# Choosing a new direction - Actions municipalities can take to influence provincial and federal drug policies and practices

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

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

1. **Advocate for drug and health policy changes by working with your municipal counterparts at the Association of Municipalities of Ontario (AMO) and affiliated associations1, to generate collective action.**Refer to AMO’s 2022 submission to the Ministry of Health, “[An Integrated Approach to Mental Health and Addictions](https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2022/Integrated_Approach_to%20Mental_Health_and_Addictions_20220802_RPT.pdf)” to see recommendations for an integrated and comprehensive provincial-municipal response.
1. AMO-affiliated municipal associations: [Ontario’s Big City Mayors](https://www.ontariobigcitymayors.ca/), [Eastern Ontario Wardens’ Caucus](http://www.eowc.org/en/index.aspx), [Western Ontario Wardens’ Caucus](https://wowc.ca/), [Northeastern Ontario Municipal Association](https://www.neoma.ca/), [Northwest Ontario Municipal Association](http://www.noma.on.ca/), [Ontario Small Urban Municipalities](https://www.osum.ca/) and [Rural Ontario Municipal Association](https://www.roma.on.ca/).
2. **Connect with your MP, MPP, Senator, Indigenous governing body, and municipal intergovernmental affairs committee (if relevant/available in your community) to establish or strengthen common goals to address the drug poisoning crisis within your community.**

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

1. **Follow the lead of other municipalities that have already taken action and built momentum to address the opioid and drug poisoning crises in their communities. Examples:**The City of Thunder Bay passed a unanimous resolution to endorse the Drug Strategy Network of Ontario’s proposed Solutions to End the Drug Poisoning Crisis in Ontario ([visit the CBC news article here](https://www.cbc.ca/news/canada/thunder-bay/drug-crisis-decriminalization-province-1.6716955)). A sample resolution to council is attached (English only).
The City of Toronto is currently in the process of applying for an exemption to the *Controlled Drugs and Substances Act* to allow for the possession of drugs for personal use ([visit their exemption request here](https://www.toronto.ca/wp-content/uploads/2022/01/943b-TPH-Exemption-Request-Jan-4-2022-FNLAODA.pdf)). You can find practical guidance for municipalities on the decriminalization process from the [HIV Legal network here](https://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en).
The Health and Social Services Committee of the Region of Niagara approved a motion to declare states of emergency for homelessness, mental health and opioid addiction in Niagara ([visit The Standard news article here](https://www.stcatharinesstandard.ca/news/council/2023/02/14/niagara-committee-supports-emergency-declarations-for-mental-health-addictions-and-homelessness.html?rf&rf?source=newsletter&utm_source=ml_nl&utm_medium=email&utm_email=C8A9D9E3DB34161E8F2977E9179BEE70&utm_campaign=ssbn_166987)).
2. **Work with your local public health unit, local opioid response plan and/or your municipality’s Community Safety and Wellbeing Plan (CSWP) to implement community-specific priorities.**

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

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

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

A list of training options is attached.

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

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

Refer to the [Canadian Association of People who Use Drugs (CAPUD) website](https://www.capud.ca/) and best practices document, [*Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs (PWUD)*](https://zenodo.org/record/5514066) for guidance on meaningful inclusion and engagement with PWUD.

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

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

Refer to the Canadian Centre on Substance Use and Addiction’s [*Best Practices across the Continuum of Care for the Treatment of Opioid Use Disorder*](https://www.ccsa.ca/best-practices-across-continuum-care-treatment-opioid-use-disorder)  for more information. The National Harm Reduction Coalition provides a helpful overview of the [*Principles of Harm Reduction*](https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf)which can be used to help build a shared understanding.

# Action 2 – sample letter to MP or Senator

(Insert date)

Hon. (insert local MP)
(Address)
(City and Province)
(Postal Code)

Find your [member of parliament here](https://www.ourcommons.ca/members/en) or [senator here](https://sencanada.ca/en/senators/).

Dear Hon. (MP/Senator’s name),

My name is <your name> and I am one of your constituents. I am writing to you because I am concerned about the negative impacts of Canada’s prohibition-based approach to drugs. I am particularly concerned that people in our constituency are losing their lives at a rate of <reference public health unit data>, and the wellbeing of the entire <community/region> is being negatively impacted.

