

ORDRE DU JOUR

Agenda

Séance régulière du conseil qui aura lieu
à 19 h, le mercredi 12 mars 2025
*Regular council meeting scheduled for Wednesday,
March 12, 2025 at 7:00 p.m.*

1. OUVERTURE

CALL TO ORDER 7:03 p.m.

- Reconnaissance des terres autochtones par la Mairesse / *Indigenous land acknowledgement by the Mayor;*

2. PRÉSENCE

ROLL CALL

	In attendance	Absent	With Notice	Without Notice
Mayor Beverly Nantel	X			
Councillor Hélène Perth	X			
Councillor Julila Hemphill	X			
Councillor Krystel Lévesque	X late arrival 7:05 p.m.			
Councillor Jr. Vallières	X			
CAO-Clerk	X			
Treasurer/Tax Collector				
Infrastructure Superintendant				
Misc. Municipal Employees				

3. APPEL ET DÉCLARATION D'INTÉRÊT PÉCUNIAIRE

None

DECLARATION OF CONFLICT

4. ADOPTION DE L'ORDRE DU JOUR

APPROVAL OF AGENDA

5. ADOPTION DES PROCÈS-VERBAUX

ADOPTION OF MINUTES

- 5.1 Procès-verbal daté du 26 février 2025 de la réunion régulière du conseil municipal / *Regular Municipal Council meeting minutes dated February 26, 2025*; **(Resolution)**

6. DÉLÉGATIONS
DELEGATIONS

7. CORRESPONDANCE
CORRESPONDENCE

- 7.1 Procès-verbal de la réunion du conseil de santé publique d'Algoma en date du 27 novembre 2024 / *Board of health meeting minutes of the Algoma Public Health dated November 27, 2024*; et / and **(Information / Resolution)**
- 7.2 Réservez la date - Présentation du rapport sur les drogues toxiques dans l'Algoma / *Save the Date – Presentation of the report on Toxic Drugs in Algoma*; et / and **(Information / Resolution)**
- 7.3 Résolution datée du 24 février 2025 du Canton de Coleman au sujet d'une demande de support concernant le Plan de sécurité routière du Nord / *Resolution dated February 24, 2025 from the Coleman Township with regards to a request for support concerning the Northern Highway Safety Plan*; et / and **(Support / Resolution)**
- 7.4 Résolution datée du 27 février 2025 du Canton de Champlain au sujet d'une demande de support concernant l'annonce du Canada Metal Processing Group sur les mesures à prendre pour répondre aux menaces de tarifs douaniers américains sur le secteur d'acier / *Resolution dated February 27, 2025 from the Township of Champlain with regards to a request for support concerning the Canada Metal Processing Group's announcement on steps to respond to U.S. tariff threats on the steel sector*; et / and **(Support / Resolution)**
- 7.5 Lettre datée du 28 février 2025 de la Municipalité régionale de Durham au sujet d'une demande de support concernant la protection des valeurs canadiennes par l'interdiction de la croix gammée nazie au Canada / *Letter dated February 28, 2025 from the Regional Municipality of Durham with regards to a request for support concerning protecting Canadian values by banning the Nazi Swastika in Canada*; et / and **(Support / Resolution)**
- 7.6 Lettre datée du 20 janvier 2025 de la Ville de Goderich au sujet d'une demande de support concernant un cadre d'octroi de licences à l'échelle de l'Ontario pour les entreprises de covoiturage / *Letter dated January 20, 2025 from the Town of Goderich with regards to a request for support concerning Ontario-wide licencing framework for rideshare companies*; **(Support / Resolution)**

8. RAPPORT DES COMITÉS ET DÉPARTEMENTS **REPORTS FROM COMMITTEES AND DEPARTMENTS**

- 8.1 Lettre datée du 28 février 2025 de l'Agence ontarienne des eaux au sujet de notre rapport annuel au titre de la SDWA concernant notre Station de traitement des eaux / *Letter dated February 28, 2025 from the Ontario Clean Water Agency with regards to our Annual Reporting under Safe Drinking Water Act (SDWA) concerning our Water Treatment Plant*; et / and **(Resolution)**
- 8.2 Mise à jour du plan d'action stratégique 2025-2029 de la Corporation du Canton de Dubreuilville / *Corporation of the Township of Dubreuilville 2025-2029 Strategic Action Plan Update*; et / and **(Resolution)**
- 8.3 Discussion générale concernant des sujets variés municipaux / *General discussion with regards to various municipal subjects*; **(Information / Resolution)**

9. RÉGLEMENTS **BY-LAWS**

- 9.1 Arrêté-municipal no. 2025-13, étant un règlement visant à confirmer les travaux du Conseil de la Corporation du Canton de Dubreuilville à sa séance régulière tenue le 12 mars 2025 / *By-Law No. 2025-13, being a By-law to confirm the proceedings of the Council of the Corporation of the Township of Dubreuilville at its regular meeting held on March 12, 2025*; et / and **(Resolution)**
- 9.2 Arrêté-municipal no. 2025-14, étant un règlement visant à conclure un accord de paiement de transfert entre Sa Majesté le Roi du chef de l'Ontario, représenté par le président du Conseil du Trésor, et la Corporation du Canton de Dubreuilville / *By-Law No. 2025-14, being a By-law to enter into an Ontario transfer payment agreement between His Majesty the King in Right of Ontario, as represented by the President of the Treasury Board, and the Corporation of the Township of Dubreuilville*; **(Resolution)**

10. AJOUT **ADDENDUM**

11. ASSEMBLÉE A HUIS CLOS
CLOSED SESSION

- 11.1 La réunion a pour but l'acquisition ou la disposition projetée ou en cours d'un bien-fonds par la municipalité ou le conseil local / *The meeting is held for the purpose of a proposed or pending acquisition or disposition of land by the municipality or local board; (Municipal Act, 2001, S.O. 2001, c. 25, s. 239 (2) (c)); (Resolution)*

12. AJOURNEMENT
ADJOURNMENT

COUNCIL RESOLUTION



Moved By: *Helene*
Seconded By: *Julila*

DATE: March 12, 2025
Resolution No. 25-049

Whereas that the agenda for the regular municipal council meeting dated March 12, 2025, be adopted as submitted.

✓

<hr/> Carried	<hr/> Defeated	<hr/> Deferred
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RECORDED VOTE:	YES	NO
Councillor H�el�ene Perth	_____	_____
Councillor Krystel L�evesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Valli�eres	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

COUNCIL RESOLUTION



Moved By: _____ *Julila* _____
Seconded By: _____ *Hélène* _____

DATE: March 12, 2025
Resolution No. 25-050

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the following municipal council meeting minutes as submitted:

- Regular Municipal Council meeting minutes dated February 26, 2025.

✓ _____	_____	_____
Carried	Defeated	Deferred

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystel Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:



THE CORPORATION OF THE TOWNSHIP OF DUBREUILVILLE

-MINUTES-

Regular Council Meeting held on
February 26, 2025, at 7:00 p.m.
Council Chambers

PRESENT: Mayor, B. Nantel
Councillor, H. Perth
Councillor, J. Hemphill
Councillor, K. Lévesque
Councillor, JR. Vallières

ABSENT:

STAFF: CAO-Clerk, Shelley B. Casey

Mayor B. Nantel called the meeting to order at 7:02 p.m.

25-039 Moved By: Councillor K. Lévesque
Seconded By: Councillor J. Hemphill

Whereas that the agenda for the regular municipal council meeting dated February 26, 2025, be adopted as submitted.

Carried

25-040 Moved By: Councillor H. Perth
Seconded By: Councillor K. Lévesque

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the following municipal council meeting minutes as submitted:

- Regular Municipal Council meeting minutes dated February 12, 2025,

Carried

25-041 Moved By: Councillor K. Lévesque
Seconded By: Councillor H. Perth

Whereas that the following be received as information only:

7.1 Algoma District Services Administration Board meeting minutes dated January 9, 2025;
and

7.2 She LEADS event celebrating women in business on March 5, 2025, in Wawa. and

Carried

25-042 Moved By: Councillor H. Perth
Seconded By: Councillor J. Hemphill

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive the attached email dated February 14, 2025, from the Corporation of the Township of Uxbridge with regards to a request for support concerning the implementation of a “« Buy Canadian »policy, as presented.

