for self-referral to make access easy and streamlined.



What can municipalities do?

Municipal leaders can support tobacco and nicotine cessation programs by sharing evidence-based resources, hosting mobile clinics or including cessation supports in community wellness plans.

INTERVENTION IN ACTION:

My Quit Tobacco Cessation Program, Eastern Ontario Health Unit, Ontario

The My Quit program is offered to people who are pregnant or who have recently had a baby, their partners, and people without a primary healthcare provider.

The program provides free telephone or in-person one-on-one coaching and nicotine replacement therapy (NRT) for eligible individuals within the Eastern Ontario Health Unit catchment area who do not have private insurance coverage. NRT options include patches, gum, sprays, lozenges and inhalers.

Program contact information for the My Quit program is available on the [Eastern Ontario Health Unit website](#).





Integrated Competencies for Workforce Development

This intervention is not about turning staff into social workers – it's about equipping them to handle difficult encounters with skill and respect, and to meet people where they are.

Description

Competency-based training builds the knowledge, attitudes and tools staff need to respond effectively and compassionately to people affected by substance use. It can be used with frontline staff, parks and recreation workers, librarians, municipal staff, councillors and others in public-facing roles.

Topics often include the substance use health spectrum, trauma-informed practice, de-escalation, cultural humility and stigma awareness.

Benefits

- Increase staff confidence and ability to respond to substance use health needs
- Create more consistent, humanizing interactions for people seeking support
- Support a workplace culture that reduces stigma and improves access to services
- Prepare public-facing staff to respond appropriately to substance use health needs
- Provide leaders with tools to build respectful, dignifying team cultures
- Offer a framework for human resource processes such as recruitment, retention and training to support compassionate, consistent service delivery

Implementation Considerations

Integrated competencies for workforce development began emerging in the 1960s and were applied to substance use health in Canada in the early 2000s.



What can municipalities do?

Municipal leaders can embed competency-based training in staff development and promote it across local agencies to support consistent service delivery across settings and frontline roles.



Interdisciplinary Pain Management

Poorly managed pain is a key driver of substance use in Canada. People living with chronic pain — especially in smaller communities — can feel unsupported or left with few alternatives to opioid use.

Description

Interdisciplinary pain management brings together physicians, psychologists, physiotherapists, occupational therapists, social workers and other specialists to support people in a holistic way — physical, psychological and social.

Benefits

- Provides upstream, non-opioid approaches to chronic pain
- Helps reduce reliance on prescription drugs
- Supports residents, especially workers and older adults, to stay healthy and engaged

Implementation Considerations

When considering this intervention:

- Connect with communities that have successfully implemented multidisciplinary pain management models, as these models in primary care settings are still emerging.
- Explore free online pain management programs and self-management resources available across Canada.
- Consider peer support groups that operate online and in person to help people living with chronic pain.



What can municipalities do?

While municipalities are not healthcare providers, they can advocate for local access to interdisciplinary services and work with regional health partners to explore feasibility. This approach can reduce downstream substance use and help residents live healthier, more active lives.

INTERVENTION IN ACTION: Online Pain Management Programs and Resources

Several online programs and peer-led organizations offer support for people living with chronic pain.

Online programs:

- [Live Plan BE+](#)
- [My pain management](#)

Peer support organizations:

- [Association québécoise de la douleur chronique](#) (AQDC) — chronic pain support in Quebec
- [Pain BC](#) — support groups and wellness programs

Local groups for people with specific pain conditions, such as fibromyalgia or migraine, may also be available and worth exploring.





Community Coalitions

Community coalitions are often the backbone of a local response.

Description

Community coalitions bring together people from different sectors — such as municipal staff, police, healthcare providers, school boards, nonprofits, Indigenous leaders, and people with lived and living experience — to identify priorities and shape collective action.

Benefits

- Build shared ownership across services, sectors and communities
- Encourage coordinated action instead of siloed responses
- Create space for local innovation and help maximize limited resources

Implementation Considerations

Coalitions do not always run programs directly, but they often coordinate or guide them. Some lead drug strategies, others focus on asset mapping, education or bridging service gaps. Their strength comes from shared responsibility — no single agency carries the load alone.

Municipalities are often well-positioned to bring partners together because of their reach, legitimacy and ability to act as neutral conveners. Convening a coalition does not require a lot of money, but it does require ongoing commitment.

When considering this intervention:

- Establish a shared vision (even high-level, such as “healthy youth”) to guide decisions when challenges related to resources, time, roles or benefits arise.
- Start with a joint project to build cohesion and avoid meetings becoming purely updates.
- Meaningfully involve community members, including youth, families and people with lived and living experience, by dedicating resources for facilitation, support and honorariums.



What can municipalities do?

Municipal leaders can support community coalitions by offering meeting space and connecting coalition leads with community partners and government representatives.

INTERVENTION IN ACTION: Planet Youth, Lanark County, Ontario

Lanark County's Planet Youth coalition launched in 2017, becoming the first structured coalition targeting youth substance use in Canada, based on the Icelandic Prevention Model.

The model was developed in Iceland more than 25 years ago where youth substance use fell to about 5% in 2023 from 48%. Its goal is to reduce or delay substance use among youth. Planet Youth is not a program, but an approach to long-term, community-driven strategies that promote positive social and environmental conditions that deter adolescent substance use.

In Lanark County, the coalition partners with education, health care, local governments, police services and volunteer organizations to raise awareness, build capacity, fund the Guidance Program and work with school boards to conduct surveys with Grade 10 students.

Learn more about the [Planet Youth Lanark County coalition](#).





Public Education and Awareness Campaigns

Public education campaigns help shift attitudes, reduce fear and share vital information – whether the topic is fentanyl poisoning, safe storage, vaping risks or where to find help.

Description

Public education campaigns are communication strategies that inform, engage and encourage behaviour change or specific action. Campaigns use a range of tactics, including transit posters, social media content, community events and school presentations. They are also an opportunity to elevate lived and living experience and move conversations from blame to understanding.

Benefits

- Counter misinformation and reduce stigma
- Promote safer behaviours and encourage people to seek help early
- Signal that the municipality takes the issue seriously and approaches residents with compassion

Implementation Considerations

Public education campaigns vary widely in style and delivery. What matters most is clarity, consistency, and credibility.

When considering this intervention:

- Target campaigns toward specific groups, substances or behaviours, such as prevention, harm reduction, seeking help or recovery.
- Use campaigns alongside other interventions to expand reach and reinforce key messages.



What can municipalities do?

Municipal leaders can launch campaigns locally or adapt existing provincial or federal messaging, working with community partners to ensure relevance and reach.

INTERVENTION IN ACTION: It's Your Choice. Know the Risks. Campaign, New Brunswick Medical Society

In August 2023, the New Brunswick Medical Society launched a province-wide awareness campaign — It's Your Choice. Know the Risks. — to inform New Brunswickers about the health risks associated with consuming cannabis and alcohol.

The campaign highlights that there are no safe levels of alcohol or cannabis use, and that any reduction in use offers health benefits. It encourages people to learn about the potential effects of alcohol and cannabis and make informed decisions about consumption.

Learn more about the campaign through the [It's Your Choice. Know the Risks web page](#).





Comprehensive School Health

A healthy school is about more than test scores and report cards.

Description

Comprehensive school health is a framework that supports students as whole people — addressing mental well-being, physical activity, healthy eating, respectful relationships and more. School health frameworks have been implemented across Canada since 2005, in communities small and large. In Canada, the Public Health Agency of Canada's [Blueprint for Action](#) offers strategies that can be adopted at multiple levels of the education system.

Benefits

- Promotes upstream prevention by creating healthier learning environments
- Encourages collaboration between municipalities and school boards
- Builds long-term resilience in young people across multiple domains

Implementation Considerations

When this approach is used, it can meaningfully reduce risk factors for substance use and strengthen protective factors such as connection, self-esteem and belonging.

When considering this intervention:

- Invite school representatives to participate in community coalitions.
- Encourage community agencies to engage with schools by designating staff to sit on advisory committees, such as parent councils, school well-being committees or safe schools committees.



What can municipalities do?

While implementation rests with school boards and provincial education ministries, municipalities can support it by bringing school leaders into community coalitions, advocating for wellness initiatives and aligning youth programming with shared goals.

INTERVENTION IN ACTION: APPLE Schools, Alberta

APPLE Schools (A Project Promoting healthy Living for Everyone) is a school health promotion initiative that began in Alberta in 2007. Since then, it has reached more than 33,000 students every year in over 100 schools across Alberta, British Columbia, Manitoba and Ontario. The program works with school communities to support healthy eating, physical activity and mental well-being in a cost-effective way.

APPLE Schools has been recognized by the Public Health Agency of Canada through the Canadian Best Practices Portal, and by the National Cancer Institute through the Research-Tested Intervention Programs resource.

Each APPLE school has a school health facilitator, trained in nutrition, physical activity and community development, who works with students, families, school staff and community partners to develop an action plan tailored to local needs.

Research shows that students in APPLE Schools:

- Increase physical activity by 35%
- Eat 10% more fruits and vegetables
- Have fewer mental health-related doctor visits in adolescence compared to peers
- Show improvements in quality of life, leadership, productivity and learning outcomes

These outcomes extend beyond the classroom and benefit students from diverse socioeconomic backgrounds.

Learn more about APPLE Schools through the [initiative's website](#).





Health Warning Labels on Alcoholic Beverages

Alcohol remains a leading cause of preventable disease in Canada, including cancer, liver disease, violence and injuries. Yet public awareness of these risks remains low.

Description

Health warning labels are placed on alcohol products to inform consumers at the point of sale or consumption about the health risks associated with alcohol use. These labels provide clear, evidence-informed information to support informed decision making.

Benefits

- Counter widespread misinformation about alcohol-related risks
- Encourage more informed consumer choices
- Align alcohol with other regulated substances that carry visible health warnings

Implementation Considerations

Health warning labels have been piloted in Canada, most notably in Yukon, and have shown promise in increasing awareness and influencing behaviour.

When considering this intervention:

- Best practices suggest that for labels to be effective, they should be mandatory, standardized, visible and consistent, rather than rely on voluntary or industry-led approaches such as QR codes.
- Plan for strong oversight and enforcement if labels are legislated. Consider evaluation and enforcement mechanisms, drawing on lessons from international models where voluntary or poorly monitored systems had limited impact.
- Strengthen public support by highlighting growing interest in alcohol labels, especially those showing standard drinks, health risks and guidance from [Canada's Guidance on Alcohol and Health](#).



What can municipalities do?

While municipalities cannot legislate alcohol labelling, they can support pilot projects, partner with local brewers, vintners and distillers, and support regulatory efforts.

INTERVENTION IN ACTION: Northern Territories Alcohol Label Study

In 2017–2018, the first real-world study of alcohol warning labels in Canada was conducted in the Northwest Territories. Alcohol warning labels were applied to bottles in the main liquor store in Whitehorse for four months, and alcohol sales data and consumer responses were tracked in Whitehorse and compared with neighbouring regions of Yukon and the Northwest Territories.

The labels included a cancer warning, Canada's national low-risk drinking guidelines, and standard drink information for wine, spirits, beer and cider.

Key findings from the study:

- Before labels were introduced, awareness was low — only 25% of surveyed participants in Whitehorse and Yellowknife knew alcohol can cause cancer, 35% were aware of the national drinking guidelines, and 14% could accurately estimate standard drinks in common containers.
- After labels were added in Whitehorse, awareness of alcohol-related cancer risk and the national drinking guidelines increased compared to Yellowknife, where labels had not been applied.
- Participants who learned that alcohol can cause cancer were twice as likely to support pricing policies for low-cost alcohol compared with those unaware of the cancer link.
- Per capita alcohol consumption decreased by 6% in Whitehorse, based on retail sales data.

For more information about the study, see this [fact sheet by the Centre for Addiction and Mental Health \(CAMH\)](#).





Standard Drink Guidance

Most people don't know how much alcohol is in a glass of wine, a pint of beer or a cocktail.

Description

Standard drink guidance provides simple, consistent information about alcohol content and helps people understand low- and high-risk drinking limits. Like health warnings, this information is most effective when visible on labels, menus or public signage.

Benefits

- Promotes safer, more mindful alcohol consumption
- Reinforces public messaging about substance-related harm
- Can be incorporated into municipal wellness or prevention campaigns

Implementation Considerations

The full implementation of standard drink guidance requires national regulation, but municipalities can still play a role in supporting awareness.

When considering this intervention:

- Share *Canada's Guidance on Alcohol and Health*, including [standard drink posters](#), in public spaces and community programs, or work with local bars and restaurants to promote understanding.
- Connect alcohol education efforts to standard drink calculators, offering people a practical tool to understand drink volume, cost and health impact.
- Take small steps to contribute to broader education goals, even if advocacy for this intervention is not a local priority.



What can municipalities do?

Municipalities can share *Canada's Guidance on Alcohol and Health*, display standard drink posters in public venues, and work with bars and restaurants to improve visibility.

INTERVENTION IN ACTION:

Know Alcohol Web App, Canadian Institute for Substance Use Research, University of Victoria

Know Alcohol is a free, bilingual web app designed to help people in Canada learn about alcohol's impact on health and well-being and to explore research from *Canada's Guidance on Alcohol and Health*.

The goal of the app is to encourage people in Canada to reflect on their drinking and consider drinking less.

To learn more or to try the interactive tools, visit the [Know Alcohol web app](#).

