

Greater Sudbury  
**Summit on  
Toxic Drugs**



**Sommet sur les  
drogues toxiques**  
du Grand Sudbury

**Honouring Voices, Embracing Perspectives, Moving Forward:**  
A Summary Report on the  
Greater Sudbury Summit on Toxic Drugs



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

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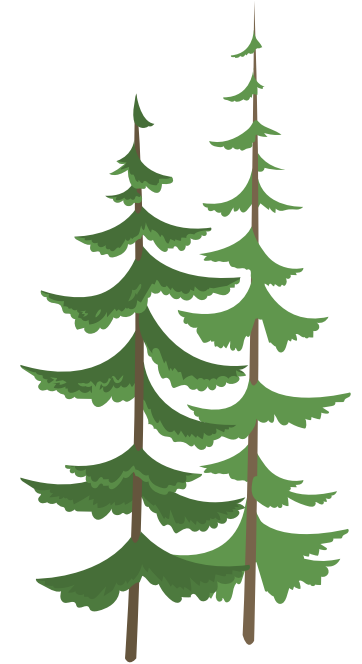
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**Note to readers:** The content shared in this report may be painful or difficult to interact with for some. It covers difficult, and sensitive topics, including death, child abuse, and Indigenous colonization. Survivors of these or other traumas may feel particularly affected.

We encourage you to prioritize your emotional and mental health and well-being and seek support by talking to someone you trust or seeking professional support including:

- **Wellness Together Canada** to connect with a mental health professional one-on-one:
  - o Call 1.888.668.6810 or text WELLNESS to 686868 for youth.
  - o Call 1.866.585.0445 or text WELLNESS to 741741 for adults.
- **Hope for Wellness Help Line** for all Indigenous People across Canada:
  - o Call 1.855.242.3310 or connect to the [online Hope for Wellness chat](#).





# Acknowledgements

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## Territorial acknowledgement

The Greater Sudbury Summit on Toxic Drugs (Summit) took place within N'Swakamok, also known as Sudbury. This is the territory of the Anishnawbek communities of Atikameksheng Anishnawbek and Wahnapiatae First Nation. Public Health Sudbury & Districts (Public Health) operates within the traditional lands of Treaty 9 and the Robinson Huron Treaty of 1850, which predates confederation. Together, these lands encompass strong and vibrant communities with Anishinabek, Ininiwak (Cree), and Métis Peoples. We acknowledge the original First Peoples of this land. Their enduring presence and resilience are felt throughout our shared history and in the present day, and we are grateful for their support and contributions throughout the Summit.

## With sincere thanks

Public Health Sudbury & Districts (Public Health) is the author of this report. The Greater Sudbury Summit on Toxic Drugs was a joint initiative between Public Health and the City of Greater Sudbury. A special thank you to the Greater Sudbury Summit on Toxic Drugs Planning Committee members who were responsible for overall planning, with direction from the Coordinating Committee (Appendix 1). Thank you for the courage and commitment of the People with Lived and Living Experience and the Indigenous Advisory Committee members, and the Panel Advisory Groups. This Summit would not have happened without their efforts.

Thank you also to the many support staff, and to our speakers, facilitators, and panelists for their insights and expertise. A sincere expression of gratitude is extended to all invited participants for their involvement and participation during the Greater Sudbury Summit on Toxic Drugs. Their perspective and active engagement at the Summit were invaluable in shaping the path forward.

## Acknowledgements from the Advisory Committees

### People with Lived and Living Experience Advisory Committee

It was great to see so many people gathered in one room at the Summit wanting to see action on Greater Sudbury's toxic drug crisis. The Summit was a great opportunity to network with people from all walks of life, each having been impacted in some way by the crisis, with many having a story of losing someone to drug poisoning. We are hopeful that steps can be taken to try and amend this situation.

The urgency of this matter cannot be overstated. More people are still talking while lives are lost each day to drug poisoning. The time to act is now. People who use drugs are human beings in pain and just want the pain to stop. We need to improve in so many areas. We remain optimistic that change is coming.

### Indigenous Advisory Committee

The focus of Indigenous Advisory Committee for the Summit was to amplify Indigenous voices and experiences. We were devoted to improving the wellness of Indigenous Peoples, families, and communities, especially those affected by mental health and substance use challenges. Indigenous voices and stories permeated the Summit creating a sense of belonging, connection to culture, acceptance, and lifelong healing.

We hope that sharing our ways of being and healing will inspire kindness and provide the building blocks to create and maintain relationships in a good way. The work is not over. We are grateful for the steps taken at the Summit and look forward to creating positive change together.



The Summit had three topics of focus: **health promotion and stigma, wrap-around supports**, and **substance use care**. Speakers shared data, evidence of best practices, and stories of personal impact, and participants engaged in dialogue covering each of the three focus topics.

*“Like the braided Sweetgrass, we are stronger together.”*  
Nookomis Julie Ozawagosh



## Priorities for action

Through facilitated activities, participants brainstormed, discussed, and prioritized actions to address the toxic drug crisis for each of the three focus topics. Many priorities are **cross-cutting**—meaning they weave through each topic area and will require ongoing commitment and action across many sectors and agencies for long-term impact—including addressing structural stigma, improving collaboration, eliminating barriers to access, and ensuring adequate funding. Others are specific to one of the three focus topics.

Although some priorities require collective action, the priorities are **everyone’s responsibility** and must be “owned” by all. All participants were called upon to determine how they could advance the priorities in their own sphere of control or influence. Table 1 lists the identified **priorities for action**.



## Table 1: Priorities for action

### Cross-cutting priorities

#### Structural stigma

- Promote awareness among all sectors of the issue and impacts of structural stigma and support practices and policies to promote inclusion and change norms, ensuring everyone is treated with dignity and respect.

#### Collaboration

- Create new, and improve existing, partnerships to identify gaps and leverage and amplify efforts, promoting connections and collaborations between sectors.
- Enhance care pathways to ensure client-centred approaches, facilitating seamless client transition between services along the substance use continuum.
- Establish structures and processes to regularly connect stakeholders who are engaged in actioning solutions.

#### System equity and elimination of barriers to access

- Seek commitment from all sectors to decolonize practices, committing to reviewing and modifying existing policies and practices to promote equitable access for BIPOC populations to services and resources.
- Take action to provide safe space for all who access wrap-around, harm reduction, and treatment services.

#### Funding

- Proactively seek out funding opportunities and identify where existing funding could be repurposed or reallocated to address priorities.
- Collectively identify priority areas of focus and systematically coordinate investments.

**Table 1: Priorities for action continued**

Health promotion	Wrap-around supports	Substance use care
<p><b>Resiliency; Icelandic prevention model</b></p> <ul style="list-style-type: none"> <li>• Create a comprehensive strategy for youth that fosters resilience, ensuring that the voices of youths guide the development.<sup>1</sup></li> <li>• Establish a community leadership group (or leverage an existing group) whose purpose it is to identify and promote multi-sector opportunities for health and wellness for vulnerable or at-risk individuals.</li> </ul>	<p><b>Housing and unhoused</b></p> <ul style="list-style-type: none"> <li>• Increase supportive, transitional, and affordable housing.<sup>1</sup></li> <li>• Improve community processes and resources to reduce health risks associated with climate (e.g. extreme heat or weather events) for those who are under/unhoused.</li> </ul> <p><b>Basic needs</b></p> <ul style="list-style-type: none"> <li>• Advocate for (and provide where this is within scope for stakeholders) basic income for individuals and families.</li> </ul> <p><b>Services across the lifespan</b></p> <ul style="list-style-type: none"> <li>• Establish structures and processes to assist agencies and individuals to identify and navigate resources and services across the lifespan.</li> </ul>	<p><b>Coordinated approaches</b></p> <ul style="list-style-type: none"> <li>• Identify a lead agency to assist in the navigation to resources and to identify gaps in services that will enable organizations to collectively address them.<sup>1</sup></li> <li>• Increase awareness and promotion of, and access to, a wide range of substance use care services including holistic, healers, elders, spiritual, medical, harm reduction, treatment, paramedicine, hospital, and shelters, ensuring no wrong door.</li> </ul> <p><b>Targeted services for youth</b></p> <ul style="list-style-type: none"> <li>• Ensure suitable services are developed and available to support youth and children, distinct from those for adults.</li> </ul> <p><b>Safe consumption and supply</b></p> <ul style="list-style-type: none"> <li>• Ensure ongoing access to supervised consumption at sites that are accessible and that include services aligned with client needs (e.g. inhalation).</li> <li>• Engage in safer supply initiatives.</li> </ul>

<sup>1</sup> This recommendation was voted as one of the top three.