Effective drug policy should improve public health, reduce crime, promote community development and most importantly, protect young and vulnerable people. Overwhelming evidence shows that current policy fails to achieve this. Unregulated drugs are becoming increasingly more contaminated, unpredictable, and toxic.

I am urging you to push for drug policy reform by actioning the [recommendations made by Health Canada’s Expert Task Force on Substance Use](https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports.html) calling for *effective regulation of all psychoactive substances in a single public health framework with specific regulations for all psychoactive substances, including currently illegal drugs as well as alcohol, tobacco and cannabis. This framework should aim to minimize the scale of the illegal market, bring stability and predictability to regulated markets for substances, and provide access to safer substances for those at risk of injury or death from toxic illegal substances.*

Recognizing that policy change takes some time, and also recognizing that approximately 20 Canadians per day die from opioid toxicity deaths, I urge you to prioritize improving access to a full continuum of substance use health services to meet the needs of Canadians at all stages of substance use and recovery. Please avoid misrepresenting harm reduction and safe supply services as being in opposition to treatment services. In order to protect lives, substance use health services must be viewed along an integrated [continuum of care options](https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Best-Practices-Treatment-Opioid-Use-Disorder-2018-en.pdf).

Thank you for your prompt attention and, I trust, action on this matter.

Sincerely,

<your name>
<your email address or mailing address>

# Action 3 – Sample memo to council

# MEMORANDUM

**TO:** Councillor [name] – [position e.g. Chair], Intergovernmental Affairs Committee

**FROM:**

**DATE:**

**RE:** Advocacy – Addressing the Opioid Poisoning Crisis

[date] Intergovernmental Affairs Committee Meeting

As per [reference any relevant reports/directives], Administration has been directed to place priority on supporting [IGA] with advocacy to address the opioid crisis. As such, the purpose of this memo is to provide an overview of Policy Recommendations developed by the Drug Strategy Network of Ontario as endorsed by the [name relevant panels/committees/task forces if applicable] for the Intergovernmental Affairs Committee’s consideration.

**Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction**

The Drug Strategy Network of Ontario (DSNO) represents 41 drug strategies across the province. They work together to prevent and reduce harms related to substance use from a 4-Pillar Model which incorporates prevention, harm reduction, treatment, and community safety perspectives.

The DSNO has developed four recommended policy solutions to reduce drug poisoning deaths and injuries in Ontario. Implementing these policies will significantly reduce the harms, including death, experienced by people who consume unregulated drugs. They will also improve community safety by reducing drug-related crime and drug poisoning rates, while simultaneously reducing escalating demand on first responders, police and courts responding to the current drug poisoning crisis.

More than 14,000 Ontarians have lost their lives to drug poisoning in the last five years – almost all of these were preventable deaths. Since the start of the COVID-19 pandemic, the drug poisoning situation has escalated. Between February and December 2020, there was a 79% increase in the number of opioid-related deaths across Ontario. Since then, in the first half of 2021, rates of fatal drug poisonings more than doubled in 15 of 34 public health units across the province. The current reality is that people who use unregulated drugs face health inequities and structural barriers that augment the health challenges they experience.

The current drug poisoning crisis needs to be addressed through a coordinated emergency response. The public health and emergency strategies used to contain COVID-19 can also be applied to the drug poisoning crisis. Processes that already exist to manage consumer health and safety offer unrealized opportunities to prevent drug poisonings. Harms resulting from the drug poisoning crisis are the result of policy choices, not individual moral failings. Action can be taken to improve the health and safety of all residents of Ontario.

Proposed Solutions:

1. Declare the Province’s drug poisoning crisis to be an emergency under the Emergency Management and Civil Protection Act (EMCPA, RSO 1990), and create a Provincial Task Force to address the crisis
2. Expand evidence-informed harm reduction and treatment practices throughout Ontario
3. Eliminate the structural stigma that discriminates against people who use drugs
4. Increase investments in prevention and early intervention services that provide foundational support for the health, safety, and well-being of individuals, families and neighbourhoods.