Carried

25-043 Moved By: Councillor K. Lévesque
Seconded By: Councillor J. Hemphill

Whereas that the Council of the Corporation of the Township of Dubreuilville herby wishes to receive the attached notice of motion no. 06-06-2025 from the Municipality of Northern Bruce Peninsula with regards to a request for support concerning a proposed mandate that all new cars and trucks sold in Canada be equipped with a tow hook, as presented.

Carried

25-044 Moved By: Councillor K. Lévesque
Seconded By: Councillor J. Hemphill

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wish to receive and approve the attached notice of motion no. 06-05-2025 from the Municipality of Northern Bruce Peninsula with regards to a request for support concerning cell towers and their associated maintenance, as presented.

Carried

25-045 Moved By: Councillor J. Hemphill
Seconded By: Councillor Jr. Vallières

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wish to receive the attached resolution dated February 10, 2025, from the Eastern Ontario Warden's Caucus with regards to a request for support concerning EOWC support of the Canadian and Ontario Government Negotiations with the United States Government on Trade Tariffs, as presented.

Carried

25-046 Moved By: Councillor H. Perth
Seconded By: Councillor K. Lévesque

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to cancel the regular municipal council meeting scheduled for Wednesday, March 26, 2025.

Carried

25-047 Moved By: Councillor H. Perth
Seconded By: Councillor K. Lévesque

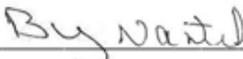
Whereas that By-Law No. 2025-12, being a By-law to confirm the proceedings of the Council of the Corporation of the Township of Dubreuilville at its regular meeting held on February 26, 2025, be adopted as presented.

Carried

25-048 Moved By: Councillor H. Perth
Seconded By: Councillor K. Lévesque

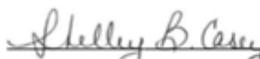
Whereas that this regular municipal council meeting dated February 26, 2025, hereby adjourn at 7:45 p.m.

Carried



Mayor





CAO-Clerk

COUNCIL RESOLUTION



Moved By: Julia
Seconded By: Hélène

DATE: March 12, 2025
Resolution No. 25-051

Whereas that the following be received as information only:

- 7.1 Board of health meeting minutes of the Algoma Public Health dated November 27, 2024; and
- 7.2 Save the Date – Presentation of the report on Toxic Drugs in Algoma.



<u>Carried</u>	<u>Defeated</u>	<u>Deferred</u>
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RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystel Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

Board of Health Meeting

MINUTES

Wednesday, November 27, 2024 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS

PRESENT: Deborah Graystone
Sally Hagman - Chair
Donald McConnell - 2nd Vice-Chair
Loretta O'Neill
Matthew Shoemaker
Sonia Tassone
Suzanne Trivers
Jody Wildman

APH MEMBERS

Dr. John Tuinema - Acting Medical Officer of Health & CEO
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary
Brandon Hazelton - Communications

REGRETS: Julila Hemphill-Board member, Luc Morrissette-Board member, Leo Vecchio-Manager of Communications

1.0 Meeting Called to Order - 5:00 pm

S. Hagman, welcomed the Board of Health members, read the land acknowledgment, roll call and declaration of conflict of interest.

- a. Land Acknowledgment
- b. Roll Call
- c. Declaration of Conflict of Interest
No conflicts were declared.

2.0 Adoption of Agenda

RESOLUTION
2024-117

Moved: S. Tassone

Seconded: M. Shoemaker

THAT the Board of Health agenda dated November 27, 2024 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not applicable.

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION
2024-118

Moved: D. McConnell

Seconded: S. Tassone

THAT the Board of Health meeting minutes dated October 23, 2024, be approved as presented.

CARRIED

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report

MOH Report - November 2024

- 2024 Public Health Champion Awards Launch

Dr. Tuinema announced that Algoma Public Health (APH) will host an event with community partners on Friday, November 29, to release a report on toxic drugs in Algoma. Dates for similar events in Wawa, Blind River, and Elliott Lake will be announced soon. These discussions aim to strengthen collaborations to tackle this crisis.

iii. Bylaw 06-02 Ontario Building Code Appointments

**RESOLUTION
2024-125**

Moved: L. O'Neill
Seconded: D. Graystone

THAT the Board of Health approves Bylaw 06-02 Ontario Building Code Appointments as presented.

CARRIED

iv. Bylaw 95-1 To Regulate the Proceedings of the Board - (in addendum)

**RESOLUTION
2024-126**

Moved: D. Graystone
Seconded: S. Trivers

THAT the Board of Health approves Bylaw 95-1 To Regulate the Proceedings of the Board as presented.

CARRIED

7.0 New Business/General Business

Not applicable.

8.0 Correspondence - requiring action

a. Provincial Funding Letter

**RESOLUTION
2024-127**

Moved: J. Wildman
Seconded: D. McConnell

THAT the Board of Health approves the Provincial Funding Letter as presented.

CARRIED

9.0 Correspondence - for information

- a. alPHa Information Break - November 2024
- b. alPHa Virtual Conference Report - November 2024

10.0 Addendum

- a. Bylaw 95-1 - To Regulate the Proceedings of the Board (reviewed in 6.0, c, iv.)

11.0 In-Camera

Not applicable.

12.0 Open Meeting

Not applicable.

13.0 Announcements / Next Committee Meetings:

Board of Health

Wednesday, January 22, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, February 12, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

14.0 Evaluation - Annual

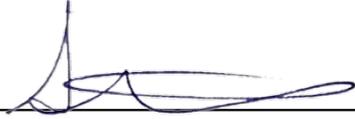
15.0 Adjournment - 5:50 pm

RESOLUTION
2024-128

Moved: S. Tassone
Seconded: M. Shoemaker

THAT the Board of Health meeting adjourns.

