



Position Statement – Harm Reduction, A Key Component of a Comprehensive Substance Use Approach

Position of Community Drug Strategy for the City of Greater Sudbury

The Community Drug Strategy (CDS) for the City of Greater Sudbury recognizes the devastating and disproportionate impact of the toxic drug crisis on our region. In 2024, the rate of preventable overdose deaths in our community was more than double the provincial average (Public Health Sudbury & Districts [PHSD], 2025). These deaths are not isolated events, but symptoms of a larger, systemic crisis driven by an increasingly toxic and unregulated drug supply contaminated with potent synthetic substances such as fentanyl, benzodiazepines, and xylazine (Jesseman & Payer, 2018).

The closure of Greater Sudbury’s only supervised consumption site, The SPOT, in March 2024, following changes to provincial funding and programming, has left a critical gap in our local harm reduction infrastructure. The introduction of Homeless and Addiction Recovery Treatment (HART) Hubs, while well-intentioned, does not meet the full scope of needs for people with lived and living experience (PWLLE), particularly with the absence of harm reduction services such as supervised consumption services (SCS), safer supply initiatives, and sterile equipment programs (Ontario Ministry of Health, 2025).

The Community Drug Strategy strongly supports the need to emphasize the importance of maintaining and integrating a comprehensive approach to the toxic drug crisis. This approach is inclusive of harm reduction approaches and measures that promote dignity and autonomy, honour the voices of PWLLE hold systems and structures accountable, deconstruct misinformation and stigma, and serve the public good. A comprehensive approach is particularly important for equity-denied populations and is essential to creating healthier communities for all.

We affirm that harm reduction is not only a key component of a comprehensive approach and best practice, it is also a moral imperative rooted in the principles of public health, human rights, and equity. Harm reduction recognizes that people use substances for complex and personal reasons, and that not all individuals are ready, willing or able to stop using. It does not wait for abstinence to offer compassion, care, and safety.

The momentum for implementing evidence-informed strategies to save the lives of those living with substance use disorder continues to grow, driven by collaborative research, with the impetus for more engagement of PWLLE at all levels of the decision and change-making processes. The core principles guiding this work are equity, respect, partnership and collaboration, through affirming processes of experiential knowledge and evidence (Provincial System Support Program, 2019; Touesnard, Patten, McCrindle, Nurse, Vanderschaeghe, et al., 2021).

Harm reduction best practices are rooted in a diverse and robust body of evidence including peer-reviewed research, gray literature, and most importantly, the experiential knowledge of PWLLE. Across Canada, the evolution of harm reduction efforts has clearly demonstrated that PWLLE are not only impacted by drug policy but are essential contributors to its development and implementation. Their insights provide a genuine understanding of what it means to use substances from an unregulated supply and navigate often stigmatizing systems of care. Meaningful inclusion of their voices is crucial in reducing stigma, shaping services that are client-centered and ensuring that policies truly reflect the needs of those they are intended to serve (Pauly et al., 2020; Salazar et al., 2021; Kolla et al., 2022).

Harm reduction is part of a comprehensive, population-oriented approach to substance use and is intertwined with health promotion, treatment and prevention strategies. It acknowledges the inevitability of substance use and focuses on minimizing harm while respecting individual dignity and choice. Health promotion, in this context, operates at a broad level to enhance well-being, reduce stigma, and address the root causes of harmful behaviors. Treatment, aims to acknowledge PWLLE's current circumstances and align support based on their preferred healing. Prevention, on the other hand, aims to delay or reduce substance use and its associated risks, especially among youth. For example, the Icelandic Prevention Model, adopted in Sudbury and LaCloche, fosters community collaboration to create supportive environments for youth. By integrating harm reduction, health promotion, treatment, and prevention strategies, our local population—wherever they are on the substance use spectrum—will be healthier and more resilient, ultimately reducing health care costs.