**Provincial and Local Context**

Administration receives monthly reports through the Ontario Chief Coroner’s Office with summaries of opioid-related deaths (both confirmed + probable) in Ontario. Through the report received in July 2022, data was included up to March 2022 with the following summary provided:

* For the most recent 12 months of data available (April 2021-March 2022), **2790** opioid-related deaths in Ontario have been reported to date. This reflects a **77% increase** in deaths compared to the year prior to the pandemic, and a 2% increase compared to the first full year of the pandemic.
* The mortality rate decreased by ~10% during the most recent quarter, Q1 2022, compared to the previous quarter (preliminary).
* Northern PHU regions continue to experience the highest rates of opioid-related mortality in the province.
	+ Mortality rates are **highest in Thunder Bay PHU region (over 4x the provincial rate)** and in Sudbury & District and Algoma PHU regions (each ~3x the provincial rate).
* [Census Subdivisions] CSDs with the highest mortality rates in 2021 include **Thunder Bay**, Timmins, Orillia, and Sault Ste. Marie.
* In 2021, **96% of deaths were accidental** and **~90% of deaths involved fentanyl**. Deaths continue to be driven by unintentional overdose from the unregulated drug supply.

[Insert] Health Unit area continued to see an increase in rates of morbidity and mortality. While we have a breadth of harm reduction, treatment, prevention and community safety initiatives/programs/services available in our community, we continue to experience gaps in service and underfunded programs. The following are some local statistics:

* In 2021 Ontario’s rate of opioid related deaths was 19.2/100,000, and it was [**enter local stats/100,000] for [enter] Health Unit**.
* Since we started recording suspected opioid-related, we have seen a [enter] increase in call volumes from [enter #] calls in 2017 to [**enter #] calls in 2021**.
* The composition and types of substances present at time of death has changed over the years:
	+ In 2008, morphine was present in 62.5% of deaths (10/16)
	+ In 2013, methadone was present in 61.5% of deaths (16/26) and was the type of substance present at death most frequently until 2018
	+ In 2018, fentanyl became the most predominant substance at time of death, and in 2021 **fentanyl was present in 90% of deaths** (108/120)
* As per the data above, opioid related deaths have increased from 16 in 2008, to 26 in 2013, to 120 in 2021; this does not include non-opioid related drug toxicity deaths
* Emergency Department visits and hospitalizations have also increased over the years as follows:
	+ Hospitalizations: 2008 (enter); 2013 (enter); 2021 (enter)
	+ Emergency Department Visits: 2008 (enter); 2013 (enter); 2021 (enter)

**Conclusion**

The four solutions outlined above identify the core areas where implementing change can immediately improve the health of people who use substances and the safety and well-being of communities at large. Applying a public health approach to address the drug poisoning crisis will create a healthier and safer path forward on behalf of all residents of Ontario and reframe the current drug poisoning crisis as a solvable problem.

**Recommendation**

With respect to Memorandum from [enter name and role] (dated [date]) we recommend City Council endorse the policy recommendations prepared by Drug Strategy Network of Ontario: “Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction”;

AND THAT the City of [enter] request the Province declare the drug poisoning crisis an emergency under the Emergency Management and Civil Protection Act (EMCPA, RSO 1990) and create a Provincial Task Force to address the crisis as outlined by the Drug Strategy Network of Ontario;

AND THAT the City of [enter] call on the Province to provide adequate funding to expand evidence-informed harm reduction and treatment practices throughout Ontario;

AND THAT the City of [enter] call on the Province to eliminate the structural stigma that discriminates against people who use drugs;

AND THAT the City of [enter] call on the Province to increase its investments in prevention and early intervention services that provide foundational support for the health, safety, and well-being of individuals, families and neighbourhoods;

AND THAT a copy of this resolution be shared with the Ministers of Health for Ontario and Canada, the Solicitor General, the Premier of Ontario, and the Prime Minister of Canada;

AND THAT any necessary by-laws be presented to City Council for ratification.