KNOWALCOHOL





AREA FOR ACTION 2: HARM REDUCTION AND OUTREACH

When it comes to substance use, not everyone is ready or able to enter treatment. That's why harm reduction matters. These interventions meet people where they are, reduce the risk of death or illness, and create important touchpoints for connection and care. Outreach helps ensure that those least likely to get help are still seen, supported and offered a path forward.

Harm reduction can be controversial, but it is also highly practical. These programs save lives, reduce emergency calls and ease pressure on police, paramedics and hospitals. They do not solve every problem, but they buy time, build trust and often open the door to recovery.

INTERVENTIONS

Ten interventions were identified under harm reduction and outreach:

Intervention	Audience	Outcome
Essential Interventions		
1. Intoxication management services and sobering centres	People who use drugs	Reduced or discontinued use of a particular substance of concern
2. Mobile or assertive outreach teams	People who use drugs	Improved access to services and supports
3. Needle and syringe programs	People who inject drugs	Reduced health harms related to substance use
4. Overdose outreach programs	People who use unregulated drugs	Reduced health harms related to substance use
5. Take-home naloxone programs	People who use unregulated drugs, and their family members and friends General public	Reduced health harms related to substance use
6. Community drug alerts and bulletins	People who use unregulated drugs	Reduced health harms related to substance use
7. Drug content monitoring	People who use unregulated drugs	Reduced health harms related to substance use
Additional Interventions		
8. Managed alcohol programs (MAPs)	People with severe alcohol use disorder, people consuming toxic alcohols or people experiencing significant homelessness	Reduced health harms related to substance use
9. Prescribed access programs	People who use unregulated drugs	Reduced health harms related to substance use
10. Supervised consumption sites (SCSs)	People who use unregulated drugs	Reduced health harms related to substance use



Intoxication Management Services and Sobering Centres

Not everyone who ends up intoxicated in public needs a jail cell or an emergency department.

Description

Intoxication management services and sobering centres provide a safe, staffed place for people who are acutely intoxicated — most often due to alcohol, but increasingly other substances. People may walk in on their own, be brought in by frontline responders, or arrive with family or friends.

These centres offer basic care, monitoring and referrals to additional supports. They reduce pressure on emergency services and connect people to help without criminalization.

Benefits

- Offer a safer alternative to jail or hospital for people who are intoxicated
- Reduce emergency service calls and emergency department visits
- Provide a nonjudgmental entry point to care and support

Implementation Considerations

Typically, these programs are run by health authorities, but municipalities can support implementation.

When considering this intervention:

- Strengthen collaboration between law enforcement, health services and paramedics to support this model.
- Establish clear protocols to guide hospital transfers when medical attention is required.
- Use post-visit followup as an opportunity for SBIRT, treatment referral, anti-craving medications and essential vitamins such as thiamine for alcohol use.



What can municipalities do?

While municipalities may not operate centres themselves, they can use zoning and land use tools to enable locations in areas where they are most needed.

INTERVENTION IN ACTION: Port Alberni Sobering Centre, British Columbia

The Sobering Centre in Port Alberni provides a safe place for people to sober up and access resources and support. Open 24/7, the centre has a kitchen, bathroom and first aid supplies. People can drop in or self-refer and have access to meals, hygiene products, laundry services and free clothing.

The centre supports people who are under the influence while also easing pressure on the West Coast General Hospital and reducing demand on police, fire and ambulance services. It is part of the Port Alberni Shelter Society, which provides housing and support services for people experiencing homelessness.

Learn more about the [Sobering Centre and the Port Alberni Shelter Society](#).





Mobile or Assertive Outreach Teams

Some people cannot access a clinic. Outreach teams meet them where they are.

Description

Mobile or assertive outreach teams include health and social service professionals who proactively engage people in homes, encampments or community spaces. Teams may be structured to offer a range of supports across the continuum of care.

Benefits

- Reach people who may otherwise be missed by services
- Build trust and continuity of care outside formal systems
- Adapt to local scale — from a dedicated vehicle to a shared staffing model

Implementation Considerations

Models vary — some teams focus on crisis response, others provide ongoing wraparound care. In small communities, discreet, trauma-informed outreach is especially important, given stigma and privacy concerns. But the principle remains the same: go to where people are, build trust and create pathways to care.

When considering this intervention:

- Secure diversified funding to improve sustainability, including in-kind contributions such as vans, basic medical supplies, safer-use materials, immunization and wound care resources.
- Frame outreach as a public health service, not only a substance use service. Integrating multiple supports increases success in reducing health risks and harms.
- Align services with local needs, such as culturally grounded supports or youth-focused outreach.



What can municipalities do?

Municipalities can support outreach teams by contributing resources such as vehicles, space or equipment, or by advocating for funding to establish new programs.

INTERVENTION IN ACTION:

Waterloo Region Community Health Van Program, Ontario

Launched in 2015, the Community Health Van program provides essential outreach to marginalized residents in Waterloo Region and Wellington-Dufferin-Guelph. The van is staffed by an interdisciplinary, multi-agency team, including a harm reduction coordinator, peer support coordinator, registered nurse, social support coordinator, peer workers and a harm reduction nurse.

Nurses provide wound care, vaccines and testing for HIV, hepatitis C and sexually transmitted and blood-borne infections, and offer take-home HIV testing. The van also distributes contraception, hygiene products, clothing, snacks and drinks.

In 2024, 769 people received care, and the team logged 26,276 social, medical and other interventions.

Learn more about the [Waterloo Region Community Health Van program](#).





Needle and Syringe Programs

Access to new, sterile equipment is one of the most basic and proven approaches to harm reduction.

Description

Needle and syringe programs reduce the spread of HIV, hepatitis B and C, and other infections by providing sterile supplies to people who use drugs.

These programs also create an important point of contact where people can receive education, connect with services or simply be treated with respect. Some programs also distribute pipes, cookers, filters and other safer-use supplies.

Benefits

- Prevent disease transmission and reduce healthcare costs
- Serve as a first connection to services for many people
- Reduce unsafe litter by supporting proper disposal and make any litter that remains safer to handle

Implementation Considerations

When considering this intervention:

- Communicate clearly and collaborate with surrounding neighbourhoods, including through transparent feedback or complaint processes.
- Consider multiple sites to reduce clustering and improve access.
- Distribute supplies in ways that reflect local patterns of use — in many communities, drug smoking supplies, condoms and other safer-use tools are equally important.
- Integrate nonjudgmental referral pathways to treatment into this service.



What can municipalities do?

Jurisdiction varies across Canada, but municipalities can support implementation through public endorsement, facilitating site access and addressing community concerns.

INTERVENTION IN ACTION:

Southern Health-Santé Sud Needle Exchange Program, Manitoba

A free needle exchange program was launched across all public health offices in southeast Manitoba in late 2017. While similar programs had long been available in Winnipeg, rural residents previously had limited access. Through the program, people can drop off used needles, pick up sterile supplies and access supports for substance use, mental health and other health concerns.

Many public health offices in the region are open 8 a.m. to 4:30 p.m., Monday to Friday.

The program also encourages participants to take sterile supplies for peers, helping extend harm reduction benefits beyond those who attend in person.





Overdose Outreach Programs

Many people who survive an overdose never receive followup support. Overdose outreach programs aim to change that.

Description

Within 24 to 72 hours of an emergency response, trained teams reach out to people who have experienced an overdose, offering support, referrals and harm reduction supplies. This early connection saves lives as people who survive a non-fatal overdose are at higher risk of experiencing a fatal overdose in the future.

Benefits

- Re-engage people at high risk of repeat overdose
- Create a critical second point of connection and support
- Strengthen coordination between emergency and community services

Implementation Considerations

Overdose outreach teams often rely on data-sharing pathways with 911 services and emergency departments. They are typically run by public health units or community agencies in partnership with emergency medical services, police or fire services.

When considering this intervention:

- Strengthen partnerships and open communication across harm reduction services to support success.
- Create strong supply and referral pathways — including take-home naloxone, drug-checking tools and treatment or counselling contacts — to help programs work effectively.



What can municipalities do?

Municipalities can support overdose outreach programs by facilitating coordination between local service leaders, providing funding or helping address data-sharing barriers.

INTERVENTION IN ACTION:

Mobile Outreach, Cumberland County, Nova Scotia

The Cumberland Homelessness and Housing Support Association and the Town of Amherst have received federal funding for a mobile outreach van to support rural residents with access to detox, treatment and harm reduction supplies. The van will also transport people to appointments and treatment services.

Announced in July 2025, the funding will support three living-wage peer support workers to staff and operate the program.

Read CBC coverage of the [mobile outreach initiative](#).





Take-Home Naloxone Programs

Naloxone saves lives. It can reverse opioid overdoses in minutes, and it is safe, simple to use and publicly funded in every province and territory.

Description

Take-home naloxone programs provide kits to people at risk of overdose, their families, friends and direct-care staff in shelters, libraries, clinics and other public spaces. Training is brief and accessible.

Benefits

- Save lives by reversing opioid overdoses
- Empower people to act quickly in emergencies
- Demonstrate a municipal commitment to care and safety

Implementation Considerations

When considering this intervention:

- Ensure kits are widely available through pharmacies, community centres, shelters and mobile or outreach programs.
- Offer training to staff and community members so they feel confident responding to an overdose involving a colleague, client, friend or family member.
- Engage people with lived and living experience and community partners to help design programs that reduce stigma and meet local needs.
- Monitor uptake and outcomes to support continued supply, funding and training.



What can municipalities do?

Many municipalities already distribute naloxone through public health partners or internal departments. Expanding awareness and accessibility remains essential to reducing opioid deaths.

INTERVENTION IN ACTION:

Take Home Naloxone Program, University of Prince Edward Island

The University of Prince Edward Island partnered with the province's Chief Public Health Office to provide students and other members of the university community with free naloxone kits. Kits are available for pickup at several campus locations.

This initiative is part of the provincial Take Home Naloxone Program, which distributes kits throughout Prince Edward Island.

Free online training on how to use naloxone, along with information on recognizing an opioid overdose and how to respond, is available on the [university's web page](#).





Community Drug Alerts and Bulletins

When a dangerous batch of drugs is circulating, timely information can save lives.

Description

Drug alerts share real-time information about the unregulated drug supply, including potency, contamination or new substances that increase overdose risk. Alerts are typically issued by public health units or drug-checking services.

Benefits

- Inform service providers, people who use drugs and families about current risks
- Enable faster emergency response and harm reduction
- Strengthen coordination across public health, police and social services

Implementation Considerations

While municipalities may not create drug alerts themselves, they can help by spreading the word.

When considering this intervention:

- Try using simple tools such as bulletin boards or group chats in smaller communities, as they may be as effective as a formal press release



What can municipalities do?

Municipalities can share alerts through local networks — including first responders, libraries, shelters, youth centres and other community touchpoints.

INTERVENTION IN ACTION: Northwestern Health Unit Drug Alerts, Ontario

The catchment area of the Northwestern Health Unit (NWHU) covers 173,828 square kilometres and includes 19 municipalities, 39 First Nations communities and two unincorporated territories. Its population of 82,000 is widely dispersed, with about 0.5 people per square kilometre (compared to the provincial average of 14.1 people per square kilometre).

NWHU publishes timely alerts through its online drug alerts page, where people can also subscribe to receive email notifications when new alerts are issued. The health unit works with people who use drugs and community partners to identify potential toxicities or contaminants in the local drug supply.

Each alert describes the substance, how it is sold and the associated risks, including potential side effects and signs of overdose. Alerts include tips for staying safe and relevant local information.

Learn more on the [NWHU drug alerts page](#).





Drug Content Monitoring

Drug checking helps people who use drugs, service providers and decision makers understand what is actually in the substances circulating locally.

Description

Drug checking is a harm reduction service that provides timely information about the contents and potency of drugs, helping people make informed choices and reduce the risk of overdose. Approaches vary and may include on-site testing at harm reduction sites, wastewater surveillance to monitor community-level trends or toxicology analysis following overdoses.

Wastewater testing and toxicology analysis help identify prevalence at the community level, while on-site drug testing screens the current supply and provides information for safer use.

Benefits

- Provides actionable information for people who use drugs, service providers and decision makers
- Informs drug alerts and other public safety messaging
- Helps municipalities track emerging trends and adapt responses

Implementation Considerations

Most drug-checking services in Canada are operated by community organizations, often within sites that offer health and social supports, or through mobile services that set up at community events such as music festivals.



What can municipalities do?

While municipalities do not typically run drug-checking services, they can support implementation by facilitating wastewater access, event space or outreach channels. Supporting this work strengthens early warning systems for overdose risk.

INTERVENTION IN ACTION:

Community Drug Checking Service, Health Penticton, British Columbia

The Community Drug Checking Service offers fast, free and anonymous testing of substance samples. A small amount — about the size of a grain of salt — is analyzed using fourier transform infrared (FTIR) spectroscopy to identify the components present in the drug. Testing can be done in person, with the sample returned afterward, or through drop-off.

The service operates part-time across five rotating locations in Penticton, and drop-off testing is available 24/7 at three of those sites. In 2024, 438 samples were tested, resulting in five alerts for the Okanagan region.

Learn more on Health Penticton's [Community Drug Checking Service web page](#).





Managed Alcohol Programs

For people living with severe alcohol use disorder — especially those who are unhoused — managed alcohol programs can be life-saving.

Description

Managed alcohol programs (MAPs) provide measured doses of beverage alcohol under supervision, paired with housing and wraparound supports. They reduce emergency department visits, decrease harmful drinking and improve quality of life.