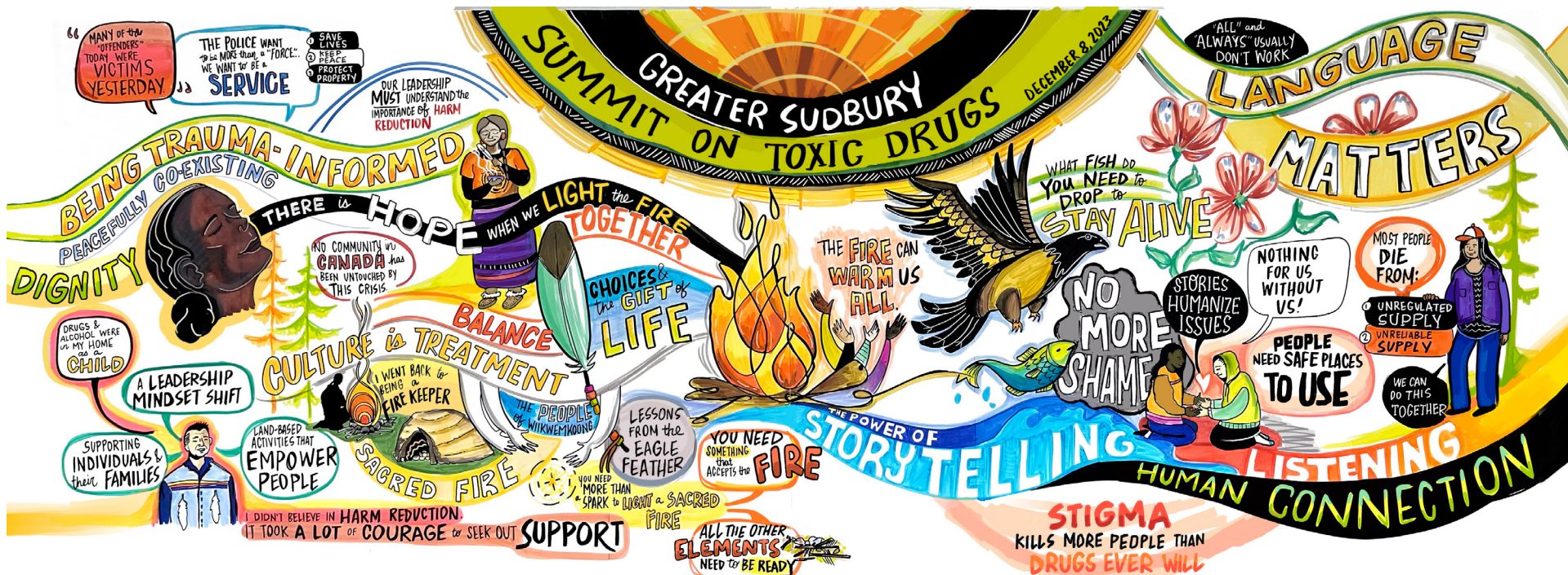
## Following the Summit

- All summit participants were expected to consider the dialogue and priorities from the Summit and advance actions applicable to their own sector or sphere of control or influence.
- A multi-stakeholder transition group co-chaired by Public Health Sudbury & Districts and the City of Greater Sudbury is convening to determine a community oversight structure and processes to advance Summit priorities and ensure community accountability and progress reporting.

A clear and emphatic message from all Summit participants was that **the toll of preventable deaths and suffering from toxic drugs requires cross-community commitment to collective action**. The current state is unacceptable. Local solutions must be grounded in those whose lives are affected by the crisis. Local action – in promoting health and resiliency, in ensuring opportunities for healthy living conditions, and in providing stigma-free client-centred care – will add up to personal dignity, lives saved, and suffering averted for the people of Greater Sudbury. **It is a collective duty.**



# Day two



**Public Health  
Santé publique**  
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Greater Sudbury  
Summit on  
Toxic Drugs



Sommet sur les  
drogues toxiques  
du Grand Sudbury



inked by Erica Bota.

# Setting the stage

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Between 2020 and 2022 the **death rate from toxic drugs for Sudbury and districts was three times** the provincial rate. This occurred despite local collaborative efforts including the engagement of a multi-sector [Community Drug Strategy](#). To reduce further harm and deaths from toxic drugs, the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury, the Board of Health for Public Health Sudbury & Districts, the City of Greater Sudbury Council, and the Greater Sudbury Police Services Board all carried motions requesting a local leadership summit (see Appendix 2).

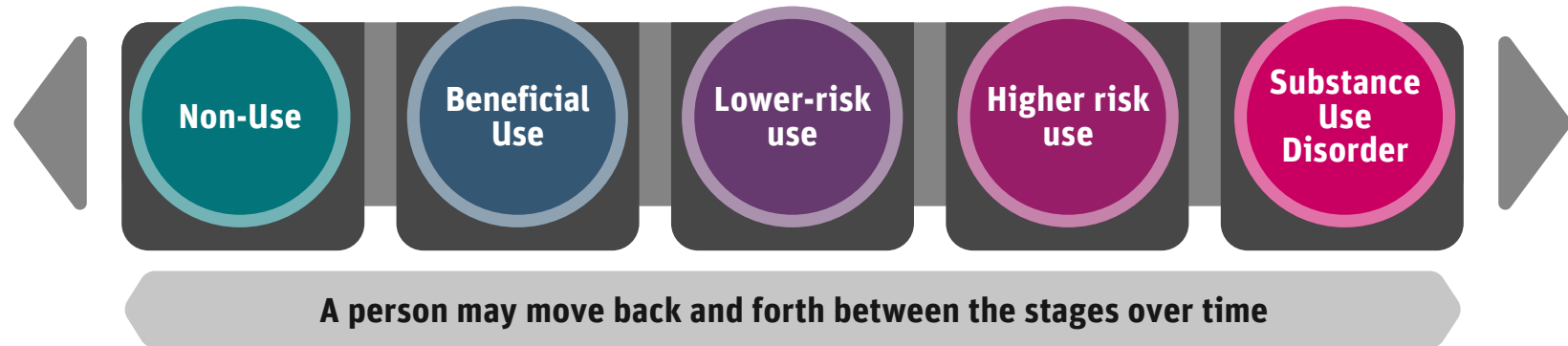
**Summit's purpose:** to bring together community leadership, broadly defined, to examine the current magnitude of and response to the drug toxicity crisis in Greater Sudbury.

## The goals of the Summit were to:

1. Address the escalating drug crisis in our region.
2. Explore innovative strategies to prevent drug-related harm by bringing together key stakeholders from various sectors.
3. Develop a comprehensive and collaborative approach to tackle this complex issue.

*"This is a messy, complex problem that is going to take messy complex solutions."*  
Dr. Penny Sutcliffe. (2022, September 15). The Agenda. TVO.

## Substance use spectrum



▲ **Figure 2:** The substance use spectrum  
Adapted from: Health Canada. (2022). Author. [Substance use spectrum](#).

*"I didn't believe in harm reduction. It took a lot of courage to seek out support."*  
Summit participant

Planning for the Summit was guided by a set of values and principles, which included the profound respect for individuals with lived and living experience of substance use, a deep appreciation for Indigenous perspectives, the cultivation of compassion and empathy, and a commitment to foster collaborative engagement for long-term impacts. The complete list of values, including defining statements of each value, is included in Appendix 3. Indigenous and People with Lived and Living Experience Advisory Committees were established to provide expertise, culturally informed guidance and diverse perspectives, and recommendations in alignment with the Summit purpose, objectives, and planning committee values (see Appendix 1). Summit planners embraced the perspective that substance use exists on a spectrum, from no use to substance use disorder, as seen in Figure 2.

Three panel advisory groups were also created to inform the Summit's panel discussions. These included the health promotion and stigma, wrap-around supports, and substance use care (harm reduction and treatment) advisory groups (see Appendix 1). In advance of the Summit, participants were invited to submit questions to the three panels to help better inform content. The panel presentations aimed to share opportunities, recommendations, and solutions to address the toxic drug crisis.

Prior to the Summit, participants were also asked to review the findings of an [environmental scan](#) (PDF)—or the [summary of its findings](#)—to help further prepare, inform, and guide the deliberations of local leaders and all participants.

# Overview of the Summit proceedings

## Greater Sudbury Summit on Toxic Drugs / Sommet sur les drogues toxiques du Grand Sudbury / N'Swakamok Kweshkodaadiwin Mji-mshkiki

Thursday, December 7, and Friday, December 8, 2023

The Summit was co-chaired by Public Health Sudbury & Districts and the City of Greater Sudbury. A total of **189 community leaders including people with lived and living experience of substance use** came together to listen and reflect, with a commitment to finding solutions and a better way forward. A complete list can be found in Appendix 4.