# Action 5 – List of training options for staff

[**Substance use health, stigma and person-first language training**](https://capsa.ca/learn/)
Community Addiction Peer Support Association (CAPSA)

[**Overcoming stigma: online learning**](https://www.ccsa.ca/overcoming-stigma-online-learning)
Canadian Centre on Substance Use and Addiction

[**ACEs and resilience training**](https://communityresilience.ca/get-trained/)Community Resilience Coalition, Guelph & Wellington

[**Mental Health and Addiction 101 Series - Stigma**](https://www.camhx.ca/Education/online_courses/MentalhHealth101Series/Stigma/story.html)(*for anyone)*[**Mental Health and Addiction 101 Series – Harm Reduction**](https://www.camhx.ca/Education/online_courses/MentalhHealth101Series/HarmReduction/story.html)(*for anyone)*
[**Understanding stigma**](https://www.camh.ca/en/education/continuing-education-programs-and-courses/continuing-education-directory/understanding-stigma)*(for healthcare providers)*Centre for Addiction and Mental Health (CAMH)

[**Language Matters – Compassionate Engagement Modules**](https://towardtheheart.com/reducing-stigma)
Towards the Heart – BC Harm Reduction Services

## Information/resources on anti-stigma and harm reduction

[**Stigma around drug use**](https://www.canada.ca/en/health-canada/services/opioids/stigma.html)
Health Canada

[**Stigma and the opioid crisis – Final report**](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-07/Opioid_Report_july_2019_eng.pdf)
Mental Health Commission of Canada

[**Harm reduction fundamentals: A toolkit for service providers**](https://www.catie.ca/harmreduction)
CATIE

[**Beyond Labels**](https://beyondlabels.marchofdimes.org/)
March of Dimes

[**Resources for parents**](https://www.drugfreekidscanada.org/talk/dfk-parenting-resources/)
Drug Free Kids Canada

[**Toolkit – Mothering and opioids: Addressing Stigma – Acting Collaboratively**](https://cewh.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf)
Centre of Excellence for Women’s Health

[**Addressing stigma**](https://www.camh.ca/en/driving-change/addressing-stigma)CAMH

[**Language Matters – Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma**](https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf)
Canadian Public Health Association

[**Beyond the label – an educational kit to promote understanding of the impact of stigma on people living with concurrent mental health and substance use problems**](https://www.porticonetwork.ca/documents/77404/475940/CAMH%2B2005%2BBeyond%2Bthe%2BLabel%2BToolkit.pdf/06c1a452-bee9-4874-83ed-ecd22d9b1000)
CAMH

[**A primer to reduce substance use stigma in the Canadian health system**](https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/primer-reduce-substance-use-stigma-health-system/stigma-primer-eng.pdf)
Public Health Agency of Canada

[**Hear us, see us, respect us: Respecting the expertise of people who use drugs**](https://zenodo.org/record/5514066#.ZDXLVnbMKUm)
Canadian Association of People Who Use Drugs and Canadian Drug Policy Coalition

[**Engaging people who use drugs to build organizational capacity**](https://learn.ohrn.org/courses/engaging-people-who-use-drugs-to-build-organizational-capacity)
Ontario Harm Reduction Network (OHRN)

## Videos

[**Beyond Stigma**](https://vimeo.com/654236024)Subject Matter Health Research Lab

[**Choose to use your voice – reducing stigma toward people who use substance**](https://mentalhealthcommission.ca/resource/choose-to-use-your-voice-reducing-stigma-toward-people-who-use-substances/?_ga=2.252724939.376430661.1666711805-486934169.1664284587)
Mental Health Commission of Canada

[**Opioid Resource Hub – Stigma**](https://www.porticonetwork.ca/web/opioid-resource-hub/resources/browse-by-topic/stigma)
CAMH

## Note:

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# Emprunter une nouvelle voie : mesures que peuvent prendre les municipalités pour influencer les politiques et pratiques provinciales et fédérales en matière de drogues

La crise des intoxications aux drogues est un problème complexe et protéiforme. Les politiques sur les drogues sont définies au niveau fédéral, les services de santé sont financés à l’échelon provincial, mais c’est au niveau municipal que les effets les plus catastrophiques de la crise des intoxications aux drogues se font ressentir. Il est difficile d’aborder ces questions de grande envergure au seul niveau municipal ; il convient, donc, que tous les ordres de gouvernement y apportent une réponse coordonnée et concertée.