They aren't needed everywhere — dry communities or those with low prevalence may not require a MAP — but where the need exists, the approach is effective and humane.

Benefits

- Reduce harms related to unsafe alcohol consumption
- Support housing stability and improved health for people with severe alcohol use disorder
- Offer an alternative to crisis-driven care

Implementation Considerations

MAPs are generally funded by provincial or territorial governments and implemented by community organizations.

When considering this intervention:

- Secure sustainable funding and resources to support long-term program delivery.
- Ensure clinical oversight and safety protocols are in place for dispensing alcohol and monitoring participant health.
- Provide staff training in harm reduction, trauma-informed care and cultural safety.
- Engage community members, including people with lived and living experience, early to reduce stigma and build trust.



What can municipalities do?

Municipalities can advocate for standardized guidelines and help partners identify when a MAP is warranted.

INTERVENTION IN ACTION: Yukon Residential Managed Alcohol Program

A 10-bed residential MAP opened in Whitehorse in 2024. Residents receive counselling, social support, access to health care and cultural activities, along with monitored doses of alcohol. The program is long term, with the goal of helping participants transition back into the community or move into other treatment options when they are ready.

Residents are accepted through referrals, including self-referrals through Yukon's mental health and substance use services. The program is intended for people with severe, long-term alcohol use disorder who may be at risk of homelessness, repeated emergency department visits or repeated incarceration, and who may have already tried other treatments.

Yukon has one of the highest rates of alcohol consumption in Canada. This MAP aims to increase social stability and reduce non-beverage alcohol use, hospital admissions, emergency department visits and interactions with the RCMP. It also provides a more stable and dignified quality of life for participants while reducing health and social system costs.

Learn more on the Government of Yukon's [Managed Alcohol Program web page](#).





Prescribed Access Programs

Canada's unregulated drug supply is toxic and unpredictable.

Description

Prescribed access programs provide pharmaceutical alternatives — such as hydromorphone or slow-release morphine — prescribed and monitored by healthcare professionals. These programs aim to reduce the risk of overdose and connect people to broader care without requiring abstinence. They address needs across the continuum of substance use health.

Benefits

- Reduce risk of fatal overdose by replacing toxic street drugs
- Create a safer and more stable environment for people who use substances
- Offer a pathway to treatment for those not ready for abstinence

Implementation Considerations

Implementation of prescribed access programs remains uneven across the country, and concerns about diversion are real. Evidence is still emerging.

When considering this intervention:

- Tailor program design to local needs, as programs models can vary.
- Mitigate risks by collaborating with partners such as local police to prevent diversion and support safe operation.
- Build community buy-in through early engagement and partnership-building with community members, service providers and law enforcement, recognizing that this approach can be politically divisive.



What can municipalities do?

Municipalities can influence where and how these programs operate through zoning and bylaws, helping ensure they are discreet, staffed appropriately and integrated with other services.

INTERVENTION IN ACTION: Kitchener-Waterloo Safer Supply Program

In 2021, the Kitchener-Waterloo Inner-City Health Alliance (ICHA) received funding from Health Canada's Substance Use and Addiction Program (SUAP) to implement a Safer Supply Program. The program is embedded within the ICHA, alongside other services including primary health care, mobile outreach, housing, shelter and social supports, delivered through a person-centred and evidence-informed approach.

This integrated model allows people accessing the Safer Supply Program to connect with a wide range of health and social services they might not otherwise be able to access. Service providers report that the collaborative structure supports more flexible, person-centred care, while the strong focus on primary care helps ensure clients' health needs are addressed, regardless of which service they initially engage with.

While there are areas for growth and improvement, the program's collaborative approach shows strong potential to improve health and well-being for people accessing safer supply services.

Learn more about the [Kitchener-Waterloo Safer Supply Program](#).





Supervised Consumption Sites

Supervised consumption sites reduce pressure on emergency services and hospitals, helping lower costs while improving access to timely health care for the broader community.

Description

Supervised consumption sites (SCSs) provide a hygienic, medically supervised space where people can use their own drugs. Their value extends beyond supervision alone. SCSs also offer access to nurses, peer workers, mental health supports, referrals to detox and pathways into the broader care system.

When implemented alongside other services, SCSs can reduce public drug use, lower emergency service calls and decrease the spread of disease. They save lives and create opportunities for connection to care by meeting people where they are.

Benefits

- Save lives by preventing overdose deaths
- Offer low-barrier access to health and social services
- Help stabilize neighbourhoods with high levels of public drug use when integrated with other supports

Implementation Considerations

SCSs have existed in Europe since the 1970s, with Canada's first site opening in 2003. While not every municipality will pursue an SCS, decisions should be guided by local data and community need, not fear or misinformation.



What can municipalities do?

Municipalities can support supervised consumption sites by publicly endorsing the sites and approving suitable locations in a timely way.

INTERVENTION IN ACTION: La Baraque, Chicoutimi, Quebec

In 2024, La Baraque became a permanent supervised consumption site — the first of its kind in the Saguenay region. The site originally opened in 2021 as an emergency response to a rise in overdose deaths. It is operated by the Service de travail de rue du Chicoutimi, an organization that works with unhoused youth, aged 12 and older.

La Baraque provides access to sterile equipment, drug checking, counselling and referrals to other supports. Take-home naloxone kits are also available. Since opening, the site has recorded more than 2,500 visits and supported about 1,250 people who use drugs.

For more information or to contact the organization, visit the [Service de travail de rue du Chicoutimi website](#) (in French only).





AREA FOR ACTION 3: TREATMENT AND RECOVERY

Treatment is part of a broader continuum of care, and recovery is an ongoing process rather than a fixed destination. For people who use substances, timely, appropriate and person-centred care can make the difference between repeated crisis and greater stability.

Municipalities do not operate treatment centres, and most do not deliver clinical care. But municipal leaders can play an important role by advocating for better access, enabling service providers and helping build the conditions for recovery to be possible. Whether through zoning to support a clinic, strengthening community partnerships or advocating for equitable access across regions, municipalities can help close gaps between need and care within their communities.

INTERVENTIONS

Eleven interventions were identified under treatment and recovery:

Intervention	Audience	Outcome
Essential Interventions		
1. Life skills programs	People of all ages	Improved social determinants of health
2. Primary and shared care models	People of all ages	Improved access to services and supports
3. Hospital-affiliated addiction teams	People of all ages who use drugs	Improved access to services and supports
4. Opioid agonist therapy (OAT)	People aged 16 and older who use opioids	Reduced or discontinued use of a particular substance of concern
5. Outpatient treatment programs	People of all ages who use drugs	Reduced or discontinued use of a particular substance of concern
6. Indigenous land-based healing programs	First Nations, Inuit and Métis people of all ages who use drugs	Reduced or discontinued use of a particular substance of concern
7. Psychological and behavioural support programs	People of all ages who use drugs	Reduced or discontinued use of a particular substance of concern
8. Residential and inpatient treatment programs	People of all ages who use drugs	Reduced or discontinued use of a particular substance of concern
Additional Interventions		
9. Virtual care models	People of all ages who use drugs	Reduce or discontinued use of a particular substance of concern
10. Withdrawal management programs	People of all ages who use drugs	Reduce or discontinued use of a particular substance of concern
11. Rapid access addiction medicine (RAAM) clinics	People of all ages who use drugs	Reduce or discontinued use of a particular substance of concern



Life Skills Programs

Substance use health is not only a health issue; it can affect many aspects of a person's well-being.

Description

For many people, wellness depends on having practical tools to manage daily life, such as budgeting, communication, cooking, time management and coping strategies. Life skills programs address this gap by building confidence and capacity, helping people navigate everyday challenges and supporting personal, educational and employment goals.

Benefits

- Build a foundation for long-term recovery and independence
- Reduce the likelihood of recurring challenges related to substance use by strengthening day-to-day capacity
- Equip people with tools to thrive beyond formal treatment

Implementation Considerations

Life skills programs are typically delivered by community organizations and social service providers and can help address employment gaps and workforce needs in local communities.



What can municipalities do?

Municipal leaders can support life skills programs by providing space, offering small grants or helping connect residents with existing services.



INTERVENTION IN ACTION:

YtoLearn, YMCA Hamilton, Burlington and Brantford, Ontario

The YMCA that serves Hamilton, Burlington and Brantford offers YtoLearn, a free adult upgrading program for people aged 19 and older who want to improve their communication, writing, numeracy, interpersonal and digital skills. The program includes individualized assessment and goal-setting to support transitions to employment, education or greater independence.

YtoLearn offers in-person and virtual classes, with both daytime and evening options.

Learn more on the [YtoLearn web page](#).





Primary and Shared Care Models

In many communities — especially rural or remote ones — specialist addiction services are out of reach. Primary care providers, including family physicians and nurse practitioners, are often already in place.

Description

Primary and shared care models integrate substance use treatment into everyday healthcare settings, such as primary care clinics. Supports may include opioid agonist therapy, anti-craving medications and mental health services, delivered in familiar environments.

These models reduce stigma, improve continuity of care and make treatment more accessible.

Benefits

- Expand access to treatment in communities without specialist clinics
- Treat substance use health like other health conditions, in a respectful and routine way
- Support whole-person, coordinated care
- Offer a cost-effective way to expand access to treatment

Implementation Considerations

When considering this intervention:

- Draw on evidence showing that opioid agonist therapy, psychosocial supports and related care can be delivered as effectively in primary care as in specialist settings.
- Provide access to specialist consultation, including virtual consultation or e-consults, to build provider confidence without creating barriers to implementation.
- Support implementation in busy clinics by offering small incentives or practical supports.



What can municipalities do?

Municipal leaders do not deliver primary care services, but they can advocate for training, funding and co-location of services to support these models.



Addiction Medicine Consult Teams

For many people, a visit to the emergency department or a hospital admission is the first, and sometimes only, point of contact with the healthcare system. Addiction medicine consult teams use that moment to offer timely support.

Description

Addiction medicine consult teams engage patients during a hospital stay, even when the visit is unrelated to substance use. These teams can initiate medication-assisted treatment, such as methadone or buprenorphine-naloxone (Suboxone), provide counselling and support discharge planning that connects people to community-based services. Teams typically include a prescriber, a counsellor and a peer worker.

Benefits

- Provide timely intervention when people may be most open to support
- Build capacity among hospital staff through integrated care
- Bridge hospital-based care with longer-term community supports
- Reduce repeat emergency department visits and future hospital admissions
- Decrease the number of people who leave hospital before treatment is complete

Implementation Considerations

There is no single model for addiction medicine consult teams. Approaches have been developed for both small and large hospitals, as well as regional or phone-based models that support multiple sites.

INTERVENTION IN ACTION:

Addiction Medicine Consult Service, Health Sciences North, Sudbury, Ontario

The Addictions Medicine Consult Service at Health Sciences North works with patients admitted to hospital for medical or mental health reasons who may also be using substances. The goal is to ensure people receive appropriate care for the reason they were admitted, while also receiving support related to substance use during their hospital stay.

Support may include management of withdrawal and cravings, opiate agonist therapy, treatment planning and harm reduction education. The team also connects patients to addiction services and other local community-based supports after discharge.

Learn more about the [Addiction Medicine Consult Service at Health Sciences North](#).



Health Sciences North
Horizon Santé-Nord





Opioid Agonist Therapy

Opioid agonist therapy is a first-line treatment for opioid use disorder.

Description

Opioid agonist therapy (OAT) refers to a group of effective, evidence-based medications that support people in achieving their health and well-being goals. These medications, including methadone and buprenorphine, help reduce cravings, stabilize daily life and significantly lower the risk of overdose.

OAT can be prescribed in specialized clinics, primary care settings and emergency departments.

Benefits

- Saves lives and improves quality of life
- Supports stability and recovery
- Is supported by decades of strong evidence

Implementation Considerations

Access remains uneven, despite the wide range of community settings where it can be delivered, including hospitals, primary care clinics, community health centres, pharmacies and by paramedics. Some communities have well-established programs, while others have limited or no access.

When considering this intervention:

- Note that no specialist training is required to prescribe OAT, and many providers can incorporate it quickly into their practice.
- Increase awareness of existing billing codes for OAT and addiction care, as primary care providers may not always be aware of them.
- Prioritize access over perfection by offering multiple entry points rather than aiming for an ideal clinic model, recognizing that there is no one-size-fits all solution.
- Address practical barriers, such as transportation and pharmacy access. For example, consider what happens when people receive OAT through local pharmacies but present to hospital outside pharmacy hours.



What can municipalities do?

Municipal leaders and communities can advocate for expanded availability, including in rural and remote areas, correctional settings and Indigenous communities, and support providers that offer wraparound services alongside OAT.

INTERVENTION IN ACTION: Cochrane District Paramedic Services, Ontario

Paramedics in the Cochrane District can administer buprenorphine-naloxone (Suboxone) when responding to opioid overdose calls. This is the first program of its kind in Canada and only the third in North America. In the program's early stages, 28% of people who accepted Suboxone from a paramedic entered long-term treatment. U.S. studies suggest this rate can reach as high as 74%.

The program also functions as a naloxone distribution service, with paramedics providing education on overdose response and kit use.

Cochrane District Emergency Medical Services employs 92 paramedics serving seven cities and towns, including Timmins.

Learn more on the [Cochrane District Paramedic Services web page](#).





Outpatient Treatment Programs

Not everyone needs — or wants — a bed-based treatment program.

Description

Community outpatient treatment programs provide structured support while allowing people to remain connected to family, work or school. They often include individual counselling, group therapy and aftercare, offered once or twice per week.