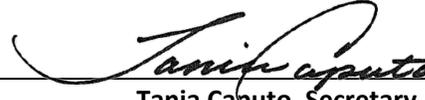
CARRIED



Suzanne Trivers, Board Chair

January 29, 2025

Date



Tania Caputo, Secretary

January 29, 2025

Date

Save the Date

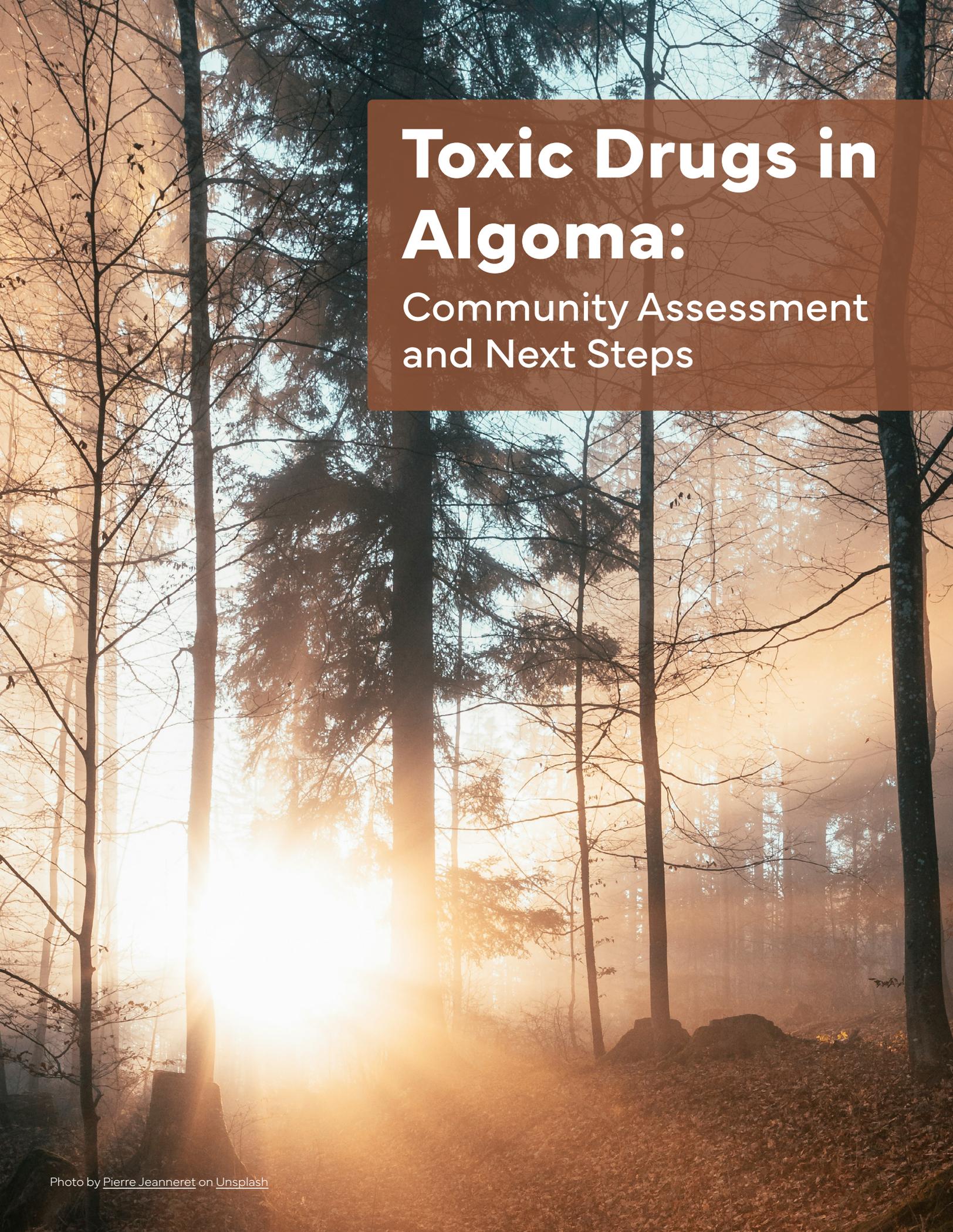
Thursday May 29th, 2025
1:00PM - 3:00PM
3 Chris Simon Dr, Wawa, ON
In the Curling Lounge

What's happening?

- Presentation of the 'Toxic Drugs in Algoma' report
- Opportunity for community dialogue for next steps



Algoma
PUBLIC HEALTH
Santé publique Algoma



Toxic Drugs in Algoma:

Community Assessment
and Next Steps

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Message from the Acting Medical Officer of Health



The toxic drug crisis tragically continues to cause immense suffering in our communities. Algoma consistently has one of the highest rates of substance-related harms in the province. We face many challenges in the North and experience this crisis differently. This report seeks to identify our unique needs and strengths and suggest how we can tailor our local response to address those needs.

As a community, we can change the narrative about people who use drugs and approach substance use through a health and human rights lens. People cannot be well when they feel ashamed, hopeless, or abandoned. As a community we must be open-minded to the many reasons and influences that can lead to substance use disorders and recognize that every person's journey to recovery looks different. Supporting a wide range of evidence-informed practices from prevention and harm reduction to treatment and recovery is important to meet people where they are at and provide them with the resources they need.

Substance use-related harms, including deaths, are largely preventable. By working together, across all sectors and levels of government, we can improve health outcomes and offer hope. To do this, actions must be grounded in the needs of people who use drugs and led by people with lived and living experience. They are the ones who know what works. APH is privileged to have been able to speak with people with lived and living experience of substance use and family and/or friends of people use(d) drugs to gain a deeper understanding of their experiences and what they feel is required to better support and protect people who use drugs.

There are numerous agencies and organizations working tirelessly everyday to support people who use drugs. We are thankful to all the community partners who shared their knowledge and expertise during the interviews and workshops. This is just the beginning of our collective action. We are stronger when we all work together.

A handwritten signature in black ink, appearing to read 'J. Tuinema'.

Dr. John Tuinema
Acting Medical Officer of Health

Community Voices

"Sault Ste. Marie and the Algoma region are facing a challenge that no community is ever fully prepared for. Among all the statistics and ratings a town could receive, we have unfortunately seen some of the worst in recent years. However, through collective effort and community support, APH and its partner agencies have the power to change the way we address these issues—with education and proper resources. This report highlights the data needed to address the systemic problems we face, providing a clear path forward to build a better future and bring hope to our community. With this report, we can educate, raise awareness, and help break the stigmas surrounding these issues, paving the way for meaningful change."

Nathan Mondor

Alcohol & Drug Prevention Worker
Indigenous Friendship Centre
Sault Ste. Marie

"I view this report as a reasonable attempt to corral the many issues that contribute to the scourge of harmful drug use in Sault Ste Marie and Algoma. This effort will guide future strategizing amongst local and regional stakeholders."

Dr. Robert Maloney

Addiction Physician
Sault Area Hospital

"Be kind. TOGETHER WE CAN assist so many."

Connie Raynor-Elliott

President
Save Our Young Adults (S.O.Y.A)

"I am confident that the information in this report will help to equip everyone from management to front line with the necessary knowledge to make informed decisions not only when it comes time for funding proposals, but also with creation of programming and individualized case planning as well. It is important that staff have an understanding of what's working, what's not working, the needs and the service gaps to better serve a population that looks to us for help. Particularly valuable is the information included by people with living and lived experience, as this voice should be the loudest but can often go unheard. I greatly appreciate the efforts of Algoma Public Health and their partners for compiling this report that will be a valuable resource for our community going forward."

Taylor Piazza

Housing and Homelessness Coordinator
Social Services



Land Acknowledgement

Algoma Public Health delivers services and programs in the traditional territories of the Anishinabek, Ililiwak [Cree], and Wiisaakoodewiwiniwok [Métis Nation]. This includes some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations. This also includes the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

We say miigwech to thank Indigenous Peoples for continuing to take care of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We commit to the shared goal of Truth and Reconciliation.

ACKNOWLEDGEMENTS

Thank you

Algoma Public Health would like to thank the community partners, people with lived and living experience of drug use, and family and/or friends of people who use(d) drugs who shared their stories, experiences, and knowledge to inform the development of this report. We would also like to extend a special thank you to Gayle Broad and Lauren Doxtater for their time in facilitating the workshops.



The Memorial Wall in Sault Ste. Marie honours loved ones who have passed away from toxic drugs.

Note to readers

Algoma Public Health acknowledges the people who have been harmed by toxic drugs in Algoma, as well as the family and friends who care about them. There are topics, such as death, trauma, and colonization, in this report that may be painful or difficult for some people. We encourage readers to take care of their mental health and seek support by talking to someone they trust or accessing services, like:

- [9-8-8: Suicide Crisis Helpline](https://www.suicideline.ca/), call or text 9-8-8
- [Hope for Wellness](https://www.hopeforwellness.ca/), call 1-855-242-3310 (for Indigenous People)

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EXECUTIVE SUMMARY

Canada is dealing with a toxic drug crisis; on average there are 21 opioid toxicity deaths each day⁽¹⁾. The unregulated drug supply has become increasingly toxic and unpredictable. Algoma, like other regions in Northern Ontario, is experiencing disproportionately higher rates of opioid-related harms compared to the rest of Ontario.

Algoma Public Health (APH) collects and analyzes relevant data to monitor trends over time, priorities, and health inequities related to substance use. APH has a mandate to support the reduction of harm associated with substance use, as outlined by the Ontario Public Health Standards. Public health units also support the development of local opioid response plans under the Harm Reduction Program Enhancement (HRPE). This report is intended to provide communities in Algoma with the information needed to take collective action.