### Sectors represented at the Greater Sudbury Summit on Toxic Drugs:

- People with lived and living experience of substance use
  - People who have been impacted by the substance use of others
  - Indigenous communities and agencies
  - Health and social services
  - Municipal government
  - Mental health
  - Primary and acute care
- Research
  - Policing
  - Planners and funders
  - Education
  - Industry and trades
  - Public health

Given the complexity of the toxic drug crisis, participants were encouraged to let go of the search for perfection and instead embrace the power of “better than”, be mindful of and open to others’ perspectives, and to test out new ideas. The Summit was about **connection and collaboration** and an opportunity to **listen with empathy and compassion**, and to not lose sight that behind each statistic lies a real person with their own circle of loved ones.



The complete [Summit program](#) (PDF) is available online. Figure 3 below is a high-level overview of proceedings during the two-day Summit.

### Figure 3: Summit proceedings

<b>Learning from experts</b>	<b>Learning from experts</b>	<b>Issues and opportunities: Guest speaker panels</b>	<b>Idea generation: What could we do?</b>	<b>Prioritization: What should we do?</b>
<ul style="list-style-type: none"> <li>• The Head: Understanding the Crisis</li> <li>• The Heart: Listening to people with lived and living experience and families</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based practices</li> <li>• Perspectives from industry</li> <li>• Perspectives from other jurisdictions</li> <li>• Indigenous perspectives</li> </ul>	<ul style="list-style-type: none"> <li>• Health promotion &amp; stigma</li> <li>• Wrap-around supports</li> <li>• Substance use care</li> </ul>	<ul style="list-style-type: none"> <li>• To close the gaps</li> <li>• Table group discussions and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Where are the biggest gains for the community?</li> </ul>

# Learning from the experts

## Understanding the crisis: The epidemiology of the toxic drug crisis and using evidence to inform action

Day one began with two presentations characterizing the current crisis. First, a Public Health Sudbury & Districts epidemiologist described the [recent trends in drug-related overdose deaths](#) (PDF) locally. On the following page are just a few statistics and facts shared with Summit participants.

- Between 2017 and 2020, local deaths related to opioid toxicity increased by more than **500%**.
- Locally, between 2020 and 2022:
  - ❖ The annual opioid-related death rate (per 100,000 population) in Sudbury, as compared to the provincial rate was **3X higher** (52.2 vs. 17.3).
  - ❖ **60%** people who died from opioid-related causes were men and women aged 25-44 years.
  - ❖ **Men** between 25 to 44 years made up the largest proportion of **all** deaths related to opioid toxicity in Sudbury and districts.
  - ❖ Nearly **1 in 10** deaths occurred in youth and young adults aged 15 to 24 years.
  - ❖ **More than 70%** of all opioid overdose deaths occurred in a private residence.
  - ❖ **More than 60%** of all opioid-related deaths involve inhalation of opioids. This rate has increased since 2018.



Summit participants then heard from an epidemiologist from St. Michael's Hospital who shared how [evidence could be used to inform action to address the opioid crisis](#) (PDF).

# Listening to people with lived and living experience: The social and emotional impacts of the toxic drug crisis

To fully appreciate the complexity of the toxic drug crisis and to humanize the issue, people with lived and living experience of substance use, including family members of individuals who use drugs, shared their experiences with Summit participants.

Below are excerpts from a few stories that were shared.

*"For me, an Indigenous person, culture is treatment. Land-based approaches are very important to support Indigenous peoples' recovery and healing."*

*"As a parent of a child who uses drugs, I am exhausted and overwhelmed from the constant worry for my child and their safety."*

*"I grieve the loss of my family and friends from the toxic drug crisis."*

*"I experience so much stigma and shame – from the public and some service providers. It hurts. All I want it to be treated with dignity and respect."*

*"I was abused as a child. This led me to the sex work trade and using drugs."*

*"I am a good person who sometimes makes bad choices. I am human."*



# Evidence-based practices and perspectives from industry and other jurisdictions

On the second day, Summit participants heard from industry leaders and experts across other jurisdictions.

Leaders with an industry perspective described the impact of the crisis on the [health and safety of people working in the trades](#) (PDF). Following the industry presentation, law professor and bestselling author described the heartbreak and hope in Canada's unregulated drug crisis, and how communities can address stigma and backlash against life-saving policy interventions through empathy, compassion, and evidence-based responses.

Finally, Summit participants heard from a Public Health Ontario physician who shared [evidence-based best practices for a public health approach](#).

## Key takeaways for a public health approach to the toxic drug crisis:

1. The toxic drug crisis affects us all.
2. There is much need to counter stigma and discrimination in order to engage meaningfully with the people most affected.
3. Communities know their own needs best and responding to these may have the most impact.



# Indigenous perspectives

Indigenous culture and teachings were woven throughout the Summit.

Participants received teachings from N'Swakamok Native Friendship Centre's Anishinaabe Knowledge/Language Keeper, Norman McGraw that centred on the 8 Grandfather Teachings.

## 8 Grandfather Teachings:

1. Aakde-ewin (Bravery)
2. Gwekwaadiziwin (Honesty)
3. Dbaadendizwin (Humility)
4. Zaagidwin (Love)
5. Minaadendamowin (Respect)
6. Debwewin (Truth)
7. Nibwaakaawin (Wisdom)
8. Bimaadiziwin (Life)



Nookomis Julie Ozawagosh and a local leader from The Go-Give Project led participants in a sweetgrass pin activity where they attached a purple ribbon to a sweetgrass braid wreath. A single blade of sweetgrass will bend and may break on its own; this is why we braid it. The three strands of the braid represent love, kindness, and honesty. When these three strands are braided together, it represents how we are stronger when our services are woven together. The purple ribbon is in recognition of overdose awareness. Together the sweetgrass and the purple ribbon will serve as an important reminder of the commitments made at the Summit and our collective responsibility to see them through.

*"Think of those we have lost and those who still struggle."*  
Summit participant



A member of the Wiikwemkoong Justice Program who specializes in reintegration and professed community helper courageously discussed his addiction to opioids and the challenges he and his family faced. He shared his journey to recovery, the importance of Indigenous traditions and ceremony, and how he now helps others on their own path to recovery. The connection between problematic substance use and previous trauma was made clear. Participants heard his resounding message that “culture is treatment”.

An Anishinabek Nation’s mental health and addiction system specialist and event organizer for the Anishinabek Nation’s Health Secretariat’s inaugural [Mental Health, Addiction and Opioid Summit](#) spoke to the need for everyone to work collectively to address the toxic drug crisis. He highlighted that most people die because of an unregulated drug supply and cited his work toward the eventual provision of a prescribed safer supply of drugs in First Nations communities as an important step to save lives.

When discussing challenging topics, like substance use and personal stories, it is important to support the wholistic wellness of all those involved. For Indigenous people, connection to culture is an essential component of wholistic wellness. Throughout the Summit, all participants were welcome to step outside to visit the tipi where a sacred fire, Fire Keepers, Knowledge Holders, and sacred medicines were available for support and guidance, fostering connection to each other, those in the spirit world, and the land. Thank you to N’Swakamok Native Friendship Centre for providing this experience for participants.



## Issues and opportunities: Guest speaker panels

The Summit included 3 panels: Health promotion and stigma, Wrap-around supports, and Substance use care. Bringing together leaders from diverse sectors, including health, education, municipal, social services, persons with lived and living experience of substance use, academia, and others, panelists reviewed the magnitude of and response to the toxic drug crisis in Greater Sudbury. Panel speakers and content can be found in Table 2.