Benefits

- Meet people where they are, without requiring a major disruption to daily life
- Support long-term recovery through ongoing connection
- Serve as a step-up or step-down option within the broader treatment system
- Offer a cost-effective, flexible and accessible form of care
- Produce outcomes comparable to bed-based treatment for many people

Implementation Considerations

While municipalities do not deliver health services, they can use their platform to advocate for access to outpatient care.



What can municipalities do?

Municipal leaders can support outpatient treatment programs by raising awareness of their benefits, supporting facilities through zoning or small grants, and advocating for local availability.

INTERVENTION IN ACTION: Addiction Services, Corner Brook, Newfoundland and Labrador

Addiction Services is a community-based program that provides education, assessment, counselling and consultation for people experiencing substance use or gambling-related challenges, as well as others affected by someone else's alcohol or drug use or gambling behaviours. Services include impaired driving programs, aftercare, followup and referrals, delivered to individuals, families and groups.

Learn more about [Addiction Services in Corner Brook](#).





Indigenous Land-Based Healing Programs

Land-based healing is a culturally rooted approach to wellness, led by First Nations, Inuit and Métis communities.

Description

Indigenous land-based healing programs centre the land as a source of and pathway to physical, emotional, mental and spiritual healing, drawing on traditional knowledge, ceremony and community connection.

Benefits

- Support culturally appropriate healing grounded in Indigenous knowledge
- Strengthen community connection, identity and resilience
- Advance reconciliation through respectful, Indigenous-led collaboration

Implementation Considerations

These programs must be led by First Nations, Inuit and Métis Knowledge Keepers, with municipal leaders and communities playing a supporting role only when invited. Support may include providing access to land, including natural fire pits used for ceremony or cooking, as well as funding or logistical assistance, through respectful partnerships. Programs may also integrate medications, psychotherapy or medical care, when requested by communities.



What can municipalities do?

It is important for municipal leaders to approach these partnerships with humility and openness, recognizing that colonial and Western concepts of respect may differ from the perspectives and practices of distinct First Nations, Inuit and Métis communities.

INTERVENTION IN ACTION:

Nimkee NupiGawagan Healing Centre Land-Based Program

The Nimkee NupiGawagan Healing Centre Land-Based Program supports Indigenous youth through on-the-land teachings rooted in Anishnaabe, Haudenosaunee and Lenape worldviews. The program is delivered by the Nimkee NupiGawagan Healing Centre, a residential solvent and substance use centre for First Nations and Indigenous youth. The centre is located in southwestern Ontario and serves youth from across the country.

Guided by Elders and Knowledge Keepers, the program follows medicine wheel teachings, addressing physical, mental, emotional and spiritual wellness through seasonal activities such as fishing, hunting and harvesting medicines. Youth take part in experiential learning, ceremonies and cultural practices that strengthen connection to the land, community and identity.

The program's goal is to support healing and decolonization by revitalizing Indigenous knowledge and reconnecting participants with the "good way of life" that has sustained their communities for generations.

Learn more about the [program and the Nimkee NupiGawagan Healing Centre](#).



**Nimkee Nupigawagan
Healing Centre**
*A Substance Abuse Healing Centre
For First Nation/Indigenous Youth*





Psychological and Behavioural Support Programs

Addiction does not exist in isolation. Trauma, mental health, grief, pain and stress all influence substance use patterns.

Description

Psychological and behavioural support programs do not need to exist separately from medical, paramedical or social services. When integrated into other care, they can help people manage underlying challenges through evidence-based approaches such as contingency management (voucher or reward programs), cognitive behavioural therapy, and trauma-informed group work.

Benefits

- Supports individualized, trauma-informed and culturally appropriate recovery pathways
- Enhances the effectiveness of other treatments and supports
- Encourages healthier decision making and positive behavioural change

Implementation Considerations

These programs are often specialized, provincially funded and outside the scope of direct municipal delivery. But municipal leaders can support integration by encouraging psychological and behavioural supports within local programs such as OAT clinics, emergency departments, primary care settings and, where appropriate, police services.



What can municipalities do?

Municipalities can also advocate for improved access and funding, and support workforce development by helping equip staff through training or coaching. These approaches can be integrated at different scales, with evidence supporting both targeted and more system-wide implementation.



Residential and Inpatient Treatment Programs

For some people, structured, bed-based care is essential.

Description

Most bed-based treatment programs provide 24-hour support in a safe, substance-free environment, often including counselling, skill-building and peer support. Few bed-based treatment programs offer access to regulated health professionals, and while some programs incorporate harm reduction models, others do not. Programs may be tailored to specific populations or genders and differ in the level of medical withdrawal management offered on-site.

Benefits

- Provide intensive, time-limited support in a stable setting
- Can reduce the risk of future recurrence for some people
- Offer a chance to assess next steps and plan ongoing care

Implementation Considerations

Not every community needs a local bed-based facility, but everyone in Canada should be able to access one in their region.

When considering this intervention:

- Match people to the level of care that best meets their needs, recognizing that some benefit from bed-based treatment while others may achieve better outcomes through less intensive, community-based care.
- Include evidence-based and evidence-informed interventions, such as OAT, along with medical and psychiatric support.
- Support coordinated access and triage to help connect people to the right level of care as quickly as possible.



What can municipalities do?

Municipal leaders can support residents in navigating referral pathways and advocate for quality, evidence-based programs, particularly those that include OAT and appropriate medical oversight.

INTERVENTION IN ACTION: Medicine Hat Recovery Centre, Alberta

The Medicine Hat Recovery Centre provides 24-hour withdrawal management services and bed-based treatment for substance use disorder.

Admission to inpatient programs is available through a confidential phone line, operating 24 hours a day. All admissions are voluntary and based on informed consent.

The bed-based program includes an intensive 28-day group therapy program, with psychosocial education, recreation therapy, individual counselling and 24-hour nursing care. Participants develop individualized plans to support their recovery journey.

There are no fees for room and board in the Intensive Addiction Treatment Program, and withdrawal management services are provided at no cost.

Learn more about the [Medicine Hat Recovery Centre](#).





Virtual Care Models

Virtual care can expand access to treatment and supports, especially in rural and remote communities.

Description

Virtual care models allow people to connect with counsellors, physicians and support workers by video or phone. They can be a good option for youth, people with mobility challenges or those who prefer not to access care in person.

Benefits

- Increase access to care in underserved communities when appropriate technology and supports are in place
- Offer flexible, low-barrier ways to connect with services
- Complement in-person care as part of a hybrid approach

Implementation Considerations

Virtual care can be an important option for people who live far from services or are unable to travel.

Virtual care is not suitable for everyone, and decisions about virtual or in-person care should be guided by client preference whenever possible.



What can municipalities do?

Municipalities can support virtual care by improving access to public internet, offering private spaces for virtual appointments, and helping residents build digital skills through community-based education.

INTERVENTION IN ACTION: Breaking Free, Newfoundland and Labrador

Breaking Free is a confidential, online self-help and recovery support program, available 24 hours a day to residents of Newfoundland and Labrador. The program is intended for people aged 16 and older and is available in English and French.

Participants complete a series of questions that guide the program to provide tailored learning focused on coping skills, behavioural change and lifestyle adjustments. The program includes printed action plans, a personalized recovery toolkit, and a companion app that offers real-time prompts and access to videos.

Program materials indicate that Breaking Free has been effective for some participants in reducing or stopping substance use.

Learn more through the [Government of Newfoundland and Labrador's Breaking Free program web page](#).





Withdrawal Management Programs

The withdrawal process can be intensely uncomfortable and, in some cases, can pose moderate to severe medical risks.

Description

Withdrawal management — often referred to as detox — provides support, a safe environment and sometimes medical supervision for people experiencing acute withdrawal. Best practice includes medical monitoring and connection and transfer to followup care.

Benefits

- Help people through the first, critical phase of recovery
- Reduce emergency department visits and unmanaged withdrawal
- Serve as a gateway to longer-term treatment

Implementation Considerations

Being able to manage withdrawal safely and prescribe medications, not only to treat withdrawal symptoms but to initiate treatments such as OAT for opioid use disorder or anti-craving medications for alcohol use disorder, is increasingly considered best practice. For opioid use disorder, detox without starting OAT is associated with a significantly higher risk of death after discharge.

Withdrawal management does not always require a bed-based setting. It can be offered at home through mobile services, as outpatient care, or in hospital.



What can municipalities do?

Zoning requirements, stigma and facility costs can be barriers to withdrawal management services. But municipal leaders can support these services by helping identify suitable locations, promoting best practices and supporting first responders through training when the health system is under strain.

INTERVENTION IN ACTION: North Bay Regional Health Centre, Ontario

The North Bay Regional Health Centre has 433 beds and provides a range of outpatient and outreach services in North Bay and across northeast Ontario. It offers acute care, serves as a district referral centre, and is the specialized mental health service provider for the region. Its two primary inpatient locations are in North Bay and Sudbury.

The centre's withdrawal management program operates 24 hours a day and serves anyone aged 16 or older. The program is voluntary, and clients may self-refer or be referred by healthcare professionals, social service providers, family members or friends. Admission can be requested through a toll-free phone line. Care is delivered by a multidisciplinary team at the North Bay campus.

Learn more through the [North Bay Regional Health Centre's withdrawal management program web page](#).





Rapid Access Addiction Medicine Clinics

Rapid access addiction medicine clinics provide immediate assistance to improve outcomes and reduce substance-related emergency department visits.

Description

Rapid access addiction medicine (RAAM) clinics are intended to be part of a care pathway for substance use, with connections to other health and community services that allow clients to move between settings as appropriate. They offer drop-in access to substance use care with no referral and no long waitlists. From the first visit, clients can receive both medication and psychosocial interventions. RAAM clinics fill a crucial gap between emergency response and longer-term care.

Benefits

- Offer drop-in, low-barrier, accessible care without the need for a referral or appointment
- Provide access to appropriate psychosocial and medication-assisted treatment for any substance use concern
- Facilitate connections and smoother transitions among primary care, withdrawal management, hospitals, mental health services, social services, cultural services, and other community substance use health services
- Offer a holistic, person-centred approach to addressing substance use

Implementation Considerations

Models vary, with some operating full-time and others part-time. Many are integrated into existing clinical structures, including primary care or the Canadian Mental Health Association (CMHA).

When considering this intervention:

- Offer a digital front door to RAAM clinics to provide virtual care for substance use health concerns in rural, remote and smaller communities, with many of the same benefits of in-person RAAM clinics.
- Augment care with dedicated funding for allied health or psychosocial supports, while recognizing that RAAM clinics can also operate on physician fee-for-service billing alone.



What can municipalities do?

Municipal leaders can support implementation by advocating for a model that fits their context and by ensuring local awareness and referral pathways are in place.

INTERVENTION IN ACTION: NorWest Community Health Centre, Ontario

The NorWest Community Health Centre in northwestern Ontario provides primary care, health promotion and illness prevention services across four different sites.

Its RAAM clinics operate part-time at three of these sites. They offer assessments for substance use concerns; review treatment options; provide brief intervention counselling and psychotherapy; manage acute alcohol and opioid withdrawal; support outpatient tapering for opioids or benzodiazepines; and provide medication-assisted treatment for alcohol, opioid and cannabis use disorders. The clinics also offer education on overdose prevention and use of naloxone, referrals to community supports and treatment programs, and access to traditional healers and Indigenous cultural support.

Self-referrals and walk-ins are welcome. Service is available to anyone aged 16 or older.

More information is available on the [NorWest Community Health Centre website](#).



Involuntary Treatment: A Contentious but Necessary Debate

The final plenary of the Municipal Leaders Table focused on the role of involuntary treatment in municipal, provincial and territorial responses to the drug crisis. The discussion was intense and deeply felt. Opinions differed widely, reflecting the issue's complexity and its implications for rights, ethics, safety and compassion. Members noted that these questions arise in many areas of the substance use health system, not only this one.

Involuntary care — in the form of involuntary admission to hospital or treatment for individuals with mental health disorders who pose a risk to themselves or others — already exists under provincial and territorial mental health acts. In many jurisdictions, substance use disorders can be grounds for involuntary care, though this is not widely understood. New legislation is being proposed in Alberta and New Brunswick, and British Columbia is strengthening its mental health act to allow involuntary treatment for addiction or overdose risk. Ontario is studying whether mandatory treatment could apply to people who are in jail, on parole or on probation.

For some members of the Municipal Leaders Table, involuntary treatment represents a moral and practical necessity. As one member noted, “compassionate intervention” should not be mistaken for incarceration. They described situations where people in acute crisis clearly could not recognize the severity of their condition. Leaders shared first-hand experiences of trying to prevent suicides or intervene during psychotic breaks. The frustration is real — people who are clearly unwell are being left in the streets, only to cycle through emergency departments or jails, and too often the next step is a funeral home.



Many urged caution. They raised concerns about overreach, racial and social bias, and the potential for deeper mistrust in medical systems. A frequent point was that the voluntary treatment system is already inaccessible. There is a severe shortage of publicly funded inpatient options, leaving families and people who use substances with nowhere to turn until there is a crisis.

Participants wrestled with policy questions such as:

- What safeguards prevent the over-institutionalization of marginalized communities?
- What rights protections exist under different provincial and territorial legislation?
- How do we balance individual liberty and public safety without repeating the harms of past institutional models?