This report provides a deeper understanding of how the toxic drug crisis is experienced in Algoma. It includes epidemiological data as well as input from people with lived and living experience (PWLLE), family and/or friends of people who use(d) drugs, and community partners from a variety of sectors, which were gathered through interviews and workshops. APH acknowledges the limitations of the data. First, the data primarily represents perspectives from people living in Sault Ste. Marie, a more urban setting. Second, the perspectives from PWLLE reflected in this report are not representative of all people who use drugs (PWUD). Only people who access services were included, so there continues to be a gap in understanding the needs of PWUD who are not accessing services. We recognize the importance of involving PWLLE throughout the process of community priority-setting, however this group was not well represented in the Community Action on Toxic Drugs Workshop.

Finally, we did not ask for any identifiable information when speaking with PWLLE, therefore we are unable to provide Indigenous-specific data which could be helpful for community partners working with Indigenous populations. Indigenous populations are disproportionately impacted by the toxic drug crisis due to historic and ongoing colonial policies and practices that have caused intergenerational trauma, eroded culture and language and created barriers to accessing quality care^(2,3). Provincial data shows that compared to non-First Nations people, First Nations people are prescribed opioids for pain more often and are nine times more likely to visit a hospital for an opioid-related toxicity⁽²⁾.

Evidence-informed practices across the continuum of care are discussed to support a comprehensive strategy that addresses the wide range of social-ecological factors that influence drug use. Recommendations are made for how communities and partners could apply this evidence to their work.

To move forward, next steps for a local response plan are proposed based on the local context, community input, and current evidence. Working collaboratively across sectors with kindness and respect will be essential for success. Everyone has a role in supporting the health and wellbeing of people who use(d) substances.

INTRODUCTION

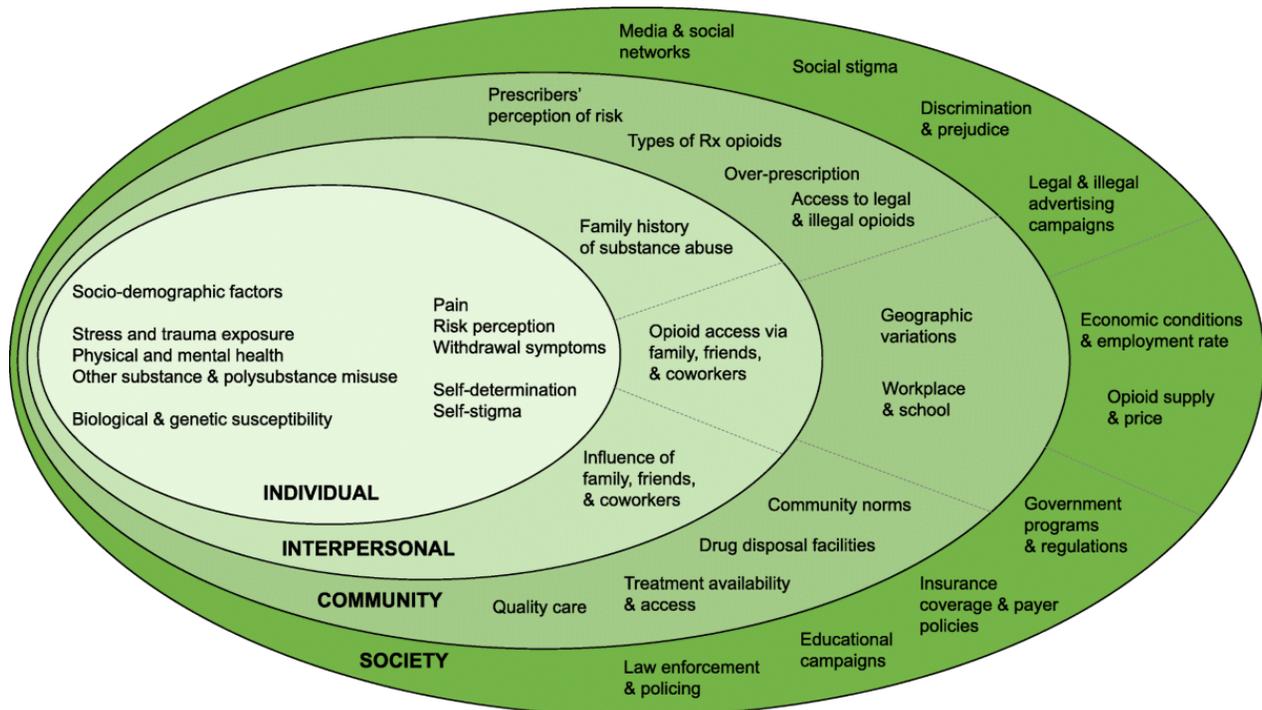
Purpose

The purpose of this report is to provide a general understanding of the toxic drug crisis, how it is being experienced in Algoma, and what we can do as a community to respond. It is critical to ensure that local response efforts are evidence-informed, well-coordinated, integrated, and adapted to meet evolving needs. We hope that readers will gain a deeper understanding of the situation and how they (as an individual or community-based agency) can influence positive change.

This crisis is a complex health and social issue that has overwhelming consequences for people who use drugs (PWUD), their friends, family and communities⁽⁴⁾. Between January 2016 and March 2023, there were 38,514 apparent opioid toxicity deaths in Canada⁽⁵⁾ and an average of 21 opioid-related deaths per day in the first three months of 2024⁽¹⁾. In Ontario, there were 3,432 drug toxicity deaths (from opioids, stimulants and other drugs) reported in 2023 alone⁽⁶⁾. Sault Ste. Marie had the highest rate of opioid-related deaths in Ontario during the first quarter of 2024⁽⁷⁾.

One way to conceptualize the complexity of this issue is through a social-ecological framework (Figure 1) which describes risk and protective factors that influence drug use at four key levels: individual, interpersonal (or relationships), community and society⁽⁸⁾. It also shows why a comprehensive approach with multifaceted interventions is needed to effectively address the issue. There is not one single solution that will solve this crisis.

Figure 1. Social-Ecological Framework of the Opioid Crisis (Jalali et al., 2020)



Socio-demographic factors consist of age, race, gender, ethnicity, education, income and unemployment factors.

THE PUBLIC HEALTH APPROACH

The Ontario Public Health Standards outline requirements for public health units to help reduce harm associated with substance use. This is achieved through four key areas: surveillance and monitoring, health promotion, harm reduction, and reducing stigma. Algoma Public Health strives to approach our substance use work in ways that are consistent with the Canadian Public Health Association's [Framework for a Public Health Approach to Substance Use](#).

Surveillance and Monitoring

Public health conducts continuous surveillance of opioid-related harms in Algoma to monitor trends, initiate timely alerts, monitor engagement with harm reduction activities and identify population groups at risk. This data is critical for effective planning and action. An epidemiologist and data analyst work together to monitor data weekly. When an indicator (e.g., EMS calls or suspected Emergency Department visits for toxic substances) surpasses its threshold, the Medical Officers of Health are notified, and an alert may be issued to service agencies and people who use drugs. Local surveillance data is posted on the [Algoma Public Health website](#) and updated quarterly.