**Table 2: Panel topics and speakers**

Health promotion and stigma	Wrap-around supports	Substance use care
<p>Panelists discussed the effects of trauma and stigma on people who use substances. This panel highlighted community approaches to mitigating risk factors and strengthening protective factors to prevent and reduce harms associated with substance use. Panelists also focused on <a href="#">seeing and resisting stigma systems in Sudbury</a> (PDF).</p>	<p>Panelists discussed <a href="#">wrap-around supports as a collaborative process</a> (PDF). Panelists focused on including the suite of services required to provide a continuum of care that is tailored to a person’s needs in an organized and integrated manner.</p>	<p>Panelists discussed <a href="#">substance use care innovations</a> (PDF) and best practices in hospital and community care. Panelists also shared their personal experiences in delivering addiction services in the community.</p>
<p><b>Moderator:</b> Stacey Gilbeau, Public Health Sudbury &amp; Districts</p>	<p><b>Moderator:</b> Sue Tassé, Canadian Mental Health Association, Sudbury/Manitoulin</p>	<p><b>Moderators:</b> Natalie Aubin, Health Sciences North Heidi Eisenhauer, Réseau ACCESS Network</p>
<p><b>Guest Speaker Panelists:</b></p> <ul style="list-style-type: none"> <li>• Bruce Bourget, Rainbow District School Board</li> <li>• Caroline Folkman, Toward Common Ground</li> <li>• Rosamund Dunkley, Public Health Agency of Canada</li> <li>• Scott Neufeld, Brock University</li> </ul>	<p><b>Guest Speaker Panelists:</b></p> <ul style="list-style-type: none"> <li>• Jackie Balleny, Sudbury District Restorative Justice</li> <li>• Gail Spencer, City of Greater Sudbury</li> <li>• Ali Farooq, The Go-Give Project</li> </ul>	<p><b>Guest Speaker Panelists:</b></p> <ul style="list-style-type: none"> <li>• Amber Fritz, Réseau ACCESS Network</li> <li>• Jody Winn, Monarch Recovery Services</li> <li>• Sam Gilchrist, Gwekwaadziwin Milkan</li> <li>• Dr. Tara Leary, Health Sciences North</li> <li>• Dr. Michael Franklyn, NOSM University</li> </ul>

## Idea generation and prioritization: What *could* we do? What *should* we do?

Following the presentations by the experts in each panel, Summit participants reflected on and discussed what they heard. They were then asked to identify the top three opportunities for each topic. Opportunities were grouped into **sub-topics**, listed below, by the facilitators in preparation for the prioritization activity.

**Table 3: Sub-topics by focus group as determined by participants**

Health promotion and stigma	Wrap-around supports	Substance use care
<ol style="list-style-type: none"> <li>1. Collaboration</li> <li>2. Resiliency and the Icelandic Prevention Model</li> <li>3. Structural stigma</li> </ol>	<ol style="list-style-type: none"> <li>4. Housed and unhoused</li> <li>5. Basic needs</li> <li>6. Collaboration of services (across the lifespan)</li> <li>7. Funding</li> </ol>	<ol style="list-style-type: none"> <li>8. Harm reduction and treatment approaches</li> <li>9. System collaboration</li> <li>10. Targeted services for youth</li> <li>11. Systemic inequality and barriers to access</li> <li>12. Safer consumption and supply</li> </ol>

Once facilitators grouped all opportunities into sub-topics, participants took part in two prioritization activities<sup>2</sup> based on their area of interest or expertise. First, participants brainstormed ideas the community should do more of (Accelerate), should stop (Brake) and should start doing (Create). Second, participants identified one (1) action to “Accelerate”, one (1) action to “Brake”, and one (1) action to “Create”. The **top idea** was then entered into an online poll. Participants then voted on what they thought was the top idea or action that could result in the biggest gain for the community.

*“My fear is that people will still be talking while we are dying.”*  
Summit participant

<sup>2</sup> This activity was adapted from Ottawa Public Health. Complete activity instructions are described in Appendix 5.



# Key findings

Key findings from the prioritization activities for each panel section are summarized below in Tables 4, 5, and 6.

## Health promotion and stigma

**Table 4: Responses from the Accelerate, Brake, and Create activity for health promotion and stigma, by sub-topic**

Accelerate	Brake	Create
What should we speed up or do more of?	What should we stop doing?	What should we start doing?
<b>Sub-topic: Resiliency and the Icelandic Prevention Model</b>		
<ul style="list-style-type: none"> <li>• Survey youth to determine their needs, interests, and values.</li> <li>• Assess current resources in the community to support youth.</li> <li>• Build a foundation and framework for collaboration. Identify goals and strategies to support youth.</li> <li>• Enhance non-judgmental programs and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Duplication of services. Evaluate current programs and services and modify as needed to meet community needs.</li> <li>• Criminalizing how people and families cope with trauma and oppression.</li> </ul>	<ul style="list-style-type: none"> <li>• Create investments in adult and family well-being.</li> <li>• Foster a partnership approach to funding.</li> <li>• Hold a youth-focused summit.</li> <li>• Create low-barrier, accessible and multi-generational spaces that can treat the family holistically—as one unit.</li> <li>• Create safe spaces and safe supply.</li> </ul>

Accelerate	Brake	Create
What should we speed up or do more of?	What should we stop doing?	What should we start doing?
<b>Sub-topic: Collaboration</b>		
<ul style="list-style-type: none"> <li>• Foster connections and collaborations between agencies across the community.</li> <li>• Enhance (virtual) communications and knowledge exchange among community partners.</li> <li>• Increase knowledge and awareness of available resources and supports currently available.</li> </ul>	<ul style="list-style-type: none"> <li>• Competing with each other for scarce and limited resources and funding.</li> <li>• Offering services <b>only</b> during routine business hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all aspects of programs and services are informed by clients.</li> <li>• Create safer spaces.</li> <li>• Expand availability of programs and services ensuring 24/7 access.</li> <li>• Form a working group informed by experiences of people with lived and living experience.</li> </ul>
<b>Sub-topic: Structural stigma</b>		
<ul style="list-style-type: none"> <li>• Foster empathy by engaging more meaningfully with people with lived and living experience.</li> <li>• Model and encourage the use of non-stigmatizing language.</li> </ul>	<ul style="list-style-type: none"> <li>• Being complacent and accepting stigmatizing language and behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Create accountability standards for public institutions to guide and advance community-focused solutions.</li> </ul>

## Wrap-around supports

**Table 5: Responses from the Accelerate, Brake, and Create activity for wrap-around supports, by sub-topic**

Accelerate	Brake	Create
What should we speed up or do more of?	What should we stop doing?	What should we start doing?
<b>Sub-topic: Housed and unhoused</b>		
<ul style="list-style-type: none"> <li>• Accelerate resources for shelter.</li> <li>• Increase social assistance to meet cost increases.</li> <li>• Improve the process to access housing.</li> <li>• Increase availability of supportive services.</li> </ul>	<ul style="list-style-type: none"> <li>• Duplicating responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Reinstate rent control.</li> <li>• Ensure affordable housing is available.</li> <li>• Modernize evaluation of housing services (criteria for eligibility, checklist, service prioritization decision assistance tool (SPEDAT).</li> </ul>
<b>Sub-topic: Collaboration of services (across the lifespan)</b>		
<ul style="list-style-type: none"> <li>• Ensure services are available for youth and older adults/elders.</li> <li>• Offer early education and interventions.</li> <li>• Prioritize cultural safety in programs and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Working in isolation from other community partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase available programs and services.</li> <li>• Expand coordinated access and connections.</li> <li>• Encourage cross-collaboration and coordination.</li> </ul>
<b>Sub-topic: Funding</b>		
<ul style="list-style-type: none"> <li>• Integrate funding models that leverage all stakeholders and focus on prioritized community needs.</li> <li>• Advocate for broader funding streams.</li> </ul>	<ul style="list-style-type: none"> <li>• Inflexible reporting requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate on funding opportunities.</li> <li>• Support each other in proposal development.</li> </ul>

Accelerate	Brake	Create
What should we speed up or do more of?	What should we stop doing?	What should we start doing?
<b>Sub-topic: Basic needs</b>		
<ul style="list-style-type: none"> <li>• Ensure basic needs of all are met.</li> <li>• Offer space spaces for connections.</li> <li>• Ensure access to public washrooms 24/7 all year round.</li> <li>• Provide access to transitional and affordable housing.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting support, care, and treatment options.</li> <li>• Considering factors related to the toxic drug crisis as isolated and not interconnected.</li> </ul>	<ul style="list-style-type: none"> <li>• Create safer spaces for connections.</li> <li>• Raise awareness of community needs.</li> <li>• Improve collaboration and collective actions toward solutions.</li> <li>• Create of a centralized website or portal.</li> </ul>

## Substance use care

Table 6: Responses from the Accelerate, Brake, and Create activity for substance use care, by sub-topic

Accelerate	Brake	Create
What should we speed up or do more of?	What should we stop doing?	What should we start doing?
<b>Sub-topic: Harm reduction and treatment approaches</b>		
<ul style="list-style-type: none"> <li>• Listen, communicate, and educate others about harm reduction and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Blaming each other.</li> <li>• Defunding effective programs or services.</li> </ul>	<ul style="list-style-type: none"> <li>• Decriminalize substance use.</li> </ul>
<b>Sub-topic: Systems collaboration</b>		
<ul style="list-style-type: none"> <li>• Build awareness among partners of available services and resources.</li> <li>• Develop a communication and collaboration strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Working in isolation.</li> </ul>	<ul style="list-style-type: none"> <li>• Create navigator positions.</li> <li>• Collaborate broadly and seek funding.</li> <li>• Centralize programs for the community (for example, Circle of Care 211).</li> </ul>
<b>Sub-topic: Systemic inequality and barriers to access</b>		
<ul style="list-style-type: none"> <li>• Promote a Housing First approach.</li> <li>• Embrace restorative justice.</li> <li>• Enhance supports for (outreach) workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Accepting homelessness.</li> <li>• Discriminating against people.</li> </ul>	<ul style="list-style-type: none"> <li>• Create open spaces.</li> <li>• Ensuring basic needs are met.</li> <li>• Review policies to decrease systemic barriers.</li> <li>• Establish an emergency plan.</li> </ul>

## Accelerate

What should we speed up or do more of?