Despite differences, several areas of agreement emerged:

- More education is needed about what involuntary care currently allows under provincial and territorial legislation, and where it falls short.
- If municipalities have a role, it is to advocate. Involuntary treatment is not a service they would deliver.
- Any expansion of involuntary care must be paired with improvements to voluntary services, not implemented as a substitute.
- Clear ethical guidelines, strong evidence and equitable safeguards are essential.

Members referenced international examples. Norway, for example, integrates voluntary and involuntary care within a single, normalized treatment system. Others called for municipal capacity building to test innovative approaches and to engage with provincial, territorial and federal partners on reforms, standards and funding.

This debate highlights a tension between what we know, what we fear and what we owe to people in deep crisis. As one member said: “We don’t want them in jail. We want them well. Frankly, we want them in our homes.”

Involuntary treatment is not a solution on its own. But the absence of consensus does not mean the conversation should end. Members of the Municipal Leaders Table agreed that further dialogue is both needed and welcome.



AREA FOR ACTION 4: COMMUNITY AND CULTURAL SUPPORTS

Communities recover more effectively when people have access to treatment **and** are supported through relationships, trust and opportunities to reconnect. Community and cultural programs help build that foundation. They strengthen families, restore confidence and offer people the chance to rebuild social connections and cultural identity — whether after incarceration, during recovery or simply in daily life.

These services are essential because they go beyond crisis response. They work upstream, building resilience in individuals, families and communities. Many are low-cost, scalable and already active in smaller communities. What is needed is wider access, local leadership and sustained support.

INTERVENTIONS

Twelve interventions were identified under community and cultural supports:

Intervention	Audience	Outcome
Essential Interventions		
1. Community reintegration programs	People of all ages transitioning out of incarceration	Reduced crime related to substance use
2. Multidisciplinary and interdisciplinary support teams	People of all ages engaging in criminal behaviour, including drug-related offences	Reduced crime related to substance use
3. Family skills programs	New or expecting parents, caregivers and families	Improved social determinants of health
4. Mutual aid programs	People of all ages who use or have used drugs	Reduced or discontinued use of a particular substance of concern
5. Patient navigation programs	People of all ages who use or have used drugs	Improved access to services and supports
6. Peer support programs	People of all ages who use or have used drugs	Reduced or discontinued use of a particular substance of concern
7. Physical activity programs	People of all ages	Improved social determinants of health
8. Continuing medical education for municipal frontline staff	Service providers	Improved experiences with services and supports
9. Centralized and coordinated access	People of all ages	Improved access to services and supports
10. Community and population health administrative data	General public	Reduced health harms related to substance use
11. Stigma reduction practices	People of all ages	Shifted attitudes and perceptions
12. Trauma- and violence-informed care (TVIC)	People working in substance use and mental health	Improved experiences with services and supports



Community Reintegration Programs

Leaving jail or prison can be a major turning point — but without support, it is also a moment of high risk. The risk of overdose is especially high in the first three months after release.

Description

Reintegration programs help people transition back into the community by connecting them with housing, employment, life skills training, and mental health and substance use health supports. These services build on the progress made during incarceration and reduce the risk of reoffending.

Benefits

- Reduce the risk of reoffending by addressing root causes such as substance use disorders, trauma, and instability in housing and employment
- Support successful, stable re-entry into the community
- Reinforce rehabilitation and contribution to public safety

Implementation Considerations

It is important to understand what provincial, territorial and federal corrections departments can offer in terms of employment supports, mental health and substance use services, and housing assistance. This helps communities identify gaps they may need to fill.

When considering this intervention:

- Partner with community organizations, such as the John Howard Society, to extend the reach and impact of reintegration programs.
- Work with probation officers, harm reduction services and others to build coordinated support across the continuum of care.
- Define and support an end-to-end model, from pre-release planning (while in custody) through supervised release and into full reintegration.
- Note that current release plans often lack job coaching and resumé support.

INTERVENTION IN ACTION: John Howard Society

The John Howard Society (JHS) is a social services organization with branches and offices in more than 60 communities across Canada, as well as provincial and territorial offices in 10 provinces and the Northwest Territories.

The organization works with people who have come into contact with the law to build life skills, navigate the criminal justice system and plan for productive futures, helping reduce the likelihood of reincarceration. JHS also advocates for reform in the justice system, raises awareness through public education, and promotes crime prevention through community and social development activities.

Details about local JHS locations and contacts are available on the [national JHS website](#).

John Howard
THE JOHN HOWARD SOCIETY OF CANADA
La SOCIÉTÉ JOHN HOWARD DU CANADA





Multidisciplinary and Interdisciplinary Support Teams

When people are in crisis, they often need help from multiple systems at once — police, housing, mental health, medical and social services.

Description

Interdisciplinary teams, sometimes called “situation tables,” bring multiple sectors together to coordinate care in real time. By sharing information and developing joint plans, teams can respond earlier, reduce duplication, maximize resources and close service gaps.

Benefits

- Improve coordination across health, housing, justice and social services
- Reduce emergency calls and repeated crisis interventions
- Help ensure people don't fall through the cracks

Implementation Considerations

These models work best when partners have strong relationships, clear protocols and a shared commitment to follow through.

When considering this intervention:

- Use multidisciplinary and interdisciplinary support teams to help create solutions for municipalities, neighbourhoods or clients with particularly complex needs.
- Focus teams on specific issues to help address polarized situations and hesitant partners, and plan carefully where teams meet, who participates and how results are communicated.



What can municipalities do?

Municipal leaders and communities can play a convening role, provide administrative support or help connect local partners.

INTERVENTION IN ACTION:

Taber Police Service Multi-Disciplinary Support Team, Alberta

Established in 2002, Alberta's Taber Police Service leads a Multi-Disciplinary Support Team that brings together representatives from law enforcement, education, counselling, health and social services to share information and coordinate support for clients. The team focuses on people experiencing domestic violence or substance use harms and develops action plans that draw on the services and expertise of all partners at the table.

Partners value the approach because it reduces pressure on individual agencies to respond alone. Attendance at regular meetings is the only added resource required.

More information about the Multi-Disciplinary Support Team is available on the [Taber Police Service web page](#).





Family Skills Programs

Families play a critical role in shaping young people's well-being.

Description

Family skills programs help caregivers build parenting, communication and household-management skills. These skills lay the groundwork for healthy child development and can prevent early substance use. While especially valuable for families facing stress or instability, these programs are most effective when offered universally.

Family skills programs can be delivered through schools, libraries and community centres, often as part of broader early-intervention or public health strategies.

Benefits

- Strengthen families and improve home stability
- Build protective factors, such as resilience, that reduce the risk of early substance use
- Offer accessible support in trusted community settings

Implementation Considerations



What can municipalities do?

Municipal leaders and communities can support access by offering space, funding facilitators or helping promote local programs.

INTERVENTION IN ACTION:

Family Resource Centre, Portage la Prairie, Manitoba

The Family Resource Centre offers programming at two locations in Portage la Prairie to support families across the area. Programs include parent–child activities, nutrition programs, school-aged and youth sessions, professional activity day programming, parent education, wellness counselling and recreation programs.

The centre also offers free transportation to and from programs; access to free Wi-Fi and a computer; a lending library with books, equipment and games; and referrals to community services.

More information about the organization and its programs can be found on the [Family Resource Centre website](#).





Mutual Aid Programs

Mutual aid programs like Wellbriety, Alcoholics Anonymous, SMART Recovery and AI-Anon offer a powerful layer of support alongside formal treatment.

Description

Mutual aid programs, also known as in-community peer support, represent a grassroots approach to well-being, rooted in shared lived and living experience and the perspective of collective care. This support emerged organically within local communities, creating needed connections in accessible and familiar settings such as community halls, churches, health centres and harm reduction sites. Grounded in shared experience, these groups provide free, ongoing support for individuals and families navigating substance use health.

Benefits

- Provide free, long-term support rooted in peer connection
- Reduce isolation and build a sense of community
- Offer both virtual and in-person formats, increasing accessibility

Implementation Considerations



What can municipalities do?

While municipalities do not deliver these programs directly, municipal leaders can help by offering space to host meetings and by promoting them through municipal channels.

INTERVENTION IN ACTION: SMART Recovery Meetings

Self-management and recovery training (SMART) is often seen as an alternative to abstinence-based peer programs. This recovery method focuses on learning and practising skills to self-regulate and manage urges and cravings related to substance use disorders. SMART meetings are typically lecture-style and include worksheets on emotional regulation, exploring core values, change management and life balance.

SMART Recovery offers free support groups for people seeking to recover from substance use disorders, as well as their families and loved ones.

A list of meetings in several provinces, including many smaller municipalities, is available on the [SMART Recovery website](#).





Patient Navigation Programs

Navigating health and social services can be overwhelming for people experiencing substance use health needs as well as those facing housing instability or trauma-related challenges.

Description

Patient navigators offer one-on-one support to help people understand their options, move between services and stay connected to care. In smaller communities, this role is often combined with overdose response or outreach.

These programs build trust and reduce barriers by making systems feel more accessible.

Benefits

- Reduce confusion and drop-off between services
- Help people access the right care at the right time
- Build trust in systems that can feel overwhelming or inaccessible

Implementation Considerations

System-level navigation requires specialized expertise. Municipalities should collaborate with regional, provincial and territorial coordinated access services, which are best positioned to manage navigation roles. Because navigation services are complex, successful implementation depends on strong, system-level support.



What can municipalities do?

Municipal leaders can support navigation programs through funding, partnerships or by promoting where navigators can be found.

INTERVENTION IN ACTION:

Family Navigation Project, Sunnybrook Health Sciences Centre, Ontario

The Family Navigation Project at Sunnybrook Health Sciences Centre helps youth and their families in the Greater Toronto Area navigate the mental health and addictions system. Established in 2013, it was the first program of its kind in Canada. Since then, it has helped more than 4,500 youth and families from across Ontario find and access appropriate care.

Expert navigators work alongside families to assess needs, explain available services and guide them to the most suitable supports. This approach reduces confusion, prevents people from dropping out of care and improves timely access. No referral and no fee are required.

More information is available on the [Family Navigation Project web page](#).





Formal Peer Support Programs

People with lived and living experience of substance use and recovery offer something unique: understanding, credibility and hope.

Description

Formal peer support programs create welcoming, nonjudgmental spaces where people can connect with others who have walked similar paths toward wellness. These programs recognize that lived and living experience is a powerful source of support and insight. They take many forms, from informal drop-ins to structured programs, trained peer mentors or paid peer roles. Peer organizations provide practical guidance, emotional support and a sense of belonging. They complement, not replace, health care by working alongside clinical services.

Benefits

- Bridge the gap between clinical services and everyday life through shared experience
- Build trust and engagement, especially among equity-deserving groups
- Improve health outcomes and retention in chosen pathways of care

Implementation Considerations

When considering this intervention:

- Ensure scopes of practice are clearly defined, and provide proper training and resources, supported by sustainable funding rather than short-term crisis funding.
- Work toward a cohesive, standardized approach to peer programming, and build a shared understanding of what “peer” means across municipal and community partners.
- Prioritize accessible locations and multiple communication formats to reach diverse residents.
- Consider mental health support for peer workers, who may face unique emotional challenges in their roles.



What can municipalities do?

Municipal leaders can support peer programs by funding peer roles, supporting training or helping connect programs with community services.

INTERVENTION IN ACTION: Phoenix Peer Support Centre, Stratford, Ontario

Huron Perth Mental Health and Addiction Services operates the Phoenix Peer Support Centre in Stratford. The centre offers group and drop-in peer support for youth and adults, with staff and volunteers providing supportive listening and help connecting to other services. It also hosts social activities — such as movie nights, games and crafts — to build community and reduce isolation.

More information is available on the [centre's web page](#).



Canadian Mental
Health Association
Huron Perth Addiction and Mental Health Services





Physical Activity Programs

Movement supports both mental and physical health — and can play a meaningful role in prevention and recovery at all stages of life.

Description

Physical activity programs, along with other programming focused on mental well-being, offer opportunities to build self-efficacy, emotional regulation, coping skills, teamwork and life skills. When designed with inclusion in mind, they also help reduce isolation and strengthen community connection.

Benefits

- Support mental health, physical well-being and recovery
- Reduce isolation and strengthen community connection
- Are easy to deliver using existing municipal spaces and staff

Implementation Considerations

Equitable transportation access matters. Using infrastructure such as school buses to support access to school-based activities or bike-share programs in low-income areas is most effective when paired with intentional engagement and affordability strategies.



What can municipalities do?

Municipal recreation departments are well-positioned to lead these efforts by offering free passes and a diverse mix of low-cost activities, hosting recovery-friendly programs, and dedicating space for wellness activities in places like school gyms and community centres.

INTERVENTION IN ACTION:

go!PEI Physical Activity Initiative, Prince Edward Island

go!PEI is a community-based healthy living initiative that connects Islanders with no- or low-cost physical activity opportunities. Since 2010, go!PEI has worked to build a culture of movement and health by promoting and connecting people of all ages with healthy living tips and diverse physical activity options — camp-outs, family hikes, low-impact exercise, chair yoga for seniors and more — across the province.

Programs are delivered with support from seven community partners: the cities of Charlottetown and Summerside, the towns of Cornwall and Stratford, and the three regional sports and recreation councils (Western, Central and Eastern).

More information about the initiative is available on the [go!PEI website](#).





Continuing Medical Education for Municipal Frontline Staff

Substance use care is constantly evolving, and municipal frontline staff need up-to-date knowledge to respond effectively.