Evidence-Based Harm Reduction Approaches

While housing and treatment services are essential components to addressing the toxic drug crisis, they cannot substitute harm reduction strategies. Treatment alone, without harm reduction, assumes that everyone who uses drugs is ready, able and willing to seek treatment. The toxic drug crisis is complex and impacts individuals at different stages in the continuum of use and with varying needs. Not all individuals who use drugs are in a position to safely quit without the required supports. Harm reduction plays a crucial role in stabilizing health and well-being, providing a supportive pathway toward treatment and recovery (Kerman et al., 2020).

Needle Syringe Programs

Needle and Syringe Programs (NSP) are an evidence-based, client-centered approach aiming to reduce the health and social harms or consequences of addiction and substance use, without demanding individuals to abstain or stop using substances (PHSD, 2024). NSPs have various services available to clients, including the distribution of sterile drug-use materials, as well as offering information regarding safer drug use and sex, providing community referrals to services and distributing naloxone, all of which encompass a crucial harm reduction strategy. Programs like NSPs have been shown to significantly reduce the spread of the diseases, as well as a range of other serious health conditions. These programs not only promote better health outcomes but also deliver considerable cost savings to healthcare systems.

Furthermore, harm reduction programs respect and promote the autonomy of individuals, empowering them to make informed choices about their health and well-being. By providing individuals with the tools they need to protect themselves, these programs encourage personal responsibility and foster a sense of control, while still offering the necessary support for safer practices (Strike. et al., 2021).

Naloxone Distribution

Naloxone (also known as Narcan[®]) is a lifesaving medication, known to temporarily reverse the effects of an opioid drug poisoning. It is distributed by Public Health Sudbury & Districts (PHSD), as well as numerous community partners (Public Health Sudbury & Districts, 2025). Making naloxone readily available to people who use drugs - as well as their friends and family, empowers and allows them to intervene in critical situations with the potential to save lives (Ferguson et. al., 2025). Research shows strong support for take-home naloxone programs, which are associated with reduced opioid-related mortality (Chimbar & Moleta, 2018; Cherrier, et al., 2022; Ferguson & al., 2025). These programs also offer significant cost savings to the healthcare system by reducing the need for emergency interventions and long-term care (Chimbar & Moleta, 2018). The continued distribution of naloxone is crucial to a comprehensive harm reduction strategy to address substance use and its associated harms.

Supervised Consumption Services

Supervised consumption sites (SCS) offer a controlled environment where individuals can use drugs under the supervision of trained professionals (Public Health Sudbury & Districts, 2025). These spaces are designed to be safe, sterile, and non-judgmental. On top of the supervision, individuals can access medical care and receive referrals to various health and social services. PWLLE are also provided with safer drug use equipment for home use. The Canadian drugs and substances strategy identifies SCS as part of Canada's harm reduction approach (European Monitoring Centre for Drugs and Drug Addiction, 2013). Research strongly demonstrates the effectiveness of SCS as a cost-effective method in saving lives, improving health outcomes, and reducing the harms associated with substance use (Rioux et al, 2023; Khair et al, 2022). In managing drug poisonings on-site, supervised consumption sites decrease the burden on emergency medical services and the healthcare system. SCS also serve as crucial entry points to health care, treatment, and social services for individuals ready to reduce or stop their substance use. Notably, SCS have been established in major cities across Canada and are recognized as a fundamental component towards public health (Kerr, Mitra, Kennedy, & McNeil, 2017). Without SCS, larger inequities and harmful health impacts will persist (Kerman et al., 2020).

Opioid Agonist Therapies

Opioid agonist therapy (OAT) is a proven treatment for individuals struggling with opioid addiction, including substances like heroin, oxycodone, hydromorphone, fentanyl, and Percocet. This therapy typically involves the use of long-acting opioid agonists such as methadone and buprenorphine. While methadone has been the standard of care for years, suboxone (combination buprenorphine and naloxone) has been the preferred treatment in several countries and is now established as the recommended first-line treatment in Canada (Jutras-Aswad et al., 2022). Particularly, suboxone allows clients to avoid the burdensome task of traveling to a clinic every day and empowers them to take their opioid agonist treatment at home. This treatment model could assist in expanding access to opioid agonist therapy and reduce harms in the current drug crisis (Jutras-Aswad et al., 2022).