## Brake

What should we stop doing?

## Create

What should we start doing?

### Sub-topic: Safe consumption and supply

- Declare a health care crisis to access funding for local services and supports.
- Provide trauma-based connection opportunities.
- Improve education, action, and accountability in health care (and other institutions) to reduce systemic racism.

- Stigmatizing harm reduction approaches.
- Criminalizing substance use and addiction.
- Limiting access to programs and services due to, for example, behavioural issues or racial barriers and stigma.

- Organize to advance political actions.
- Adopt an inclusive approach to decision making by including Indigenous Peoples and people with lived and living experience.



# “Biggest gains” recommendations

The following is a summary of “biggest gains” recommendations identified by Summit participants. Analysis of participant responses resulted in regrouping responses for clarity. Some of the identified recommendations cut across the three panel sections. Others were specific to the three focus topics. Table 1 below lists the identified priorities for action.

**Table 1: Priorities for action**

## Cross-cutting priorities

### Structural stigma

- Promote awareness among all sectors of the issue and impacts of structural stigma and support practices and policies to promote inclusion and change norms, ensuring everyone is treated with dignity and respect.

### Collaboration

- Create new, and improve existing, partnerships to identify gaps and leverage and amplify efforts, promoting connections and collaborations between sectors.
- Enhance care pathways to ensure client-centred approaches, facilitating seamless client transition between services along the substance use continuum.
- Establish structures and processes to regularly connect stakeholders who are engaged in actioning solutions.

### System equity and elimination of barriers to access

- Seek commitment from all sectors to decolonize practices, committing to reviewing and modifying existing policies and practices to promote equitable access for BIPOC populations to services and resources.
- Take action to provide safe spaces for all who access wrap-around, harm reduction, and treatment services.

### Funding

- Proactively seek out funding opportunities and identify where existing funding could be repurposed or reallocated to address priorities.
- Collectively identify priority areas of focus and systematically coordinate investments.

**Table 1: Priorities for action continued**

Health promotion	Wrap-around supports	Substance use care
<p><b>Resiliency; Icelandic prevention model</b></p> <ul style="list-style-type: none"> <li>• Create a comprehensive strategy for youth that fosters resilience, ensuring that the voices of youths guide the development.<sup>1</sup></li> <li>• Establish a community leadership group (or leverage an existing group) whose purpose it is to identify and promote multi-sector opportunities for health and wellness for vulnerable or at-risk individuals.</li> </ul>	<p><b>Housing and unhoused</b></p> <ul style="list-style-type: none"> <li>• Increase supportive, transitional, and affordable housing.<sup>1</sup></li> <li>• Improve community processes and resources to reduce health risks associated with climate (e.g. extreme heat or weather events) for those who are under/unhoused.</li> </ul> <p><b>Basic needs</b></p> <ul style="list-style-type: none"> <li>• Advocate for (and provide where this is within scope for stakeholders) basic income for individuals and families.</li> </ul> <p><b>Services across the lifespan</b></p> <ul style="list-style-type: none"> <li>• Establish structures and processes to assist agencies and individuals to identify and navigate resources and services across the lifespan.</li> </ul>	<p><b>Coordinated approaches</b></p> <ul style="list-style-type: none"> <li>• Identify a lead agency to assist in the navigation to resources and to identify gaps in services that will enable organizations to collectively address them.<sup>1</sup></li> <li>• Increase awareness and promotion of, and access to, a wide range of substance use care services including holistic, healers, elders, spiritual, medical, harm reduction, treatment, paramedicine, hospital, and shelters, ensuring no wrong door.</li> </ul> <p><b>Targeted services for youth</b></p> <ul style="list-style-type: none"> <li>• Ensure suitable services are developed and available to support youth and children, distinct from those for adults.</li> </ul> <p><b>Safe consumption and supply</b></p> <ul style="list-style-type: none"> <li>• Ensure ongoing access to supervised consumption at sites that are accessible and that include services aligned with client needs (e.g. inhalation).</li> <li>• Engage in safer supply initiatives.</li> </ul>

<sup>1</sup> This recommendation was voted as one of the top three.

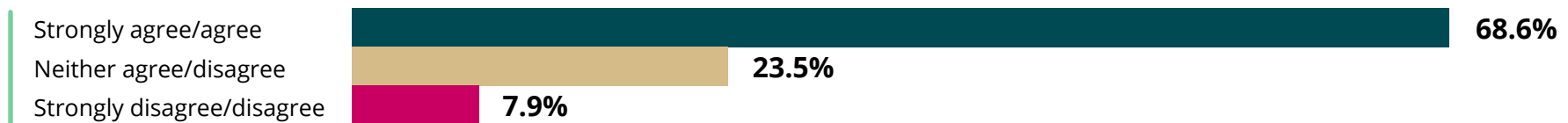


# Participant feedback

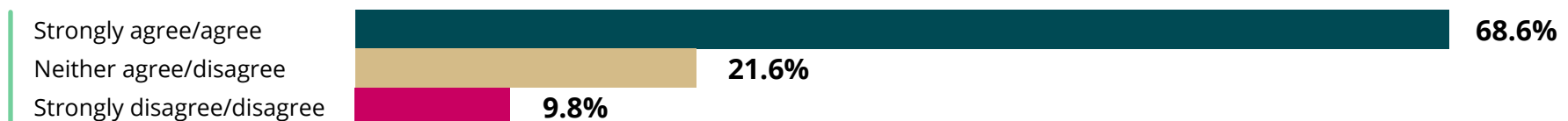
Summit participants<sup>3</sup> were asked to share their feedback at the end of both days. A total of 128 surveys were completed over the course of the 2 days. Overall, an average of **74%** of respondents were **satisfied or very satisfied** with the Summit.

Participants present on Day two were also asked whether the Summit achieved its stated goals. A total of 51 responses were received and results are shown in Figure 4. While most respondents agreed or strongly agreed that the Summit achieved its first two goals, less than 40% agreed or strongly agreed that the Summit developed a comprehensive and collaborative approach to addressing the toxic drug crisis. However, the Summit did bring together community leaders and experts to gain a shared understanding of the issue and set the stage for strong, collective, and collaborative next steps.

- **Question 1:** The Summit addressed the escalating drug toxicity crisis in our region.



- **Question 2:** The Summit explored innovative strategies to prevent drug-related harms by bringing together key stakeholders from various sectors.



- **Question 3:** The Summit developed a comprehensive and collaborative approach to tackle this complex issue.



▲ **Figure 4:** Percent agreement by respondents that the Summit achieved its stated goals.

<sup>3</sup>Summit participants included invited community leaders, people with lived and living and experiences, presenters and panelists, moderators and facilitators as well as support staff.

# Moving forward

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The toxic drug crisis represents a complex whole-of-society challenge that requires collaboration and collective action by each and every one of us. The Summit was unique. For the first time in Greater Sudbury, it brought together individuals with lived and living experience of substance use, Indigenous Peoples, people working in health promotion, wrap-around supports, and substance use care to create ideas and solutions for those who need them the most—users of the toxic drug supply. This was also the first time that many had been together in the same space post-COVID-19 pandemic. Although the desired outcome of creating a path forward out of the toxic drug crisis was satisfied, most of the participants reported that an even more valuable outcome of the Summit was reacquainting with peers, discussing available programming and services, and realizing how siloed the field had become. Renewed relationships lit a spark, creating an excitement for tackling the toxic drug crisis from multiple fronts.

## Following the Summit

To action the recommendations and move this important work forward:

- All summit participants were expected to consider the dialogue and priorities from the Summit and **advance actions** applicable to their own sector or sphere of control or influence.
- A multi-stakeholder transition group co-chaired by Public Health Sudbury & Districts and the City of Greater Sudbury is convening to determine a community oversight structure and processes to advance Summit priorities and ensure community accountability and progress reporting.