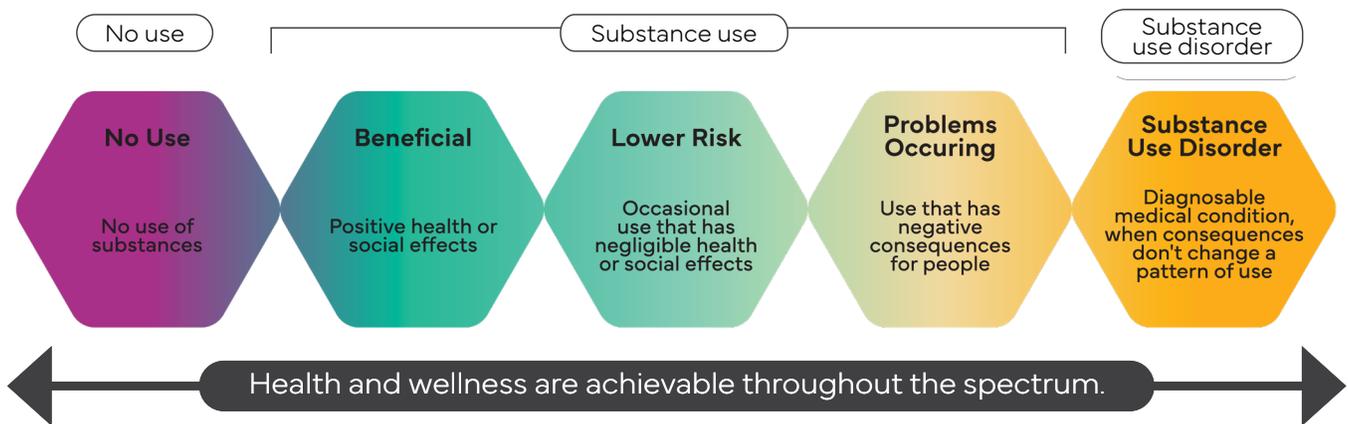
Health Promotion

Public health uses a comprehensive health promotion approach to prevent and reduce harms associated with substance use. This involves building healthy public policies, creating supportive environments, strengthening community action, developing coping skills and resiliency, and reorienting health services to meet population health needs. Much of this is done by working collaboratively with community members, partners, and people with lived and living experience (PWLLLE) to strengthen protective factors and reduce risk factors across the social-ecological framework (Figure 1) and throughout the lifespan. It also includes upstream prevention to address the social determinants of health (e.g. early life experiences, income, housing, education, social connection, etc.) and reduce health inequities^(3,9).

Harm Reduction

Public health engages in harm reduction initiatives which aim to minimize harm and risks, without requiring individuals to stop using substances. Harm reduction approaches acknowledge that substance use health exists on a spectrum (see Figure 2) and meet people where they are at in their readiness to make changes. It respects people's autonomy and builds trust between service providers and PWUD, recognizing that people are more likely to access services when they feel safe and respected. Existing harm reduction initiatives include distributing naloxone to reverse overdoses and providing sterile equipment through needle exchange programs to prevent transmission of blood-borne infections (e.g., HIV/AIDS and Hepatitis C). Other examples include supervised consumption sites, drug checking services, and safer opioid supply initiatives.

Figure 2. Substance Use Health Spectrum (Adapted from Health Canada, 2022)

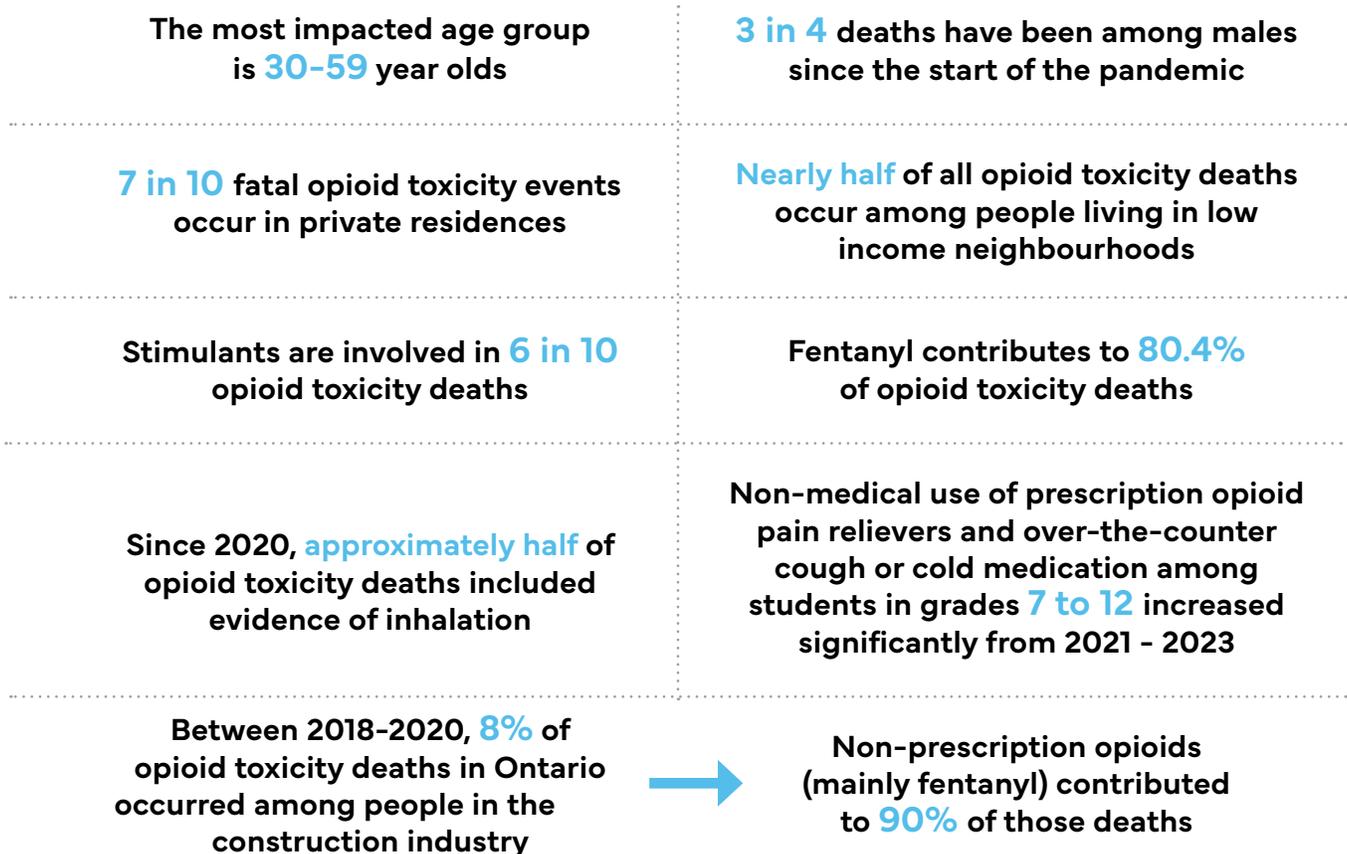


Reducing Stigma

Public health aims to reduce the health inequities and negative health outcomes that result from stigma. Stigma is commonly held beliefs, stereotypes and assumptions towards an individual or group of people that are negative, unfair and hurtful. People who use substances often experience stigma⁽¹⁰⁾ which can lead to feelings of shame (internalized stigma), not accessing care due to fear of judgement (perceived stigma), hiding drug use or using alone, negative coping behaviours, chronic stress, social withdrawal and isolation^(11, 12). The impacts of stigma contribute to opioid-related harm and deaths⁽¹⁰⁾. APH aspires to provide an environment that is welcoming and safe for all and can support community partners who want to address stigma by providing education and tools.

PROVINCIAL SNAPSHOT

This section outlines what we know about substance use and the toxic drug supply in Ontario. There are several organizations that collect, analyze and share data on substance use to help inform program and policy development, such as the Ontario Drug Policy Research Network (ODPRN), Public Health Ontario (PHO) and the Centre for Addictions and Mental Health (CAMH). Provincial opioid surveillance data shows that^(7,13,14).

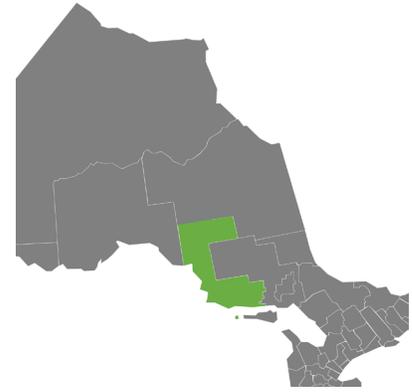


The increasingly toxic and unpredictable drug supply is fueling this crisis and putting anyone who uses drugs at risk. In Ontario, the mortality rate for opioid toxicity was 64% higher in 2023 compared to 2019⁽⁷⁾. Use of fentanyl (and its analogues) has become widespread, both as a drug of choice and as a contaminant found in other substances. Fentanyl is a very potent and deadly opioid: it takes only a few grains to kill someone⁽¹⁵⁾. New substances continue to emerge in the unregulated drug supply. Xylazine, a very strong sedative also known as “horse tranquilizer”, began appearing in Toronto’s drug supply in 2020⁽¹⁶⁾. Xylazine is associated with distinct skin wounds, prolonged sedation, reduced breathing, and increased risk of death^(16,17).