Voici une liste des mesures que les municipalités peuvent prendre pour lutter contre la crise des intoxications aux drogues. **Cliquer sur les images et les liens pour consulter des documents de référence supplémentaires sur chaque mesure à prendre.**

1. **Préconiser des changements dans les politiques en matière de drogues et de santé en collaborant avec les homologues municipaux au sein de l’Association des municipalités de l’Ontario (AMO) et d’associations affiliées1 afin de susciter une action collective.** Consulter le document intitulé « [An Integrated Approach to Mental Health and Addictions](https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2022/Integrated_Approach_to%20Mental_Health_and_Addictions_20220802_RPT.pdf) » [en anglais], que l’AMO a présenté au ministère de la Santé en 2022 et dans lequel elle formulait des recommandations visant la mise en place de mesures d’intervention municipales et provinciales intégrées et globales.

1. Associations municipales affiliées à l’AMO : [Ontario’s Big City Mayors](https://www.ontariobigcitymayors.ca/), [Eastern Ontario Wardens’ Caucus](http://www.eowc.org/en/index.aspx), [Western Ontario Wardens’ Caucus](https://wowc.ca/), [Northeastern Ontario Municipal Association](https://www.neoma.ca/), [Northwest Ontario Municipal Association](http://www.noma.on.ca/), [Ontario Small Urban Municipalities](https://www.osum.ca/) et [Rural Ontario Municipal Association](https://www.roma.on.ca/).

1. **Entrer en contact avec le.la député.e fédéral.e et provincial.e, sénateur ou sénatrice, corps dirigeant autochtone et comité municipal des affaires intergouvernementales (s’il en existe un dans la localité) en vue d’établir ou de renforcer des objectifs communs pour faire face à la crise des intoxications aux drogues dans la collectivité.**

S’entendre sur les lacunes ou les besoins spécifiques au chapitre des services de santé liés à l’usage de substances dans la collectivité, et avoir recours aux mécanismes susmentionnés pour défendre une réforme du financement et des politiques et traiter ainsi des problèmes de santé mentale et de dépendances aux niveaux provincial et fédéral. Voir l’exemple ci-joint de lettre pouvant être envoyée au.à la député.e fédéral.e et provincial.e.

1. **Suivre l’exemple d’autres municipalités qui ont déjà pris des mesures et développé une dynamique pour lutter contre la crise des intoxications aux drogues et aux** **opioïdes. Exemples :**La ville de Thunder Bay a adopté à l’unanimité une résolution avalisant les solutions proposées pour mettre fin à la crise des intoxications aux drogues en Ontario du réseau Drug Strategy Network of Ontario ([lire l’article de CBC/Radio-Canada ici](https://www.cbc.ca/news/canada/thunder-bay/drug-crisis-decriminalization-province-1.6716955)). [en anglais]
La ville de Toronto est sur le point de déposer une demande d’exemption au titre de la *Loi réglementant certaines drogues et autres substances* pour permettre la possession de drogues pour usage personnel ([lire la demande d’exemption ici](https://www.toronto.ca/wp-content/uploads/2022/01/943b-TPH-Exemption-Request-Jan-4-2022-FNLAODA.pdf)). [en anglais] On trouve des conseils pratiques sur le processus de décriminalisation destinés aux municipalités sur le site Web du [Réseau juridique VIH](https://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=fr).
Le comité de la santé et des services sociaux de la région de Niagara a approuvé une motion pour déclarer l’état d’urgence en ce qui concerne l’itinérance, la santé mentale et la dépendance aux opioïdes dans la région de Niagara ([lire ici](https://www.stcatharinesstandard.ca/news/council/2023/02/14/niagara-committee-supports-emergency-declarations-for-mental-health-addictions-and-homelessness.html?rf&rf?source=newsletter&utm_source=ml_nl&utm_medium=email&utm_email=C8A9D9E3DB34161E8F2977E9179BEE70&utm_campaign=ssbn_166987) l’article dans [The Standard](https://www.stcatharinesstandard.ca/news/council/2023/02/14/niagara-committee-supports-emergency-declarations-for-mental-health-addictions-and-homelessness.html?rf&rf?source=newsletter&utm_source=ml_nl&utm_medium=email&utm_email=C8A9D9E3DB34161E8F2977E9179BEE70&utm_campaign=ssbn_166987)). [en anglais]
2. **Travailler de concert avec le bureau de santé local, et s’appuyer sur le plan d’intervention local en matière d’opioïdes et le Plan de sécurité et de bien-être des collectivités (SBEC) de la municipalité pour répondre aux priorités de leur propre collectivité.**