Description

Continuing medical education equips professionals such as paramedics, public health nurses and outreach workers with practical, evidence-informed tools they can use in the field. Sessions are typically brief and targeted, covering topics like emerging treatments, prescribing guidance and real-time response strategies.

This approach adapts a well-established clinical model to meet the needs of municipal teams who often serve as the first point of contact for residents affected by substance use.

Benefits

- Keeps frontline staff current on treatment options and best practices
- Builds confidence and competence in responding to substance use health needs
- Improves quality of care and reduces reliance on outdated or reactive approaches
- Strengthens alignment between municipal services and the broader health system

Implementation Considerations

When considering this intervention:

- Support skill development through continuing medical education, as many of the skills needed to address substance use can be learned without years of training. Advocacy, including a letter from mayors to medical schools in neighbouring large cities, can help bring trainers and programs to smaller communities.
- Be cautious of adopting training from pharmaceutical companies or other for-profit entities. Give preference to training certified by regulatory colleges such as the College of Family Physicians.
- Treat investing in continuing medical education like investment in new jobs to ensure cost-effectiveness. Evaluate followup, assess what has changed and offer supervision or coaching from more seasoned staff to practise skills.



What can municipalities do?

Municipal leaders can support continuing medical education by educating themselves on its benefits and speaking to its value when relevant.

INTERVENTION IN ACTION:

Response to the Opioid Crisis Curriculum, Association of Faculties of Medicine of Canada

The Association of Faculties of Medicine of Canada (AFMC) developed the Response to the Opioid Crisis curriculum, accredited through Queen's University. The curriculum offers Canadian health professionals comprehensive, bilingual continuing medical education on pain management and substance use disorder.

This program features interactive modules at foundational, intermediate and advanced levels, covering topics such as opioid stewardship, stigma reduction and culturally sensitive care for diverse populations. The curriculum is designed to close knowledge gaps and ensure clinicians are equipped to address the opioid crisis with competence and compassion.

Program and registration information can be found on the [curriculum web page](#).





Centralized and Coordinated Access

When someone needs help with housing, health or social support, navigating multiple agencies can be overwhelming, especially in a crisis.

Description

Coordinated access models, such as “one-stop” service hubs or shared navigation systems, streamline referrals by matching people to the right service quickly and efficiently. This approach reduces stress on people, minimizes duplication and aligns resources across sectors.

Benefits

- Streamlines referrals and reduces confusion for service users
- Improves equity by removing access barriers and standardizing entry points
- Helps communities make better use of limited resources through coordinated planning
- Works at any scale: comprehensive hubs in urban centres, virtual and hub-and-spoke models in rural areas

Implementation Considerations



What can municipalities do?

While municipalities may not run these systems, municipal leaders can champion them by convening partners, funding shared platforms or ensuring that local services connect to a regional model that works for residents.



INTERVENTION IN ACTION: Coordinated Access Models Across Canada

Coordinated access models make it easier for people to find the right mental health and addiction services quickly and efficiently. These models offer centralized intake and navigation, connecting people to appropriate supports without the confusion of multiple entry points. They can improve equity, streamline referrals and help communities maximize limited resources, making them adaptable for both urban and rural areas across Canada.

Examples of coordinated access models in Canada include [AccessMHA](#) in Eastern Ontario, the [Annapolis Valley Coordinated Access System](#) in Nova Scotia and [Interior Health's Integrated Treatment Teams](#) in British Columbia.





Community and Population Health Administrative Data

Good decisions start with good information.

Description

Health and demographic data — drawn from hospitals, emergency medical services, schools, coroners and community programs — can help municipalities track trends, identify service gaps and respond more effectively to substance use in their communities. This data is often shared through dashboards, health profiles or targeted reports.

Benefits

- Informs local planning and resource allocation
- Supports data-driven advocacy with provincial, territorial and federal partners
- Helps track trends, measure impact and improve accountability

Implementation Considerations

When considering this intervention:

- Establish strong data-sharing agreements and ensure staff have the skills required for analysis and interpretation.
- Use the implementation guide that accompanies this playbook for direction on collecting community data.
- Explore emerging data collection methods, including the use of artificial intelligence, where they align with municipal priorities and safeguards.



What can municipalities do?

While municipalities may not collect this data themselves, they play a vital role in coordinating access, interpreting findings and using insights to guide municipal planning, funding and advocacy.

INTERVENTION IN ACTION: Medicine Hat Community Survey, Alberta

The City of Medicine Hat conducts a community survey every two years to gather information from residents aged 18 or older. The survey covers a wide range of topics, from what people identify as the most important issue facing the community to satisfaction with services such as garbage and recycling.

For the 2024 survey, the city hired IPSOS, a market research firm, to conduct the survey. The findings are considered representative of the Medicine Hat population.

Results from the 2024 and 2022 surveys are available on the [city's website](#).





Stigma Reduction Practices

Stigma is one of the biggest barriers people face when seeking help for substance use health. It shows up in policies, services and everyday interactions, and it can discourage people from accessing the care they need.

Description

Reducing stigma within municipal workplaces and systems is a powerful step toward building a more supportive and inclusive community. This work can include staff training, inclusive workplace policies and public education campaigns.

Benefits

- Increase service uptake and build trust with the community
- Support a more compassionate, trauma-informed municipal workforce
- Are low-cost and scalable across departments and partner organizations

Implementation Considerations

Stigma- and discrimination-informed practices should be embedded in all education, training, mentorship and ongoing capacity-building efforts.



What can municipalities do?

Municipalities can implement their own stigma reduction practices. These practices could include requiring municipal councillors and staff to participate in training on stigma reduction, or adopting person-first language in documents and communications.

INTERVENTION IN ACTION: CAPSA

CAPSA is a national organization dedicated to eliminating systemic stigma around substance use. For more than a decade, it has provided practical training, research and community events for service providers, policymakers, employers and academics to help design equitable services and supports. Its work blends practice-based, scientific and experiential expertise, and is led by systemic stigma experts with backgrounds in education, research, clinical practice and policy.

CAPSA has trained more than 10,000 people across Canada on systemic stigma, substance use health, compassionate care, and co-leadership principles. Evaluations show:

- Training exceeds expectations in building new knowledge, skills and attitudes.
- All participating organizations report taking action to develop or adapt policies or programs.
- Six months after training, 98% of participants report changes to policies and practices.

More information about its services can be found on the [CAPSA website](#).





Trauma- and Violence-Informed Care

Trauma and violence leave lasting impacts on health, behaviour and trust in systems.

Description

Trauma- and violence-informed care (TVIC) recognizes the effects of trauma and violence and ensures services are delivered in ways that prioritize safety, choice, collaboration and empowerment. TVIC is relevant beyond health care — it can and should be embedded across municipal services, including housing, recreation and bylaw enforcement.

Benefits

- Prevents re-traumatization and supports better outcomes
- Improves the effectiveness of services and supports workforce well-being
- Aligns with broader goals related to equity, inclusion and mental health

Implementation Considerations



What can municipalities do?

Municipal leaders and communities can lead by integrating a TVIC perspective into staff training, municipal policies and service contracts, creating safer, more effective systems for everyone.





AREA FOR ACTION 5: HOUSING AND EMPLOYMENT SUPPORTS

Stability starts with a place to live and a reason to get up in the morning. Without housing, treatment rarely takes hold, and without purpose, recovery can stall. For many people, housing and employment are the foundations that make every other intervention possible.

Municipalities play a central role. They plan neighbourhoods, own land, hire staff and influence local economies. And while they may not control health or income support systems, they are uniquely positioned to create conditions that support recovery through inclusive workplaces, supportive housing strategies and partnerships with service providers.

INTERVENTIONS

Four interventions were identified under housing and employment supports:

Intervention	Audience	Outcome
Essential Interventions		
1. Low-barrier transitional employment supports	People experiencing homelessness	Improved social determinants of health
2. Employee assistance programs (EAPs)	People working in substance use and mental health	Improved access to services and supports
3. Workplace substance use policies	People working in substance use and mental health	Reduced health harms related to substance use
4. Municipal housing action plans	People of all ages	Improved social determinants of health





Low-Barrier Transitional Employment Supports

Recovery isn't just about developing a new relationship with substance use — it's about rebuilding.

Description

Transitional employment programs offer people a foothold in the workforce through low-barrier, flexible jobs that don't require resumés, references or formal training. Participants receive wages, build confidence and are connected to wraparound services like housing, counselling and health care.

Benefits

- Support social and economic reintegration for people living with substance use challenges
- Build job readiness and daily structure without preconditions
- Create a bridge to permanent employment and housing

Implementation Considerations

These programs are especially effective when paired with supportive housing and strong case management.

When considering this intervention:

- Implement non-punitive workplace policies. If someone arrives unable to perform their duties, they should be able to go home and return when they are feeling better, without reprimand. This includes situations where someone may be unwell related to their substance use.
- Build partnerships with community organizations willing to offer low-barrier transitional employment opportunities. Shelters, parks and recreation departments, and local nonprofits can all help facilitate work placements.



What can municipalities do?

Municipal leaders can help by offering entry-level job placements, funding partners and providing space for programming.

INTERVENTION IN ACTION: Clean Sweep Program, Lethbridge, Alberta

The Clean Sweep Program is a low-barrier transitional volunteer employment initiative that offers people experiencing homelessness or addiction the opportunity to engage in flexible, entry-level work without the need for resumés or references.

Because the term “employment” can create barriers for people receiving income support or related supports, the program is structured as a volunteer stipend model. Volunteers are paid \$15 an hour and receive biweekly cheques.

Funded by the city and managed by the Downtown Lethbridge Business Revitalization Zone, Clean Sweep crew members are paid to perform community renewal tasks such as cleaning sidewalks, removing graffiti, collecting needle debris and assisting with biohazard and encampment cleanup. Beyond meaningful activity and wages, the program connects participants to housing supports, social services and personal development opportunities, helping them build confidence, job skills and pathways toward long-term stability.

More information is available on the [Business Revitalization Zone web page](#).





Employee Assistance Programs

Across municipal roles, employees may experience work-related and personal challenges that affect mental health and well-being – from frontline roles such as firefighting, policing, public health and transit to administrative and management positions.

Description

Employee assistance programs (EAPs) are workplace benefits that provide free, anonymous and timely support for mental health, substance use and life challenges such as work-life balance, grief, conflict or relationship issues. Many programs are available 24 hours a day, seven days a week, and include crisis support. Some extend to eligible family members.

Benefits

- Promote wellness and resilience among municipal staff
- Encourage early intervention for stress, trauma or substance use
- Signal a caring and proactive workplace culture

Implementation Considerations

When considering this intervention:

- Look to relevant examples, such as the [Charlottetown Chamber of Commerce](#).
- Treat these benefits as a standard workplace offering, particularly for frontline staff.



What can municipalities do?

Most large municipalities already offer EAPs, and small organizations can procure them through local Chambers of Commerce as part of a group insurance plan. Municipal leaders can also encourage local employers to adopt similar supports.

INTERVENTION IN ACTION: Municipal Wellness Program, Nova Scotia

Many municipalities across Canada offer EAPs to support the well-being of their staff. In Nova Scotia, the Municipal Wellness Program provides EAP services to municipal employees and elected officials across the province, offering confidential support for mental health, financial, legal and personal challenges.

The program was established in 2014 as a partnership between the Association of Municipal Administrators Nova Scotia and the Nova Scotia Federation of Municipalities. Forty-nine municipalities participate.

Full program details are available on the [Municipal Wellness Program web page](#).





Workplace Substance Use Policies

Every employer needs a plan for how to manage substance use and the workplace to ensure safety, to support staff and to improve workplace morale.

Description

Effective workplace substance use policies are comprehensive. They include educational plans, clear guidance and processes, non-punitive support, and accommodation options where appropriate.

Benefits

- Improve safety and consistency in municipal workplaces
- Reduce stigma and support getting help early
- Build a culture of compassion and accountability

Implementation Considerations

When considering this intervention:

- Bring the right people together to develop the policy, and consider using external training supports such as those offered by CCSA. Teams should include an employer representative (e.g., a manager or senior leader with policy authority), an employee, a staff member with lived or living experience of substance use, an employment lawyer, a human resources specialist, an occupational health and safety professional with expertise in substance use health and safety, and a union representative where available.
- When possible, bring in an external organization (such as CCSA or CAPSA) to help train employer representatives on substance use policies that reflect best practice.
- Education and prevention training are essential in workplaces where culture may implicitly promote or normalize substance use.



What can municipalities do?

Municipal leaders can lead by example by implementing these policies for their own employees and modelling inclusive, health-focused approaches for other organizations in their community.

INTERVENTION IN ACTION:

Substance Use, Impairment and Fitness for Work Policy, City of Kamloops, British Columbia

In July 2022, the City of Kamloops adopted its *Substance Use, Impairment, and Fitness for Work Policy*, a comprehensive workplace approach that sets clear expectations while promoting safety, inclusion and support. Developed in response to the growing opioid and substance use crisis, the policy outlines how the municipality manages impairment, supports employees and ensures fitness for duty across its workforce.

Key elements of the policy include:

- Zero tolerance for working while impaired, whether from alcohol, cannabis, prescription drugs or other substances;
- A clear definition of impairment and expectations related to fitness for duty;
- Voluntary self-disclosure processes so employees can seek help without penalty;
- Referral pathways to the Employee and Family Assistance Program (EFAP) for mental health and substance use support;
- Training for supervisors and managers on identifying and responding to signs of impairment; and
- Accommodation provisions for employees recovering from substance use disorders, aligned with human rights legislation.