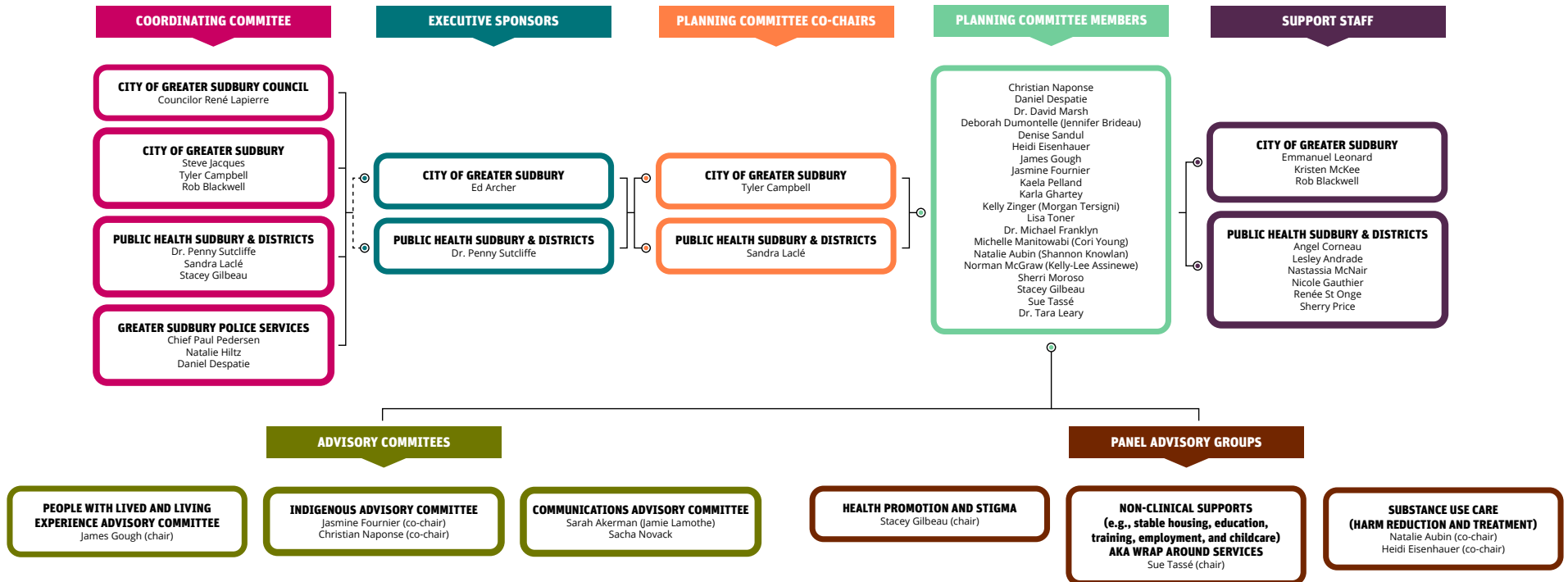
A clear and emphatic message from all Summit participants was that **the toll of preventable deaths and suffering from toxic drugs requires cross-community commitment to collective action**. The current state is unacceptable. Local solutions must be grounded in those whose lives are affected by the crisis. Local action—in promoting health and resiliency, in ensuring opportunities for healthy living conditions, and in providing stigma-free client-centred care—will add up to personal dignity, lives saved, and suffering averted for the people of Greater Sudbury. It is a collective duty.



In conclusion, as we reflect on the Greater Sudbury Summit on Toxic Drugs, it becomes evident that addressing toxic drugs is a collective responsibility demanding a whole-of-society approach. The spirit of unity and hope that permeated the Summit has ignited a powerful spark within us. Standing together as a diverse community, we shared ideas, experiences, and solutions in the face of a critical challenge affecting us all. Now, as we step away from this gathering, the responsibility entrusted to us is clear—to carry forward the discussions, initiatives, and newfound connections forged during the Summit. Each of us must play our part to maintain this momentum, extend support to impacted individuals, families, and communities, and actively contribute to driving positive and meaningful change. May our shared resolve and dedication serve as a beacon of hope, guiding us towards a brighter, safer, and more inclusive future for all.

# Appendices

## Appendix 1: Greater Sudbury Summit on Toxic Drugs Planning Structure



# Appendix 2: City of Greater Sudbury Leadership Summit Planning Committee Terms of Reference, 2023

July 20, 2023

## Role

The Leadership Summit Planning Committee (LSPC) is established by and reports to the executive sponsors from CGS and PHSD (Ed Archer and Dr. Penny Sutcliffe or delegates). The executive sponsors in turn ensure that the coordinating group led by Councillor Lapierre is kept apprised of progress through routine reporting.

The LSPC is responsible for overall summit planning, including recommendations to the executive sponsors on:

1. Summit objectives
2. Summit program including agenda, content, speakers, process (e.g., facilitation)
3. Documentation of summit proceedings and outcomes/commitments
4. Pre-summit workshops/activities to prepare for the meaningful advancement of agenda items
5. Logistics (e.g., timing, location, food, budget, revenue sources, registration, etc.)
6. Ensuring a planning and execution process that respects cultural and inclusion/diversity expectations, including persons who use and are affected by substance use
7. Participant invitee list
8. Communications plan (pre, during, post-event)

The LSPC may make recommendations on the hiring of resource persons (e.g., facilitator, event organizer, etc.) to achieve their mandate.

The LSPC may establish working groups to achieve their mandate.

The LSPC may make recommendations on the establishment of advisory groups (e.g., Indigenous, persons with lived/living experience, etc.)

## **Membership**

- Co-chairs from CGS and PHSD
- Expertise from each of the Community Drug Strategy pillars: prevention, harm reduction, enforcement, treatment
- Addictions medicine and research
- Indigenous service providers and community members
- Municipal social services
- Community service providers
- Lived/living experience with substance use and/or affected by

## **Meetings**

- Meetings will be hybrid including both in person and via TEAMS.
- Meetings will be held every two weeks in respect of the short planning timeline, with alternates identified as back up due to summer vacations.
- With consensus of the co-chairs meetings may be more or less frequent.
- Additional deliberations may be conducted via email between meetings as required.
- To ensure continuity and effectiveness, delegates must be able to engage and make recommendations or decisions, as appropriate, at meetings.

## **Lines of Accountability and Communication**

- The LSPC is accountable for its work to the executive sponsors as above, and through the LSPC co-chairs.
- The LSPC will take a consultative approach to its work, engaging members and stakeholders as appropriate, with decision making based on consensus. Where consensus is not possible, this will be reported to the executive sponsors.

## **Financial and Administrative Policies:**

- Service, travel, and meeting expenses for members of organizations participating on the LSPC is on a non-remunerative basis.
- Remuneration may be made available for persons for whom lack of such support would be a barrier to participation.

## **Appendix: Motions**

### **CDS Executive Committee motion**

WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS-CGS), has considered the May 24, 2023, deliberations and recommendation of its Steering Committee concerning the escalating drug crisis and need for a leadership summit;

THEREFORE, BE IT RESOLVED THAT the Executive Committee strongly endorse the need for a local leadership summit on the escalating drug toxicity crisis; and

FURTHER THAT the Executive Committee strongly support a Fall 2023 summit that is jointly organized by the City of Greater Sudbury and Public Health Sudbury & Districts; and

FURTHER THAT given the all-of-society complexity of the drug toxicity issue, the Executive Committee strongly supports that such a summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances; and

FURTHER THAT the Executive Committee of the CDS-CGS request City Council for Greater Sudbury to endorse and support a local leadership summit on the escalating drug toxicity crisis.

CARRIED May 30, 2023

### **CGS Council motion**

WHEREAS Northern Ontario is experiencing the highest drug toxicity mortality rates in the province;

AND WHEREAS elevated mortality rates are worsening in Greater Sudbury despite numerous multi-sector substance-use prevention, harm reduction, treatment and enforcement efforts;

AND WHEREAS addressing this complex crisis requires an intensification of leadership action commitments from multiple fronts to reverse the trend and save lives;

AND WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS – CGS) strongly endorsed the need for a local leadership summit on the escalating drug toxicity crisis

AND FURTHER THAT the Executive Committee, in recognition of the all-of-society complexity of the drug toxicity issue, strongly supported that the summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances;

THEREFORE BE IT RESOLVED that the City of Greater Sudbury endorse the recommendations of the Executive Committee of the CDS – CGS for a local leadership summit on the escalating drug toxicity crisis, and request an information update, no later than the October 10, 2023, Council meeting, which would include describing:

- Terms of Reference
- Planned summit objectives,
- An approach for documenting practices in other communities that could be adapted for use here to reduce morbidity
- Details such as location options, timing, and potential costs/financing requirements
- Expected summit outcomes and other relevant information pertinent to the execution of this summit.