Dans le cadre de ces partenariats, suivre les données locales relatives aux tendances et coûts liés à la consommation de substances (p. ex. appels aux services de police, d’urgence médicale et d’incendie, effets sur les parcs, les loisirs et le tourisme, etc.) Examiner comment les coûts et les méfaits liés à la consommation de substances pourraient être directement pris en charge par les services relevant de la municipalité (p. ex. en investissant dans les services sociaux et les services de logement et en intégrant des services de réduction des méfaits dans les services existants).

1. **Amener la collectivité à élaborer une approche fondée sur la santé en matière de consommation de substances, c’est-à-dire offrir une formation sur la stigmatisation et les traumatismes à tout le personnel des services municipaux.**

Outre cette formation, convenir que de nombreuses personnes consomment des substances et que, parmi elles, certaines auront des problèmes de santé associés à cet usage. Par conséquent, il faut veiller à ce que tout le personnel puisse bénéficier d’un soutien en matière de santé mentale et de consommation de substances psychoactives.

On trouve ci-joint une liste des possibilités de formation.

1. **Collaborer avec des réseaux locaux de consommateurs de drogues et/ou des organismes locaux pour profiter de l’expérience, passée ou présente, de personnes en matière de consommation de substances.**

Faute de réseaux locaux de consommateurs de drogues, réfléchir à la façon dont la collectivité peut faire en sorte que les idées et points de vue des personnes faisant ou ayant fait usage de drogues et leurs famille et aidant.e.s soient vraiment représentés dans toutes les discussions et décisions ayant trait à l’usage de substances et à la santé. L’établissement de partenariats avec des organismes locaux qui ont déjà établi des relations de confiance avec les membres des communautés marginalisées peut encourager la collectivité à réagir et à prendre les choses en main.

Pour trouver des conseils sur les principes de l’inclusion réelle des personnes qui utilisent des drogues et d’un véritable engagement auprès d’elles, consulter le site Web de la [Canadian Association of People who Use Drugs (CAPUD)](https://www.capud.ca/) et un document sur les pratiques exemplaires intitulé [*Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs (PWUD)*](https://zenodo.org/record/5514066).

1. **Donner la priorité à l’amélioration de l’accès à un éventail complet de services de santé liés à l’usage de substances pour répondre à la vaste gamme des besoins existants dans la collectivité.**

Il faut que les services de santé liés à l’usage de substances, y compris les interventions en réduction des méfaits (p. ex. consommation sous surveillance, approvisionnement sûr) *et* diverses formes de traitement, soient considérés selon un éventail intégré d’options possibles. Éviter les malentendus : la réduction des méfaits ne va pas à l’encontre des interventions thérapeutiques ; en fait, la réduction des méfaits et le traitement font partie intégrante d’un système solide de services de soins pour les personnes ayant des problèmes d’usage de substances.

Pour en savoir plus, consulter le document intitulé [*Pratiques exemplaires dans le continuum des soins pour le traitement du trouble lié à l’usage d’opioïdes*](https://www.ccsa.ca/fr/pratiques-exemplaires-dans-le-continuum-des-soins-pour-le-traitement-du-trouble-lie-lusage)du Centre canadien sur les dépendances et l’usage de substances. La National Harm Reduction Coalition donne un aperçu des principes de la réduction des méfaits dans un document en anglais intitulé [*Principles of Harm Reduction*](https://harmreduction.org/wp-content/uploads/2022/12/NHRC-PDF-Principles_Of_Harm_Reduction.pdf)*,* qui peut servir à favoriser une compréhension commune.

# Action 2 – Modèle de lettre à un député ou une députée/un sénateur ou une sénatrice

(insérer la date)

L’honorable (insérez le nom de votre député.e)
(Adresse)
(Ville et province)
(Code postal)

Pour trouver [un député ou une députée](https://www.noscommunes.ca/members/fr) ou [un sénateur ou une sénatrice](https://sencanada.ca/fr/senateurs/).