This policy is notable because it reflects a comprehensive, health-focused approach more often seen in larger cities. It acknowledges the realities of both medical and recreational cannabis use, balances safety with rehabilitation and support, and demonstrates how a mid-sized municipality can lead with clarity, compassion and evidence-informed practice.





Municipal Housing Action Plans

It's impossible to address the toxic drug crisis without tackling housing insecurity.

Description

Municipal housing action plans provide a roadmap to develop and protect housing that meets the needs of all residents — from supportive and transitional housing to rent-g geared-to-income units and market rentals.

Benefits

- Align municipal action with community housing needs
- Support funding and partnership opportunities
- Address one of the root causes of substance use instability

Implementation Considerations

Municipal housing action plans are created by municipalities, often in collaboration with provincial or territorial governments.



What can municipalities do?

Municipalities can use municipal housing action plans to help secure funding from other orders of government, attract nonprofit and private sector partners, and guide the strategic use of municipal land. They can also signal that housing is a local priority and part of a broader health and safety agenda.

INTERVENTION IN ACTION: City of Timmins Housing Action Plan, Ontario

Led by the City of Timmins, the *Housing Action Plan* was developed with input from the Timmins Economic Development Corporation, the Cochrane District Social Services Administration Board and provincial and federal partners. The plan outlines how the city will address housing challenges, including low vacancy rates, rising costs and a growing population.

The plan is organized around three pillars:

- Subdivision development — unlocking residential land for new builds
- Infill and regeneration — encouraging housing within existing neighbourhoods
- Purpose-built housing — including modular homes and affordable units

It also lays out tools such as zoning bylaw updates, streamlined permitting, land use studies and incentives, including a proposed *Housing Community Improvement Plan*.

The full plan is available on the [City of Timmins' website](#).



Housing: The Missing Piece in Substance Use Recovery

Members of the Municipal Leaders Table consistently emphasized the central role of housing in addressing the toxic drug crisis. Without a stable place to live, most interventions — whether harm reduction, treatment or enforcement — are far less effective. A continuum of housing options, from emergency shelters to second-stage transitional and supportive housing, is not a luxury but the foundation for prevention, recovery and dignity.

A small group of members of the Municipal Leaders Table dedicated part of an afternoon to discussing this in depth.

Two representatives from the City of Duncan shared “The Village,” a new model of housing piloted in their community. Emerging during the COVID-19 pandemic, this low-barrier, pod-style housing offers people a safe and dignified alternative to encampments, supported by community health partners, police and peers. More than a shelter, it is a recovery-oriented environment where residents can access OAT, community building and life skills development.

The Village provides safe housing for 34 previously unsheltered people and has helped at least nine people transition to market housing, residential treatment, or conventional supportive housing. Clients have individual sleeping units and shared communal spaces.



The model is now funded through BC Housing and operated by Lookout Housing and Health Society. More information is available on the [Province of British Columbia's website](#).

Municipalities can take tangible steps to replicate this kind of approach:

- Reform zoning to allow low-barrier and temporary modular housing.
- Use city-owned land to establish housing sites and encourage neighbouring municipalities to follow suit.
- Create public–private incentives to unlock underused lots or private land for community use.
- Establish neighbourhood agreements and shared strategies (such as Clean Sweep initiatives or regular community meetings) to build buy-in and address local concerns.

Participants stressed that housing must not be treated as separate from health care. It enables connection, reduces isolation and offers an on-ramp to recovery. Addressing the public's concerns about visible homelessness and street-level substance use through humane housing options can also build broader support for the systems change needed.

Several policy opportunities were identified:

- Advocate for sustainable provincial, territorial and federal capital and operating funding, noting that a scale of at least 40 units is recommended for cost-efficiency.
- Push for flexibility in provincial and territorial housing funding models, which often do not support interim or low-barrier options.
- Call for Charter-aligned encampment strategies, ensuring municipalities have alternatives before displacing encampments.
- Embed housing in regional wellness plans, linking it to collaboration among first responders, Indigenous partners, public health and community organizations.

This conversation affirmed that housing is not an add-on — it is the base layer of any effective municipal response to the drug crisis. Without it, municipalities are left to manage visible symptoms rather than root causes.



AREA FOR ACTION 6: POLICING AND PUBLIC SAFETY

Substance use challenges have reshaped how communities think about and approach public safety. Today, safety is no longer just about enforcement. It also involves care, design and coordination. Municipal leaders must work with police, health providers and community organizations to reduce harm, support community safety and ensure all residents feel safe.

The following approaches offer a modern, balanced path forward by combining prevention, intervention and enforcement while recognizing that substance use is a health issue with public safety impacts.

INTERVENTIONS

Eleven interventions were identified under policing and public safety:

Intervention	Audience	Outcome
Essential Interventions		
1. Mandatory alcohol screening (MAS)	People of legal driving age	Reduced crime related to substance use
2. Sobriety checkpoints	People of legal driving age	Reduced crime related to substance use
3. Crime prevention through environmental design (CPTED)	People of all ages	Reduced crime related to substance use
4. Community-oriented policing	People of all ages	Reduced crime related to substance use
5. Coordinated policing teams – joint force operations (JFOs)	People of all ages	Reduced crime related to substance use
6. Municipal community safety and well-being plans	People of all ages	Reduced crime related to substance use
7. Municipal bylaws	People of all ages	Reduced crime related to substance use
8. Municipal encampment response strategies	People living in housing encampments, whether or not they use drugs	Reduced crime related to substance use
Additional Interventions		
9. Administrative sanctions	People who drive after using alcohol or other drugs	Reduced crime related to substance use
10. Crime, violence and substance use prevention programs	People at high risk of engaging in criminal activity	Reduced crime related to substance use
11. Community drug strategies	People of all ages	Reduced crime related to substance use



Mandatory Alcohol Screening

Mandatory alcohol screening is an effective measure for reducing alcohol-related traffic harms.

Description

Mandatory alcohol screening (MAS) is a proactive approach widely supported by law enforcement as a proven deterrent to impaired driving when it is implemented randomly and consistently. MAS applies to the operation of motor vehicles, including cars, trucks, motorcycles, planes, trains, boats, ATVs and snowmobiles, and can therefore be used on roads, airways, waterways, railway tracks and recreational pathways. MAS is essential in creating a culture of public safety.

Benefits

- Reduces alcohol-related collisions, injuries and deaths
- Promotes safer driving and increases perceived and actual risk of detection

Implementation Considerations

When considering this intervention:

- Ensure appropriate oversight so MAS is applied equitably and in a rights-based way.
- Implement with safeguards to prevent misuse, racial profiling or erosion of trust. Senior leadership support is essential for MAS to function as an effective deterrent.
- Borrow data collection methods and templates from larger municipalities to strengthen implementation.



What can municipalities do?

Municipalities do not have jurisdiction to implement MAS. Instead, municipal leaders can educate themselves on how MAS works and its role as both a harm reduction and enforcement tool.

INTERVENTION IN ACTION:

Mandatory Alcohol Screening, Strathcona County, Alberta

In Strathcona County, Alberta, drivers who are pulled over for a traffic violation are required to provide a breath sample to test for impairment. As in other parts of the province, MAS is used as a preventive measure during any roadside stop. If a driver refuses to provide a sample or has a blood alcohol concentration over the legal limit, immediate roadside sanctions are issued. Criminal charges for refusal or “over 80” are also possible.

More information about this program is available on the [county’s website](#).





Sobriety Checkpoints

Sobriety checkpoints help deter impaired driving and create awareness of the risks and dangers of driving under the influence.

Description

Police can establish roadside checkpoints at set times and locations to screen drivers for alcohol and other drug impairment. When used consistently and transparently, these checkpoints serve as a visible deterrent and reinforce the message that impaired driving will not be tolerated.

Benefits

- Deter impaired driving through visible enforcement
- Reduce rates of injury and fatality on the roads
- Send a clear public safety message and promote accountability

Implementation Considerations

Sobriety checkpoints are already in use across many jurisdictions. They are most effective when paired with public awareness efforts, strong community trust and administrative sanctions to deter repeat offences.

They also provide a high-profile visible deterrent and show the public that police are taking steps to keep roads safe.

When considering this intervention:

- Educate the public about zero tolerance for young and new drivers as a further deterrent of impaired driving in this population.
- Offer safe-ride-home programs, such as volunteer driver networks or subsidized ride-share initiatives, to prevent impaired driving. Municipalities may also leverage organizations like [arrive alive DRIVE SOBER](#) if they choose to consider this option.



What can municipalities do?

Like administrative sanctions, municipalities do not have the jurisdiction to implement sobriety checkpoints. However, municipal leaders can inform law enforcement about local events, such as music festivals or major sporting events, where impaired driving may occur, and advocate for the implementation of sobriety checkpoints to coincide with these events.

INTERVENTION IN ACTION: Counter Attack, City of Vernon, British Columbia

Every December, the City of Vernon launches a month-long Counter Attack campaign in support of National Impaired Driving Enforcement Month. During this period, the Vernon North Okanagan RCMP and BC Highway Patrol Falkland increase their efforts to remove impaired drivers from North Okanagan roads. This campaign includes more check-stops, MAS, field sobriety tests and the use of drug recognition experts to target impaired drivers.

More information can be found on the [RCMP's website](#).



Royal Canadian Mounted Police Gendarmerie royale du Canada





Crime Prevention Through Environmental Design

Crime prevention through environmental design uses the built environment to strengthen safety, trust and social connection.

Description

Crime prevention through environmental design (CPTED) is a proactive approach to community safety that uses physical design to reduce crime and unwanted behaviour while encouraging positive social interactions.

Benefits

- Reduces crime and unsafe public behaviour through environmental design
- Enhances public confidence and sense of safety
- Is easy to implement using existing municipal tools and processes
- Is low-cost and adaptable across municipal planning, design and maintenance practices

Implementation Considerations

Additional strategies may include gating stairwells and alleyways, and designating public parking lots as safe exchange zones for people meeting to buy or sell used goods (for example, Kijiji or Facebook marketplace transactions).

When considering this intervention:

- Use hotspot data from police to guide CPTED. Police can help conduct environmental audits, provide context and identify priority areas.
- Design interventions that don't just displace crime but also support people engaged in criminal or risky behaviour.



What can municipalities do?

Strategies such as improved lighting, clear sightlines, waste management and natural surveillance can make public spaces feel safer and more welcoming. Municipal buildings and municipal land are natural starting points.

INTERVENTION IN ACTION:

Crime Prevention Through Environmental Design (CPTED) Canada

CPTED Canada is a national network that promotes CPTED principles to enhance community safety and well-being. Its members includes designers, planners, police, security professionals, academics, elected officials and residents who promote or participate in local crime prevention efforts.

The organization provides resources such as educational materials, blogs, hands-on training, conferences and zone meetings, covering a wide range of CPTED-related themes.

More information is available on the [CPTED Canada website](#).





Community-Oriented Policing

Community-oriented policing strengthens public safety by building relationships between police and residents.

Description

Community-oriented policing is a relationship-based approach where officers work alongside residents to address safety concerns and build trust. Officers become visible, approachable members of the neighbourhood — not just enforcers of the law. This approach fosters empathy, encourages early problem-solving, and helps community members, especially youth, see police as a source of support.

It is especially valuable in smaller communities, where resources are limited and relationships are central to safety.

Benefits

- Builds trust and stronger relationships between police and residents
- Prevents crime through early, proactive engagement
- Strengthens community safety, particularly in resource-limited settings

Implementation Considerations

One way to bolster this practice is to designate a community-focused officer dedicated to outreach, relationship-building and regular feedback loops. These officers can be embedded in community centres and act as liaisons between the police service and residents.



What can municipalities do?

Most municipalities already use community-oriented policing. Municipal leaders can show support by learning about the benefits of this model and sharing that knowledge with others.

INTERVENTION IN ACTION: RCMP Community Advisory Committees, Alberta

Structured community input and grassroots involvement can make policing more responsive, transparent and effective. In Alberta, RCMP community advisory committees bring together residents, local leaders and police to identify local safety concerns, set priorities and collaborate on solutions tailored to each community.

Approaches vary depending on neighbourhood needs and may include foot patrols, community stations or other tactics that increase meaningful contact between police and residents. Municipalities across the province — including Didsbury, Grande Prairie, Lacombe, Mountainview County, Olds, the Regional Municipality of Wood Buffalo, Spruce Grove and Taber — use community policing approaches supported by these committees.

In rural settings, related approaches such as the [Olds Rural Crime Watch](#) program engage local volunteers to work directly with police, reporting suspicious activity and promoting crime prevention in rural areas.

Information about community advisory committees in Alberta can be found on the [ABmunis website](#).





Coordinated Policing Teams – Joint Force Operations

Joint force operations strengthen public safety by coordinating enforcement efforts across agencies and jurisdictions.

Description

Joint force operations (JFOs) bring together police, fire, paramedics and other responders to address organized crime and drug trafficking. These teams focus on disrupting supply chains rather than criminalizing people who use drugs, making enforcement efforts more strategic and impactful.

Benefits

- Disrupt drug distribution networks and organized crime
- Focus enforcement on suppliers, not people who use drugs
- Maximize impact by coordinating intelligence and operations across services

Implementation Considerations

While resource-intensive, this approach helps larger jurisdictions make better use of existing enforcement capacity, while smaller municipalities may need to rely on regional partnerships or provincial or federal support.