AND FURTHERMORE, that City staff provide support for this effort as required.

CARRIED June 13, 2023

### **Board of Health motion**

WHEREAS the Board of Health for Public Health Sudbury & Districts sounded the alarm on the local and regional opioid crisis in 2021 (motion 14-21); and

WHEREAS Northern Ontario is experiencing the highest drug toxicity mortality rates in the province and despite the engagement of a multisector Community Drug Strategy, the rate for Sudbury and districts is worsening; and

WHEREAS the Ontario Public Health Standards requires boards of health to “reduce the burden of preventable injuries and substance use through the development and implementation of public health interventions informed by collaboration with health and social service partners”; and



WHEREAS addressing this complex issue requires all sectors to be fully engaged to investigate and commit to intensified and innovative approaches to reverse the mortality trend and save lives; and

WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS-CGS), strongly endorsed the need for a local leadership summit on the escalating drug toxicity crisis; and

WHEREAS the Executive Committee, in recognition of the all-of-society complexity of the drug toxicity issue, strongly supported that the summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances;

THEREFORE, BE IT RESOLVED THAT the Board of Health endorse the recommendations of the Executive Committee of the CDS-CGS and direct the Medical Officer of Health to ensure Public Health engagement in organizing a local leadership summit on the escalating drug toxicity crisis.

CARRIED June 15, 2023

### **GSPS motion**

That the Board endorse the recommendations of the Community Drug Strategy – City of Greater Sudbury (CDS-CGS)'s Executive Committee to support the Medical Officer of Health in organizing a local leadership summit on the escalating drug toxicity crisis.

And further, that the Board support the engagement of Greater Sudbury Police Service leadership staff to join in this summit and participate in its organization through their roles in the Community Drug Strategy.

And further, that the Board identify Board Member(s) to join in the summit.

CARRIED June 21, 2023

## Appendix 3: Summit Planning Committee Value Statements

As we work to address the pressing challenge of the drug toxicity crisis, we recognize the need to unite around a shared set of values that will guide our efforts towards effective solutions. These values serve as the cornerstone of our commitment to face this crisis head-on and create a safer and healthier community for all.

**HONOURING THE VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:** We centre our efforts on the needs and voices of the individuals and communities most impacted by drug toxicity, involving them in the planning, implementation, and evaluation of our initiatives and honouring their experience and expertise.

**VALUING INDIGENOUS PERSPECTIVES:** We honour and value Indigenous knowledge and perspectives, ensuring culturally informed approaches inform the Summit's framework to address the drug toxicity crisis.

**COLLABORATIVE ENGAGEMENT:** We value collaborative and inclusive engagement with stakeholders from diverse sectors, recognizing that addressing drug toxicity crises requires a unified effort.

**COMPASSION AND EMPATHY:** We uphold a culture of compassion and empathy, acknowledging the humanity of individuals affected by drug toxicity. We strive to create a safe and nonjudgmental environment where all views will be heard.

**RESPECT FOR INDIVIDUAL CHOICES AND REALITIES:** We recognize that the path of abstinence is not universally applicable. We embrace the diverse realities of individuals who use drugs. Our focus is on ensuring the safety and well-being of people who use drugs by combatting the toxic drug supply, while respecting individual autonomy and creating a community in which individuals can live their lives with dignity, minimizing/mitigating societal harm.

**TRANSPARENCY AND ACCOUNTABILITY:** We prioritize transparency in our actions, decisions, and communication, and we hold ourselves accountable to the communities we serve.

**INNOVATION AND ADAPTABILITY:** We embrace innovation and are open to exploring new approaches and technologies to address the evolving challenges and context of the drug toxicity crisis, based on local needs.

**STIGMA REDUCTION:** We actively work to reduce stigma associated with substance use and prioritize destigmatizing conversations around drug toxicity, fostering a culture of understanding and support.

**LONG-TERM IMPACT:** We are focused on creating sustainable, long-term solutions that address the root causes of drug toxicity crises and contribute to the overall well-being of communities.

The purpose and goals of the Summit Planning Committee were approved by the Executive Sponsors on July 20, 2023. The objectives and value statements were informed by the Planning Committee and approved by the Executive Sponsors on September 13, 2023.

## Appendix 4: Summit attendees

Listed by sector represented at the Summit, in alphabetical order.

### People with lived and living experience of substance use

#### Name

A., Adrienne  
 B., Berger ◇  
 C., Jada ◇  
 D., Anne ◇  
 G., James ◇  
 P., Marie  
 V., Benny  
 W., Jody ◇

### People who have been impacted by the substance use of others

B., Bob  
 D., Evelyn  
 S., Denise ◇

### Indigenous communities and agencies

#### Name

Baraniuk, Jim  
  
 Daybutch, Melanie  
 Dokis, Andrea  
 Fortin, Suzanne  
 Gartshore, Sarah  
 Gilchrist, Sam ◇  
 Hardy, Jeff  
 Manitowabi, Michelle  
 Maracle, Matthew  
 McGraw, Norman ◇  
 McGregor, Joey  
 Mokohonuk, Crystal  
 Ominika, Tim ◇  
 Osche, Esther  
 Ozawagosh, Nookomis Julie ◇  
 Ozawagosh, Mishoomis Frank  
 Patterson, Mikhayla  
 Peltier, Jonathan Michael ◇  
 Pheasant, Rolland  
 Rickard, Ashly  
 Thibault, Anne-Marie  
 Toner, Lisa  
 Trudeau, Lindsay  
 Watt Proulx, Shelley  
 Young, Meghan

#### Organization

Benbowopka Treatment Centre and Maamwesying North Shore Community Health Services - Mental Wellness and Minobimaadizing Program  
 Mamaweswen, North Shore Tribal Council  
 Shkagamik-Kwe Health Centre  
 Métis Nations of Ontario – Sudbury Métis Council  
 Shkagamik-Kwe Health Centre  
 Gwekwaadziwin Miikan  
 Nogdawindamin Family and Community Services  
 Naandwechige-Gamig Wikwemikong Health Centre  
 Gwekwaadziwin Miikan  
 N'Swakamok Native Friendship Centre  
 Shkagamik-Kwe Health Centre  
 Whitefish River First Nations, Mental Health and Addictions Program  
 Anishinabek Nation  
 Whitefish River First Nation  
 Whitefish Lake First Nation  
 Whitefish Lake First Nation  
 M'Chigeeng First Nation, Ka Naadimaadimi Wii Minamaadiziiying  
 Wiikwemkoong Justice Program  
 Wiikwemkoong Band Office, Wellness  
 Kina Gbezhgomi Child and Family Services  
 Gwekwaadziwin Miikan  
 Ontario Aboriginal HIV Aids Strategy  
 Wiikwemkoong Justice Program  
 Sagamok Anishnawbek  
 Ontario Aboriginal HIV Aids Strategy

◇ Speaker, panelist, dignitary  
 • Support staff

## Health and social services

Ali, Evie ◇  
 Allen, Rilynn  
 Barsanti, Anna  
 Boucher, Martin  
 Cheslock, Robin  
 Cooper, Kevin  
 Corliss, Derek  
 Dennie, Mark  
 Dodge, Carole  
 Eisenhauer, Heidi ◇  
 Eshkawkogan, Jim  
 Farooq, Ali ◇  
 Folkman, Caroline ◇  
 Francis, Helen  
 Francis, Kamilah  
 Fritz, Amber ◇  
 Ghartey, Karla  
  
 Gray, Angela  
 Gregory, Tracy  
 Groot, Emily  
 Groves, Elaina  
 Hussak, Mary Lou  
 Koka, Dr. Suman  
 Landriault, Cathy  
 MacIsaac, Kendra  
 Makela, Chantal  
 Pelland, Kaela  
 Roslyn, Cory  
 Schwedhelm, Kathryn  
 Shyminsky, Devin  
 Stos, Selina  
 Turnbull, Lorrie  
 Watson, Leanne  
 Wright, Lora  
 Zuck, Roxanne