Monsieur le Député ou Madame la Députée/Monsieur le Sénateur ou Madame la Sénatrice,

Je m’appelle <votre nom> et je réside dans votre circonscription. Je vous écris pour vous faire part de mon inquiétude au sujet des effets négatifs de l’approche d’interdiction que le Canada a adoptée à l’égard des drogues. Je suis particulièrement préoccupé.e par le fait que, dans votre circonscription, le taux de mortalité est de <indiquez les données du bureau de santé> et toute la <collectivité/région> en subit les contrecoups.

Une bonne politique antidrogue doit améliorer la santé publique, réduire la criminalité, promouvoir le développement communautaire et surtout protéger la jeunesse et les personnes vulnérables. Or, il existe des preuves accablantes montrant que les politiques actuelles échouent à tous les égards. Les drogues qui ne sont pas réglementées sont de plus en plus contaminées, imprédictibles et dangereuses.

C’est pourquoi je vous demande instamment de faire pression pour que soient mises en œuvre les recommandations du [Groupe d’experts sur la consommation de substances](https://www.canada.ca/fr/sante-canada/organisation/a-propos-sante-canada/mobilisation-publique/organismes-consultatifs-externes/groupe-experts-consommation-substances/rapports.html) mis sur pied par Santé Canada, qui appelle à *l’adoption d’une réglementation efficace de toutes les substances psychoactives dans un cadre unique de santé publique composé de règlements précis couvrant l’ensemble des substances, y compris les drogues actuellement illicites ainsi que l’alcool, le tabac et le cannabis. Ce cadre doit minimiser l’envergure du marché illégal, apporter de la stabilité et de la prévisibilité aux marchés réglementés des substances, et fournir un accès à des substances plus sécuritaires pour les personnes qui risquent de se blesser ou de mourir après avoir consommé des substances illicites toxiques.*

Sachant que des changements de politiques demandent du temps et qu’une vingtaine de personnes dans la population canadienne meurent chaque jour d’une intoxication aux opioïdes, je vous exhorte à donner la priorité à l’amélioration de l’accès à un éventail complet de services de santé liés à l’usage de substances afin de répondre aux besoins des Canadien.ne.s à toutes les étapes de leur consommation de substances et de leur rétablissement. Il convient aussi d’éviter de présenter à tort les services de réduction des méfaits et d’approvisionnement sûr comme s’opposant aux services de traitement. Afin de protéger des vies, les services de santé liés à l’usage de substances doivent être considérés selon un [continuum des soins](https://publications.gc.ca/collections/collection_2018/sc-hc/H17-4-2018-fra.pdf) intégré.

Je vous remercie de l’attention immédiate que vous accorderez à cette question importante et ne doute pas que vous prendrez des mesures à cet égard.

Je vous prie d’agréer, Monsieur le Député ou Madame la Députée/Monsieur le Sénateur ou Madame la Sénatrice, l’expression de mes meilleurs sentiments.

<votre nom>
<votre adresse électronique ou adresse postale>

# Action 5 – Liste des possibilités de formation du personnel

[**Formation sur la santé liée à l’utilisation de substances, la stigmatisation et le langage axé sur la personne**](https://capsa.ca/fr/apprendre/)
Association communautaire d’entraide des pairs contre les addictions (ACEPA)

[**Surmonter la stigmatisation : apprentissage en ligne**](https://www.ccsa.ca/fr/surmonter-la-stigmatisation-apprentissage-en-ligne)
Centre canadien sur les dépendances et l’usage de substances

[**ACEs and resilience training**](https://communityresilience.ca/get-trained/) [en anglais]Community Resilience Coalition, Guelph & Wellington