Polysubstance use (e.g., using opioids, stimulants and other substances such as alcohol together) is becoming increasingly common, either intentionally to achieve a desired effect or unintentionally due to a contaminated supply⁽¹⁸⁾. People who use drugs are often unknowingly exposed to substances such as fentanyl, benzodiazepines and stimulants⁽¹⁹⁾. This is a key driver of unintentional drug poisonings, and it also makes responding to overdoses more difficult, since naloxone only works on opioids.

ALGOMA SNAPSHOT

This section describes characteristics of the Algoma population and local substance use data. The region serviced by Algoma Public Health spans over **41,000 square kilometres** and contains 21 municipalities, two large unorganized townships and numerous Indigenous communities⁽²⁰⁾.



Demographics and Social Determinants of Health⁽²⁰⁾



49.3% male
50.8% female
26.5% is 65 years and over
14.3% identify as Indigenous
(8.8% First Nations, 5% Métis, 0.05% Inuit)



Spend more than 30% of their income on shelter
 Algoma Ontario
1 in 6 **1 in 4**



Completed a post-secondary education

Algoma Ontario
60.3% **67.8%**



People aged 15+ in labour force who are unemployed

Algoma Ontario
12.9% **12.2%**



Median income after taxes for households

Algoma Ontario
\$63,200 **\$79,500**



Households that experience food insecurity from 2021-2023⁽²¹⁾

Algoma Ontario
17.6% **19.7%**



People who have a health care provider

Algoma Ontario
85% **90.5%**



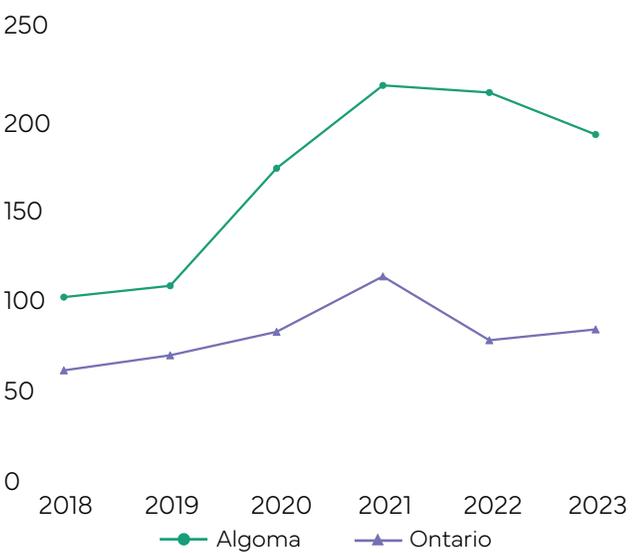
People who talked to a health care provider about their emotional or mental health

Algoma Ontario
60.2% **55.7%**

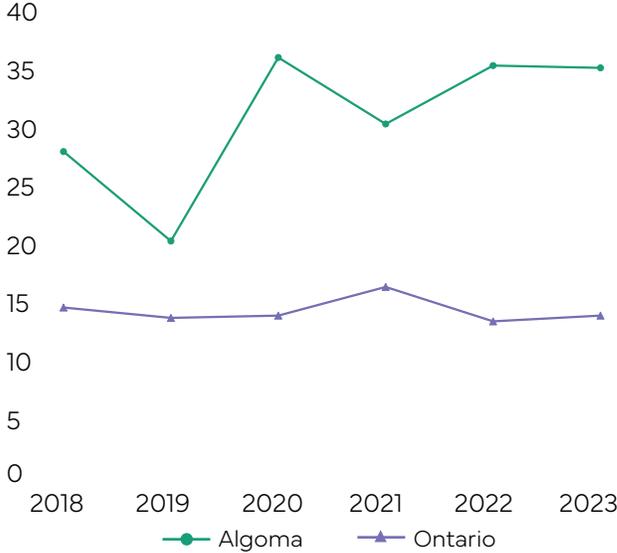
Algoma Public Health conducts surveillance of opioid-related harms by reviewing local data on Emergency Medical Service (EMS) calls, Emergency Department (ED) visits, hospitalizations, and suspected opioid-related deaths. This data provides important information, such as demographics and circumstances of deaths (e.g., location, substance types), with some limitations. The data does not explain people’s experiences, highlighting the need to engage with PWLLE for a more robust and comprehensive understanding of substance use behaviour, the impact on health, and what is needed to be well and/or recover.

During the pandemic, Algoma had one of the highest rates of opioid-related deaths⁽²²⁾. Post-pandemic, the City of Sault Ste. Marie continues to be among the top 10 census subdivisions in Ontario with the highest opioid toxicity mortality rate⁽⁷⁾.

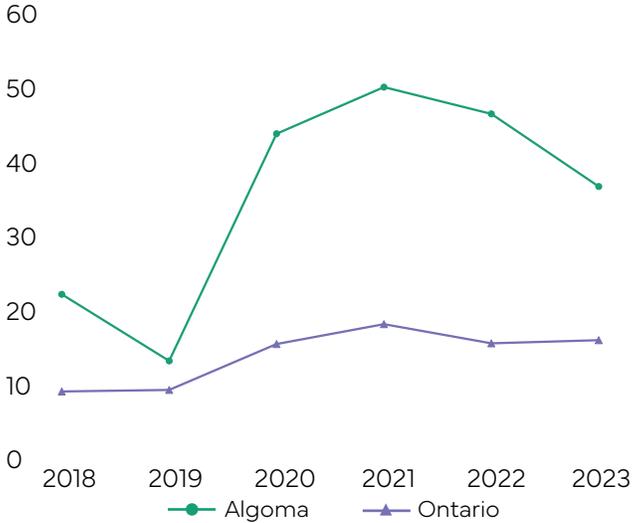
Graph 1. Rates (per 100,000) of Opioid-Related Emergency Department (ED) Visits in Algoma and Ontario, 2018 - 2023⁽²³⁾



Graph 2. Rates (per 100,000) of Opioid-Related Hospitalizations in Algoma and Ontario, 2018 - 2023⁽²²⁾



Graph 3. Rates (per 100,000) of Opioid-Related Deaths in Algoma and Ontario, 2018 - 2023⁽²²⁾





EMS calls by sex, 2018 - 2023⁽²⁴⁾

Female **36.3%**
Male **67.8%**

EMS calls by age group, 2018 - 2023⁽²⁴⁾

Ages 25-29 **20.1%**
Ages 30-34 **18.4%**
Ages 35-39 **12.8%**



Most people lived in a private dwelling prior to their death, 2022 - 2023⁽²⁵⁾

Private dwelling **76.5%**
Homeless not living in a shelter **8%**
Homeless shelter **5%**

Deaths by location, 2022 - 2023⁽²⁵⁾

Private residence **82.1%**
Hotel/motel **5.3%**
Outdoors **4%**
Public buildings **2.6%**
Hospital/clinic **2%**

A recent study authored by Algoma Public Health physicians and professionals described opioid-related deaths among pre-pandemic (March 16, 2019, to March 15, 2020) and pandemic (March 16, 2020, to March 15, 2021) cohorts in Northern Ontario compared to the rest of Ontario.