While OAT is an effective treatment on its own, it is most successful when combined with additional support, such as individual or group counseling, to further address the psychological and emotional aspects of addiction (Southwestern Public Health, 2018).

Drug Checking

Drug checking is a vital service which analyzes the contents of substances in the street drug supply. It provides people who use drugs (PWUD) with timely and accurate information about what is in substances (CCSA, 2024). This is particularly critical amid rising toxicity within the street supply. By helping PWUD make informed choices, drug checking can reduce drug poisoning risks, drug-related harms and support autonomy (Strike & Watson, 2019).

In addition to supporting individuals, drug checking can also help provide valuable data to inform harm reduction services, and related supports and policies (Strike et al., 2021; Maghsoudi, et. al., 2020). Drug checking can also serve as a bridge / connection to broader health and social services, especially when co-located with other harm reduction programs (Maghsoudi, et. al., 2020). Continuous integration and evaluation of drug checking is essential to helping PWUD, understanding the impact of harm reduction efforts and optimizing substance related health.

Safer Supply

Safe supply initiatives offer a safe and regulated supply of oral and injectable opioids for PWLLE, to replace the toxic street drug supply they rely on. Given that both the substance and dosage are known, these efforts greatly minimize the risk of drug-related harm, including poisoning, hospitalization, and death (Gagnon et al., 2023). It is recognized that safer supply programs are effective when part of a comprehensive models such as primary care. A key component to these models include wrap around supports (Public Health Ontario, 2022). As a result, PWLLE involved with safer supply often see such as “increased engagement in health care and social supports, improved mental health and sleep patterns, reconnection with family, and an ability to exert control over their drug use” (Public Health Ontario, 2022). Some also report stabilizing housing, reconnecting with family and at employment. (McMurphy, 2022). Safer supply, when



integrated as part of a comprehensive model, is not only a key tool to save lives, but to truly prioritize overall health, dignity and wellbeing of PWLLE.

Conclusively, the CDS for the City of Greater Sudbury commits to the following actions:

- **Affirming its strong and unwavering support for the implementation of comprehensive approaches to substance use, inclusive of harm reduction.** This entails supervised consumption sites, safer supply initiatives, widespread access to naloxone and sterile drug equipment;
- **Promoting the meaningful involvement of PWLLE** in all levels of program development, implementation and governance;
- **Addressing misinformation** about substance use across all sectors, including policy leaders, information channels, and health services.
- **Collaborating across sectors** and across the substance use continuum to ensure services and approaches are client-centered, trauma-informed, and accessible to all.
- **Upholding the dignity, autonomy, and voices of people who use drugs** and working to dismantle structural stigma that perpetuates harm.
- Recognizing the interconnectedness of our region, the **CDS also supports engaging District Offices, encouraging neighboring municipalities and community drug strategies** to adopt aligned, evidence-informed approaches.

The evidence is clear: **harm reduction saves lives.** As a key component to a comprehensive approach, the loss of harm reduction services, inaction, and stigma are costing lives every day. We cannot allow politics or prejudice to stand in the way of effective, compassionate care.

Conclusion

A comprehensive approach – one that includes harm reduction alongside treatment and recovery – is essential to meet the diverse needs of those most affected. Despite strong evidence supporting harm reduction as a necessary response to the toxic drug crisis, these strategies remain underfunded and stigmatized. The gap between evidence and action continues to undermine efforts to save lives and reduce pressure on the healthcare system. Implementing harm reduction measures that promote dignity, autonomy, and the voices of PWLLE, while holding systems accountable and challenging stigma, is crucial to a compassionate, evidence-informed public health response. Furthermore, it is essential for the Community Drug Strategy, and community organizations alike, to express their unequivocal support for evidence-informed, comprehensive approaches to substance use health in order to uphold their commitment to addressing the needs of all members of the community regardless of where they are in their relationship with substances.

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