Smaller municipalities can partner with larger services (OPP, RCMP, Toronto Police, etc.) by contributing a single officer to a joint operation. In return, they receive:

- Funding toward the officer's salary;
- Priority enforcement in their community;
- Access to sophisticated investigation methods; and
- Experience with intelligence gathering, cultivating informants, partnered enforcement and operational planning.

Smaller municipalities can also outsource data analysis to improve internal capacity.

INTERVENTION IN ACTION:

Regional Integrated Intelligence Units, New Brunswick

The Regional Integrated Intelligence Units (RIIUs) are an intelligence-led policing initiative that brings together law enforcement agencies across New Brunswick to share information and coordinate responses to organized crime. The units aim to detect, disrupt and dismantle criminal networks, and prevent further development of groups causing harm in communities.

Established in 2010, the RIUUs operate in five policing jurisdictions: Fredericton, Moncton, Saint John, St. Leonard and Bathurst. The initiative has strengthened the collective capacity of participating agencies, improved intelligence production and offered a cost-effective response to organized crime.

Benefits include improved public safety, better responses to groups causing the most harm, a more timely approach to targeting and disruption, an intelligence-led target selection process, stronger accountability among senior police leaders, a culture of information sharing and an increase in personnel assigned to organized crime targets.

More information on the RIUUs is available on the [Public Safety Canada website](#).





Municipal Community Safety and Well-Being Plans

Municipal community safety and well-being plans provide a shared vision for enhancing safety and well-being so residents feel safe and can access the supports they need to reach their full health and well-being potential.

Description

Community safety and well-being (CSWB) plans are cross-sector strategies grounded in evidence and designed to identify and address local risks to health, safety and well-being. In some provinces, municipalities are required by law to develop these plans. In many communities, they also function as a core framework for local drug strategies.

Benefits

- Strengthen collaboration across municipal, health, justice and social service sectors
- Help set clear local priorities and coordinate action
- Can unlock funding, guide planning and build shared accountability

Implementation Considerations

These plans work best when they are developed collaboratively, regularly updated and grounded in local data and lived and living experience.

Ontario municipalities have implemented detailed CSWB plans, which may serve as useful templates for other municipalities who choose to develop a plan.



What can municipalities do?

Municipalities can define responsibilities within the municipality for responding to critical incidents (for example, toxic drug poisonings or crime surges) and establish information-sharing agreements, protocols and consistent collaboration.

INTERVENTION IN ACTION:

Community Safety and Well-Being Plan, United Counties of Leeds and Grenville and the Town of Prescott, Ontario

Under Ontario's *Police Services Act*, every municipality must have a CSWB plan. The plan for the United Counties of Leeds and Grenville and the Town of Prescott was designed to strengthen community safety and well-being by addressing risk factors before crises occur. It promotes a proactive, integrated approach that shifts focus from emergency response to upstream prevention, community development and cross-sector collaboration.

The plan was developed by a Community and Safety Well-Being Advisory Committee with representatives from municipal governments, police services (Ontario Provincial Police, Brockville Police Service, Gananoque Police Service), social services, healthcare providers including the Leeds, Grenville and Lanark District Health Unit, education, local Indigenous partners and community organizations. The plan identifies local priorities and strategic goals and includes an implementation framework with actions for the short, medium and long terms.

The full plan is available on the [Town of Prescott's website](#).





Municipal Encampment Response Strategies

Encampments on public land reflect deeper issues of housing insecurity, poverty and unmet health needs. A humane and coordinated response focuses on safety, dignity and connection to services.

Description

A municipal encampment response strategy outlines how a municipality manages and supports people living in encampments. Effective strategies address fire risk, sanitation and basic needs while building trust and linking people to housing, health care and social supports.

Benefits

- Support the rights, health and safety of people living unsheltered
- Reduce risks and disruption in public spaces through coordinated action
- Work best when paired with access to housing, services and long-term supports

Implementation Considerations

When considering this intervention:

- Establish a municipal encampment response team that includes local housing authorities, city police, bylaw officers, community police officers and community service providers such as shelter staff, outreach teams and public health units. This helps ensure that people living in encampments can be quickly connected to needed services and supports.
- Ensure supports are in place for people affected by the cleanup of an encampment site. These supports may include mental health counselling.



What can municipalities do?

Municipalities often lead this work in collaboration with outreach teams, housing providers and public health.

INTERVENTION IN ACTION: Durham Region Encampment Strategy, Ontario

Released in early 2025, the Durham Region Encampment Strategy was led by the Regional Municipality of Durham and developed with the local municipalities, Durham Regional Police Service, health and social services, and community organizations. The strategy was informed by community consultation with people with lived and living experience and by best practices from other Ontario municipalities, including Waterloo, Kingston, Hamilton and Toronto.

The purpose of the strategy is to guide a coordinated response to homeless encampments in Durham Region that is grounded in human rights. It describes how the region and its partners can manage the current state of encampments while respecting the dignity of people living in them. It also describes a transition toward long-term solutions, including adequate, affordable and supportive housing.

The full strategy is available on [Durham Region's website](#).





Municipal Bylaws

Municipalities can shape local substance use environments through bylaws. Bylaws can be used to regulate public intoxication, cannabis retail, tobacco use and the consumption of substances in public spaces.

Description

Municipal bylaws are local laws or regulations passed and enforced by a municipality. Bylaws cannot contradict or erase existing provincial or federal laws, but they can add to them.

Benefits

- Provide municipalities with tools to influence local substance use environments
- Enable regulation of legal substances
- Contribute to community safety in parks and other public places

Implementation Considerations

When thoughtfully designed and enforced, bylaws can help balance public health, safety and community standards.

When considering this intervention:

- Pair bylaws with clear communication and fair, non-discriminatory enforcement.
- Apply enforcement approaches carefully to avoid unintended harms or inequities.
- Ensure bylaw officers receive training on trauma-informed approaches.



INTERVENTION IN ACTION:

Parks and Public Spaces Bylaw, City of Kelowna, British Columbia

Kelowna's Parks and Public Spaces Bylaw No. 10680 allows the municipality to clearly define and enforce the rules around alcohol consumption in public parks and spaces. By specifying where and when alcohol can be consumed, and by prohibiting consumption near sensitive areas, the bylaw helps balance public enjoyment with safety and order. It also supports the management of potential nuisances and promotes responsible behaviour in shared public spaces.

The full text of the bylaw is available on the [City of Kelowna's website](#).





Administrative Sanctions

Administrative sanctions are tools designed to deter future violations and encourage compliance with regulations and laws.

Description

Administrative sanctions allow for immediate penalties, such as fines, licence suspensions or vehicle impoundment. For example, drivers impaired by alcohol or drugs may have their licence suspended, vehicle impounded and be required to pay fines even if they haven't been criminally charged. These measures help remove unsafe drivers from the road quickly and reduce reliance on lengthy court processes.

Benefits

- Remove impaired drivers from the road in real time
- Provide a faster, more efficient alternative to criminal charges
- Require safeguards to protect equity and mitigate bias

Implementation Considerations

Caution is needed to ensure these measures are applied fairly and do not disproportionately affect vulnerable populations.

When considering this intervention:

- Use administrative sanctions tied to blood alcohol levels below 80 mg/dl as an early warning tool.
- Take care to prevent administrative sanctions from becoming a shortcut that replaces necessary criminal charges.



What can municipalities do?

While enforcement falls under provincial and territorial jurisdiction, municipalities can advocate for their use and support local awareness efforts.

INTERVENTION IN ACTION: Immediate Roadside Sanctions, Alberta

The Government of Alberta applies a series of escalating immediate roadside sanctions for all impaired driving incidences. These sanctions can also be paired with charges under the *Criminal Code* of Canada where warranted. Sanctions include a 24-hour driving licence suspension, WARN penalties for mid-range blood alcohol levels, and FAIL penalties for higher levels or for failing or refusing alcohol or drug recognition tests. Penalties increase for repeat offences.

Full details are available on the [Government of Alberta's website](#).





Crime, Violence and Substance Use Prevention Programs

Preventing harms before they occur is an essential part of a safe, healthy community.

Description

Crime, violence and substance use prevention programs bring residents, community leaders and cross-sector partners together to address the root causes of harm — such as poverty, trauma, lack of opportunity and limited access to services and supports. By focusing on prevention, outreach and engagement, these programs build safety from the ground up, especially in areas experiencing visible public safety concerns.

Benefits

- Promote collaboration between residents, service providers and local leaders
- Address upstream drivers of crime, substance use and instability
- Build safer, more connected communities through prevention and engagement

Implementation Considerations

Program needs vary by context. Not all communities face the same levels or types of violence, but when appropriate, these initiatives can be a powerful tool for collective action.

Crime, violence and substance use prevention programs save money and save lives. They can be delivered to families, in schools or in community settings and may be universal or targeted to higher-risk groups. However, not all programs are equal. Many have not been researched or validated and some can inadvertently cause harm.

CCSA is committed to helping municipalities select programs that are most likely to meet their needs and produce results. We will be reviewing relevant programs and assessing the evidence and science, and these findings will inform future versions of the playbook. In the meantime, municipalities considering a particular model can contact CCSA's Prevention team to discuss potential benefits and risks.



Community Drug Strategies

Community drug strategies bring people and partners together to strengthen health, well-being and safety for all residents.

Description

Community drug strategies are comprehensive, cross-sector frameworks that guide local efforts in prevention, harm reduction, treatment and enforcement. They bring together health, social services, law enforcement, people with lived and living experience and community partners to align goals, coordinate action and respond to local substance use trends. In many communities, they serve as the foundation for a broader municipal response to substance use.

Benefits

- Establish a shared vision and roadmap for local substance use response
- Help align municipal actions with broader policy and funding priorities
- Require political leadership, dedicated resources and community engagement

Implementation Considerations

Municipalities often lead or co-lead the development and implementation of these strategies — convening stakeholders, aligning with provincial, territorial and federal directions, and embedding substance use priorities across departments.



INTERVENTION IN ACTION: Community Drug Strategy City of Greater Sudbury, Ontario

The community drug strategy for Greater Sudbury is a collaborative, community-based initiative focused on reducing the harms of substance use through a coordinated, evidence-informed and inclusive approach. It was developed to guide the work of more than 30 community partners in Greater Sudbury and surrounding districts.

The strategy was created through a partnership involving:

- The Sudbury and District Health Unit and the Greater Sudbury Police Service; and
- Community stakeholders, including municipal leaders, police, healthcare professionals, educators, social service agencies and people with lived and living experience.

The strategy identifies nine strategic priorities along with actions and progress indicators.

The full strategy is available on the [City of Greater Sudbury's website](#).



APPENDIX: INTERVENTIONS BY AREA FOR ACTION

(Presented in no particular order of priority)

	Prevention and Early Intervention	Harm Reduction and Outreach	Treatment and Recovery	Community and Cultural Supports	Housing and Employment Supports	Policing and Public Safety
ESSENTIAL	<p>School-based prevention programs</p> <p>Integrated youth services (IYS)</p> <p>Screening, brief intervention and referral to treatment (SBIRT)</p> <p>Tobacco and nicotine cessation programs</p> <p>Integrated competencies for workforce development</p> <p>Interdisciplinary pain management</p> <p>Community coalitions</p> <p>Public education and awareness campaigns</p>	<p>Intoxication management services and sobering centres</p> <p>Mobile or assertive outreach teams</p> <p>Needle and syringe programs</p> <p>Overdose outreach programs</p> <p>Take-home naloxone programs</p> <p>Community drug alerts and bulletins</p> <p>Drug content monitoring</p>	<p>Life skills programs</p> <p>Primary and shared care models</p> <p>Hospital-affiliated addiction teams</p> <p>Opioid agonist therapy (OAT)</p> <p>Outpatient treatment programs</p> <p>Indigenous land-based healing programs</p> <p>Psychological and behavioural support programs</p> <p>Residential and inpatient treatment programs</p> <p>Virtual care models</p> <p>Withdrawal management programs</p>	<p>Community reintegration programs</p> <p>Multidisciplinary and interdisciplinary support teams</p> <p>Family skills programs</p> <p>Mutual aid programs</p> <p>Patient navigation programs</p> <p>Peer support programs</p> <p>Physical activity programs</p> <p>Continuing medical education for municipal frontline staff</p> <p>Centralized and coordinated access</p> <p>Community and population health administrative data</p> <p>Stigma reduction practices</p> <p>Trauma- and violence-informed care (TVIC)</p>	<p>Low-barrier transitional employment supports</p> <p>Employee assistance programs (EAPs)</p> <p>Workplace substance use policies</p> <p>Municipal housing action plans</p>	<p>Mandatory alcohol screening (MAS)</p> <p>Sobriety checkpoints</p> <p>Crime prevention through environmental design (CPTED)</p> <p>Community-oriented policing</p> <p>Coordinated policing teams — joint force operations (JFOs)</p> <p>Municipal community safety and well-being plans</p> <p>Municipal encampment response strategies</p> <p>Municipal bylaws</p>

	Prevention and Early Intervention	Harm Reduction and Outreach	Treatment and Recovery	Community and Cultural Supports	Housing and Employment	Enforcement and Public Safety
ADDITIONAL	<p>Comprehensive school health</p> <p>Health warning labels on alcoholic beverages</p> <p>Standard drink guidance</p>	<p>Managed alcohol programs (MAPs)</p> <p>Prescribed access programs</p> <p>Supervised consumption sites (SCSs)</p>	<p>Rapid access addiction medicine (RAAM) clinics</p>			<p>Administrative sanctions</p> <p>Crime, violence and substance use prevention programs</p> <p>Community drug strategies</p>



Canadian Centre
on Substance Use
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