[**Mental Health and Addiction 101 Series - Stigma**](https://www.camhx.ca/Education/online_courses/MentalhHealth101Series/Stigma/story.html)(*pour tout le monde)* [en anglais][**Mental Health and Addiction 101 Series – Harm Reduction**](https://www.camhx.ca/Education/online_courses/MentalhHealth101Series/HarmReduction/story.html)(*pour tout le monde)* [en anglais]
[**Understanding stigma**](https://www.camh.ca/en/education/continuing-education-programs-and-courses/continuing-education-directory/understanding-stigma)*(pour les prestataires de soins de santé)* [en anglais]Centre de toxicomanie et de santé mentale (CAMH)

[**Language Matters – Compassionate Engagement Modules**](https://towardtheheart.com/reducing-stigma)[en anglais]
Towards the Heart – BC Harm Reduction Services

## Informations/ressources sur la lutte contre la stigmatisation et la réduction des méfaits

[**Stigmatisation de la consommation de drogues**](https://www.canada.ca/fr/sante-canada/services/opioides/stigmatisation.html)
Santé Canada

[**La stigmatisation et la crise des opioïdes – Rapport final**](https://commissionsantementale.ca/wp-content/uploads/2020/10/Stigma_and_Opioid_Crisis_Report_Summary_fr.pdf)
Commission de la santé mentale du Canada

[**Les bases de la réduction des méfaits : trousse pour prestataires de services**](https://www.catie.ca/fr/reduction-des-mefaits)
CATIE

[**Beyond Labels**](https://beyondlabels.marchofdimes.org/) [en anglais]
Marche des dix sous

[**Ressources pour parents**](https://www.jeunessesansdroguecanada.org/parlez/ressources-jsd-pour-parents/)
Jeunesse sans drogue Canada

[**Toolkit – Mothering and opioids: Addressing Stigma – Acting Collaboratively**](https://cewh.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf)[en anglais]
Centre of Excellence for Women’s Health

[**Lutte contre la stigmatisation**](https://www.camh.ca/fr/agent-du-changement/lutte-contre-la-stigmatisation)CAMH

[**Le poids des mots : Pour un langage respectueux en matière de santé sexuelle, de consommation de substances et de sources de stigmatisation intersectionnelles**](https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-f.pdf)
Association canadienne de santé publique

[**Beyond the label – an educational kit to promote understanding of the impact of stigma on people living with concurrent mental health and substance use problems**](https://www.porticonetwork.ca/documents/77404/475940/CAMH%2B2005%2BBeyond%2Bthe%2BLabel%2BToolkit.pdf/06c1a452-bee9-4874-83ed-ecd22d9b1000)[en anglais]
CAMH

[**Un guide d’introduction pour réduire la stigmatisation liée à la consommation de substances au sein du système de santé canadien**](https://www.canada.ca/fr/sante-publique/services/publications/vie-saine/guide-introduction-reduire-stigmatisation-liee-consommation-substances-sein-systeme-sante.html)
Agence de la santé publique du Canada

[**Hear us, see us, respect us: Respecting the expertise of people who use drugs**](https://zenodo.org/record/5514066#.ZDXLVnbMKUm)[en anglais]
Canadian Association of People Who Use Drugs et Canadian Drug Policy Coalition

[**Engaging people who use drugs to build organizational capacity**](https://learn.ohrn.org/courses/engaging-people-who-use-drugs-to-build-organizational-capacity)[en anglais]
Ontario Harm Reduction Network (OHRN)

## Vidéos

[**Beyond Stigma**](https://vimeo.com/654236024)[sous-titres en français]Subject Matter Health Research Lab

[**Choisissez de prendre la parole — Réduire la stigmatisation des personnes qui consomment des substances**](https://commissionsantementale.ca/resource/choisissez-de-prendre-la-parole-reduire-la-stigmatisation-des-personnes-qui-consomment-des-substances/)
Commission de la santé mentale du Canada

[**Opioid Resource Hub – Stigma**](https://www.porticonetwork.ca/web/opioid-resource-hub/resources/browse-by-topic/stigma)[en anglais]
CAMH

## Note :

La présente activité d’échange de connaissances est soutenue par le Réseau d’échange de données probantes (EENet), qui fait partie du Programme de soutien au système provincial du Centre de toxicomanie et de santé mentale (CAMH). Le réseau EENet existe grâce à la contribution financière de Santé Ontario (SO). Les opinions qui y sont exprimées ne reflètent pas nécessairement les positions de SO ou de CAMH.