The Go Give Project  
 Réseau ACCESS Network  
 Violence Threat Risk Assessment  
 Northern Initiative for Social Action  
 Canadian Shield Health Care Services  
 Sudbury Community Service Centre  
 Teen Challenge Canada  
 Samaritan Centre  
 Better Beginnings Better Futures  
 Réseau ACCESS Network  
 Better Beginnings Better Futures  
 The Go Give Project  
 Toward Common Ground  
 YMCA of Northeastern Ontario  
 Future North  
 Réseau ACCESS Network  
 Sudbury Temporary Overdose Prevention Society  
 Independent Living Sudbury Manitoulin  
 Sex Workers Advisory Network Sudbury  
 Réseau ACCESS Network  
 Children's Aid Society, Sudbury & Manitoulin  
 United Way North East  
 Northwood Medical Clinics  
 Sudbury Community Service Centre  
 YMCA of Northeastern Ontario  
 Spark Employment Services  
 Réseau ACCESS Network  
 Elizabeth Fry Society of Northeastern Ontario  
 Northwood Recovery  
 Sudbury & Area Victim Services  
 Réseau ACCESS Network  
 YMCA of Northeastern Ontario  
 Teen Challenge Canada  
 Northern Youth Services  
 Monarch Recovery Services

## Municipal government

Archer, Ed ◇  
 Blackwell, Rob •  
 Campbell, Tyler  
 Fortin, Pauline  
 Gauthier, Marc  
  
 Guillot, Andre  
 Harding, Brian  
 Jacques, Steve  
 Junkala, Cindy •  
 Kadwell, Paul  
 Lakanen, Raili  
 Landry, Ed  
 Landry-Altman, Joscelyne  
 Lapierre, René ◇  
 Lefebvre, Paul ◇  
 Leonard, Emmanuel •  
 McIntosh, Deb  
 McKee, Kristen •  
 Moroso, Sherri  
 Mussen, Stefany  
 Nicholls, Joseph  
 Noel de Tilly, Dawn  
 Novack, Sasha  
 Page, Emily •  
 Parent, Mike  
 Reid, Melissa •  
 Roney, Melissa  
 Signoretti, Mark  
 Sizer, Al  
 Spencer, Gail ◇  
 Stewart, Donna

City of Greater Sudbury  
 City of Greater Sudbury  
 City of Greater Sudbury  
 Council of the City of Greater Sudbury  
 Community Safety and Well-Being Advisory Panel, Greater Sudbury  
 City of Greater Sudbury  
 City of Greater Sudbury  
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 City of Greater Sudbury  
 Council of the City of Greater Sudbury  
 Placement student  
 City of Greater Sudbury  
 Council of the City of Greater Sudbury  
 Council of the City of Greater Sudbury  
 City of Greater Sudbury  
 Manitoulin-Sudbury District Services Board

## Mental health

Carriere, Robert	Canadian Mental Health Association - Sudbury/Manitoulin
Gauvin, Natalie	Canadian Mental Health Association - Sudbury/Manitoulin
MacDonald, Patty	Canadian Mental Health Association - Sudbury/Manitoulin
Praill, Stephanie	Canadian Mental Health Association - Sudbury/Manitoulin
Tasse, Sue ◇	
Tonner, Alexis	Canadian Mental Health Association - Sudbury/Manitoulin

## Education

Benard-Barry, Samuel	Laurentian University
Bourget, Bruce ◇	Rainbow District School Board
Carré, Chantal	Collège Boréal
Cotnoir, Michelle	Conseil scolaire catholique du Nouvel-Ontario
Jokinen, Sarah	Rainbow District School Board
Joliat, Josée	Collège Boréal
Leblanc, Joseph	NOSM University
Milling, Laurie	Sudbury Catholic District School Board
Nicolas-Bayer, Nicole	Rainbow District School Board
Prochilo, Peter	Sudbury Catholic District School Board
Slack, Jenny	Cambrian College
St. Marseille, Nicole	Laurentian University
Witkowski, Dr. Amelia	NOSM University

## Justice and legal

Ansell, Mathieu	Ontario Ministry of the Attorney General
Balleny, Jackie ◇	Sudbury District Restorative Justice
Bronicheski, Sasha	Ontario Ministry of the Attorney General
Comacchio, Christina	Ontario Ministry of the Attorney General
Woods, Allison	Sudbury Community Legal Clinic

## Policing

Deluca, Josh	Ontario Provincial Police
Despatie, Daniel	Greater Sudbury Police Service
Hiltz, Natalie	Greater Sudbury Police Service
Pedersen, Chief Paul ◇	Greater Sudbury Police Service
Tiplady, Valerie	Greater Sudbury Police Service
Winser, Jason	Ontario Provincial Police

## Research

Ybazeta, Gustavo	Health Sciences North Research Institute
Gomes, Tara ◇	Ontario Drug Policy Research Network
Neufeld, Scott ◇	Brock University
Perrin, Benjamin ◇	University of British Columbia

## Political (Federal)

Saks, The Honourable Ya'ara ◇	Member of Parliament, Mental Health and Addictions of Canada
Short, Hailey	Political (Federal) (for Viviane Lapointe, House of Commons of Canada)

## Primary and acute care

Anawati, Dr. Alex	Health Sciences North
Ansell, Dr. Dominique	Health Sciences North
Aubin, Natalie ◊	Health Sciences North
Bodson, Adele	Health Sciences North
Bonis, Jared	Health Sciences North
Bonis, Stephanie	Univi Health
Brazeau, Sara	Espanola Regional Hospital and Health Centre
Clark, Fay	Health Sciences North
Clement, Jennifer	Sudbury District Nurse Practitioner Clinics
Constantineau, Denis	Centre de santé communautaire du Grand Sudbury
Cox, Dr. Jane	
Franklyn, Dr. Mike ◊	NOSM University
Jones-Keeshig, Deanne	Health Sciences North
Kandiah, Priscilla	
Knowlan, Shannon	Health Sciences North
Koka, Dr. Rayudu	Health Sciences North
Koop, Dr. Gary	
Landry, Ray	Centre de santé communautaire du Grand Sudbury
Leary, Dr. Tara ◊	Health Sciences North
McNeil, David	Health Sciences North
Molke, Daniel	Health Sciences North
Nikodem, Paola	Health Sciences North
Ohle, Dr. Robert	Health Sciences North

## Trades | Industry | Not for profit organization | Commercial development

Gasparini, Carly	Community Builders
Lopes, Felix Jr. ◊	Lopes Limited
Marcus, Kyle	Downtown Sudbury Business Improvement Area
Sheppard, Emily ◊	Lopes Limited

## Planners and funders

Bhatti, Sarah	Public Health Agency of Canada
Day, Adam	Ontario Health
Dunkley, Rosamund ◊	Public Health Agency of Canada
Toth, Casey	Public Health Agency of Canada
Zinger, Kelly	Ontario Health

## Public health

Akerman, Sarah	Public Health Sudbury & Districts
Andrade, Lesley •	Public Health Sudbury & Districts
Bodson, Angele	Public Health Sudbury & Districts
Corneau, Angel •	Public Health Sudbury & Districts
Dokis, Kathy	Public Health Sudbury & Districts
Gauthier, Nicole •	Public Health Sudbury & Districts
Gilbeau, Stacey ◊	Public Health Sudbury & Districts
Holland, Lori-Ann •	Public Health Sudbury & Districts
King, Michael ◊	Public Health Sudbury & Districts
Laclé, Sandra	Public Health Sudbury & Districts
Laforest, Stacey	Public Health Sudbury & Districts
Lavoie, Caroline •	Public Health Sudbury & Districts
Leece, Pamela ◊	Public Health Ontario
Lusk, Kerri •	Public Health Sudbury & Districts
McNair, Nastassia •	Public Health Sudbury & Districts
Price, Sherry •	Public Health Sudbury & Districts
St Onge, Renée •	Public Health Sudbury & Districts
Sutcliffe, Dr. Penny ◊	Public Health Sudbury & Districts
Webkamigad, Sharlene	Public Health Sudbury & Districts

◊ Speaker, panelist, dignitary  
• Support staff

# Appendix 5: Accelerate, Brake, and Create (ABC) prioritization activity instructions

## General Instructions<sup>4</sup>:

For this part of the summit, you will work at your tables to explore ideas for action for your specific sub-topic. On your table, you will find the **A**ccelerate-**B**rake- **C**reate (ABC) worksheets.

Please choose a group member at the table to be the:

- ⌘ Facilitator – This person will aid the discussion
- ⌘ Recorder – This person will record the ideas onto the ABC worksheet

You will not be required to report your ideas to the audience. The worksheets will be collected at the end of the session.

## Activity:

1. Spend a few minutes thinking about the speakers you have heard over the past two days and reflect on your experience and knowledge.
2. The FACILITATOR will guide the discussion and ensure that everyone at the table has an opportunity to be heard. Discuss ideas for action in each area: “accelerate,” “brake” and “create.”
3. Narrow the ideas down to a maximum of ONE for each area and have the RECORDER note them on the back of this worksheet in one or two concise sentences under each area.

<sup>4</sup> This activity was adapted from Ottawa Public Health.