Northern Ontario is made up of the following seven health units: Algoma Public Health, North Bay Parry Sound District Health Unit, Northwestern Health Unit, Porcupine Health Unit, Public Health Sudbury and Districts, Timiskaming Health Unit and Thunder Bay District Health Unit. The analysis showed that⁽²⁶⁾:

Deaths increased more in Northern Ontario during the two-year period

Northern Ontario **97%** Ontario **70%**

More females in Northern Ontario died in the pandemic period

Northern Ontario **29.6%** Ontario **23.4%**

Residents who died in private residences in the pandemic period

Northern Ontario **79.4%** Ontario **70.5%**

More decedents in Northern Ontario were employed in mining, quarrying, and oil and gas industries

Northern Ontario **19.5%** Ontario **0%**

Over half of the deaths in Northern Ontario involved inhalation

Northern Ontario **56.4%** Ontario **47.4%**

Fentanyl attributed to most deaths in both regions during the pandemic period

Northern Ontario **85.3%** Ontario **88.5%**

More deaths in Northern Ontario involved administration of naloxone

Northern Ontario **15.4%** Ontario **8.6%**

More deaths in Northern Ontario involved resuscitation attempts

Northern Ontario **21.4%** Ontario **13.7%**

Northern Ontario had more deaths that were contributed to:

Codeine	Northern Ontario 4%	Ontario 1.4%
Cocaine	Northern Ontario 43.6%	Ontario 41.9%
Methamphetamine	Northern Ontario 43.6%	Ontario 41.9%

In Northern Ontario, benzodiazepines contributed to fewer deaths but were detected more frequently:

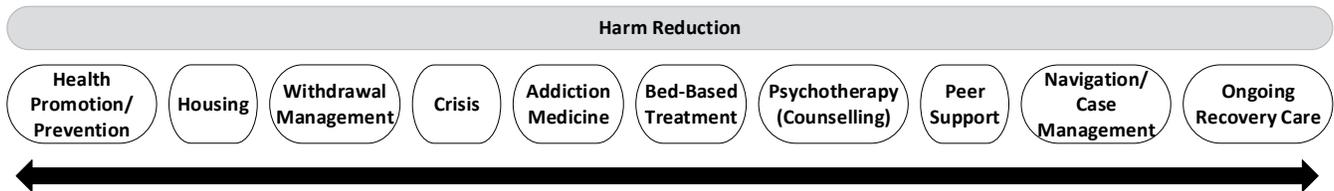
Deaths	Northern Ontario 9%	Ontario 58.2%
Detected	Northern Ontario 53.5%	Ontario 3.3%

This data shows that Northern Ontario is disproportionately impacted by the toxic drug crisis and highlights the importance of considering regional differences when allocating resources and developing policies or programs.

Continuum of Care

Residents of Northern Ontario have less access to high-quality health care and social services compared to the rest of Ontario and experience unique challenges, such as increased isolation, needing to travel long distances to access care, and limited health human resources^(26, 27). This is particularly true when it comes to mental and substance use health. Adequate services must be available across the continuum of mental health and substance use services (Figure 3).

Figure 3. Substance Use Health Spectrum (Algoma Public Health, 2024)



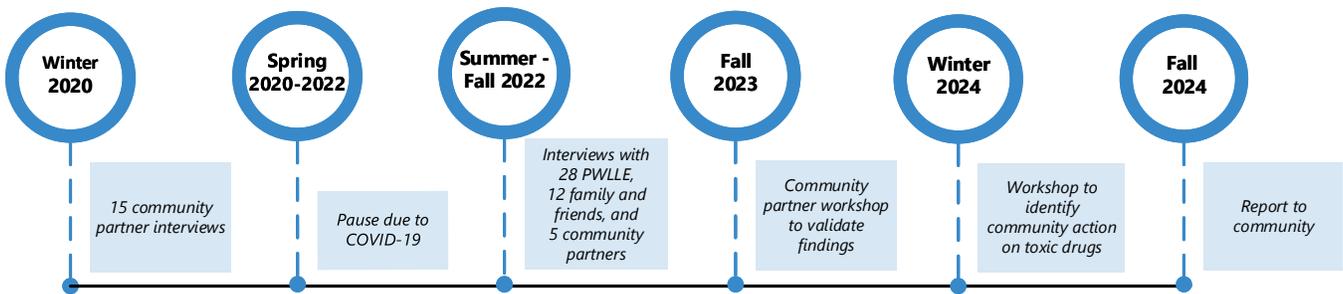
Availability of services is one piece of the puzzle. The reach and impact of services can be limited when financial and human resources are insufficient to meet demand. Moreover, people may not want or be able to access the services that are available, for many reasons. Stigma, waitlists, transportation, location, cost, and hours of operation can be barriers for people. Understanding why people do or do not access services and working to remove barriers is also very important. Guiding principles for this work include valuing, and taking lead from voices of PWLLE. This is discussed in more detail in the evidence-informed practices section.

COMMUNITY ENGAGEMENT

Project Overview

Algoma Public Health began gathering information for this report in 2020 by conducting interviews with community partners. The project was paused during the COVID-19 pandemic due to staff redeployment. When staff returned to regular work, interviews were conducted with PWLLE, family and/or friends of people who use(d) drugs, and additional partners who did not have an opportunity to participate in 2020. In December 2023, all community partners who completed interviews were invited to attend a workshop to review and provide feedback on the findings. Ethical guidance on data analysis and reporting was provided by Public Health Ontario.

Figure 4. Timeline of Community Engagement Activities



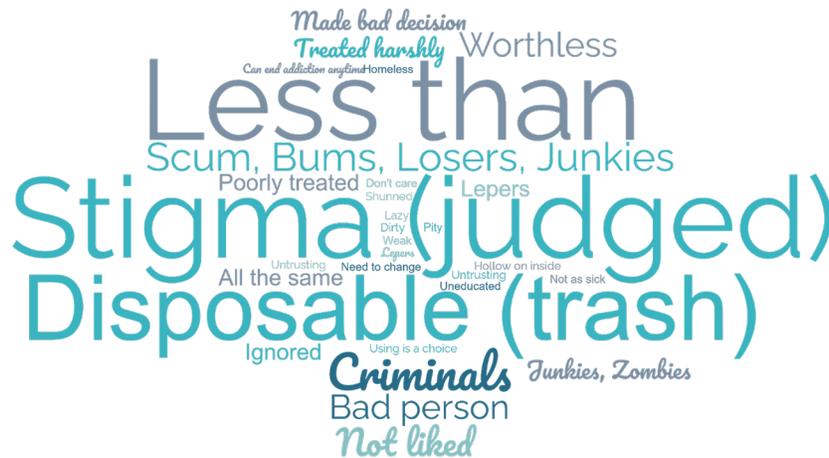
Summary of Findings from PWLLE and Family and/or Friends

The interviews with PWLLE and family and/or friends asked questions about why people use substances, readiness to stop using drugs, what has been helpful, what would be needed to stop or stay in recovery, and how they feel PWUD are viewed by society.

Appendix 1 provides a summary of interviews findings with PWLLE and family and/or friends.

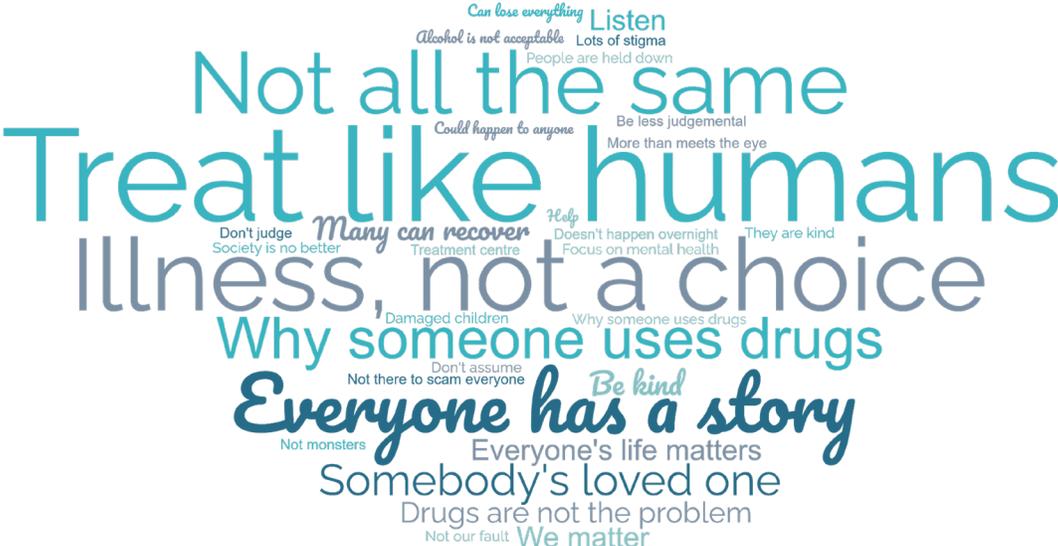
The word cloud below (Figure 5) was created using responses from PWLLE and family and/or friends who were asked how they felt society sees PWUD. These words explain how people internalize the stigma they experience in the community, which is often imposed by structures (criminalization of drugs, policies, practices, programs, etc.).

Figure 5. How PWLLE and Family and/or Friends Feel Society Sees People Who Use Drugs



PWLE and family and/or friends were also asked what they would like society to know about PWUD. Most responded that addiction is an illness, not a choice, and people should be treated like humans (Figure 6). This reinforces the importance of using health and human rights focused approaches to substance use that promote equity for all⁽²⁸⁾.

Figure 6. What PWLE and their Family and/or Friends Would Like Society to Know about People Who Use Drugs



Summary of Findings from Community Partners

During the interviews community partners were asked about common concerns among clients, barriers to accessing services, what is working well, and what is not working well in Algoma. Through these discussions, key strengths, weaknesses, opportunities, and threats (SWOTs) were identified. Community partners also had an opportunity to validate, change, or add to the SWOTs during the Fall 2023 workshop. Table 1 outlines the key SWOTs.

Appendix 2 provides a summary of the interview and workshop findings with community partners.

Table 1. Key Strengths, Weaknesses, Opportunities and Threats

Strengths	Weakness	Opportunities	Threats
Person-centered care	Housing (safe, affordable, transitional)	Lower barrier services	Staff burnout
Building relationships (with clients and between agencies)	Waitlists	System navigation tools	Inadequate funding
Wrap-around services that meet basic needs	Limited services	Cultural competency training	Feelings of helplessness
Culturally appropriate care	System navigation	Trauma-informed care	Concerns about staff and client safety
Harm reduction (e.g., naloxone)	Stigma	Community education and communication	Social media
Opioid Agonist Therapy (OAT)	Patients without a primary care provider	Local data collection	Stigma and social polarization
	Staffing issues	Intersectoral collaboration	More people without a primary care provider
	Transportation		

Community-Identified Actions

In February 2024, Algoma Public Health organized a Community Action on Toxic Drug Workshop, bringing together people from various sectors to network, learn from each other, and strategize solutions. Representatives working in health care, harm reduction, public health, academics, municipal governments, First Nation Communities, Indigenous services, forensics, legal, justice, and social services attended. The goal of the workshop was to generate community-identified priorities and actions that could build on strengths, seize opportunities, and mitigate or reduce the impacts of weaknesses or threats. Table 2 summarizes the top priorities and actions identified during the workshop.

Table 2. Summary of Top Priorities and Actions from the Community Action on Toxic Drug Workshop

Priority	Action
<p>Advocate to all levels of government for improved funding and policies</p>	<p>Fund supervised consumptions sites</p> <p>Create policies and funding that support basic needs</p> <p>Provide funding that is less restrictive to benefit more people</p> <p>Implement guidelines and limitations on out-of-town landlords</p> <p>Create a sanctioned space for encampment</p>
<p>Create opportunities to work together and share information</p>	<p>Develop universal intake and consent forms</p> <p>Create an online forum to facilitate communication between agencies</p> <p>Provide networking services</p>
<p>Provide wrap-around services in one location</p>	<p>Operate a supervised consumption site</p> <p>Make services lower barrier and accessible</p> <p>Address transportation</p>
<p>Address staff shortages and burnout</p>	<p>Measure burnout</p> <p>Embed support for work-life balance and debriefing into organizations</p> <p>Leverage scope of practice among different professionals</p>
<p>Increase knowledge and support for best practices</p>	<p>Identify strategies for upstream prevention (e.g., Icelandic Prevention Model)</p> <p>Organize a conference via the Sault Ste. Marie and Area Drug Strategy</p>

While priority-setting, workshop participants also discussed who should be involved and if actions can be taken in the short-term (no longer than 6 months), medium-term (6-18 months), or long-term (2 years or longer). Table 3 summarizes the highest prioritized actions and who should be involved, organized by time frame.

Table 3. Partner Involvement and Time Frame for Community-Identified Actions

Action	Who is involved?	Time frame
Co-locate services at one location and address barriers (e.g., transportation)	Funders Front-line staff Management	In-progress, short term
Advocate for supervised consumption site	Public health with partner organizations	Short term
Provide networking services (forum, Community of Practice, etc.)	Management Front-line staff Public Health	Short term
Create a sanctioned space for encampment	Municipality SSM and Area Drug Strategy PWLLE Habitat for Humanity	Short to long term
Create greater awareness, measurement and support for burnout, work-life balance and debriefing	Agency leadership and management Front-line staff	Short to long term
Identify strategies for upstream prevention (e.g., Icelandic Prevention Model)	Public Health	Short to long term
Lobby all levels of government for funding and policies to support basic needs	Municipal councils First Nations councils Social services	Medium term
Develop policy briefs based on local, provincial and national data to inform advocacy and policy development	Sault Ste. Marie Innovation Centre Algoma University and Sault College	Medium term
Implement guidelines and limitations on out-of-town landlords	Municipality	Medium term
Organize a conference about substance use health and evidence-based interventions	SSM and Area Drug Strategy	Medium term
Operate a supervised consumption site with wrap-around care	Provincial and federal governments Mental Health and Addictions System Planning Table	Medium to long term
De-stream funding to open flow, make it more flexible and benefit more people	Funders (e.g., government) Elected officials (MPs and MPPs) Agency leadership (CEOs, CAOs)	Long term
Develop universal intake and consent form	Government (e.g., Ministry of Health) Service providers	Long term
Create an online forum to facilitate communication between agencies	Website design company Committee of local agencies	Long term

EVIDENCE-INFORMED PRACTICES

An all-of-society approach is needed to address the multitude of factors influencing substance use across the social-ecological model. This section provides a high-level overview of evidence gathered from the literature and experiences of local community partners, PWLLE and family and/or friends to inform policies and practices throughout the continuum of care.

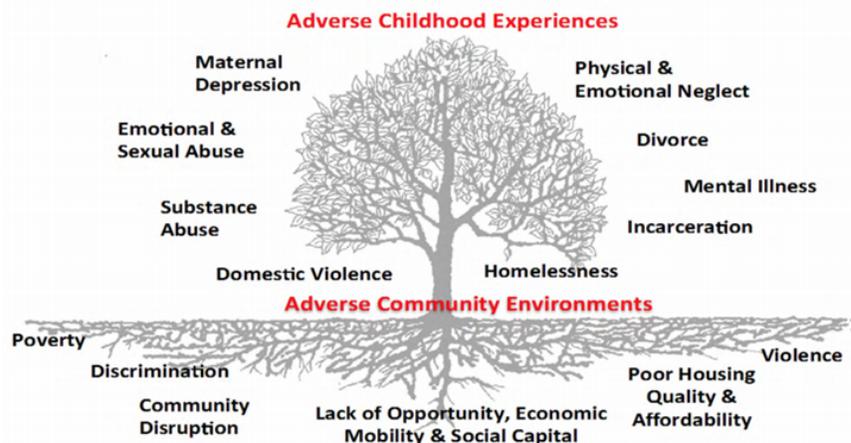
PREVENTION

Upstream interventions seek to diminish the root causes of issues by changing the social and economic structures that create health inequities⁽²⁸⁾. They use health promotion strategies targeting the social determinants of health to enable people to increase control over and improve their health⁽²⁹⁾. Upstream substance use prevention focuses on establishing a healthy foundation in the early years, building resiliency and coping skills, cultivating strong relationships and social connections, and ensuring everyone has access to the economic resources they need to be well.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18. ACEs are recognized as forms of abuse, neglect, and household dysfunction, such as family substance use and witnessing domestic violence. ACEs have expanded to also include factors outside of the household that contribute to childhood adversity such as structural violence, living in extreme poverty, and homelessness⁽³¹⁾. The Pair of ACEs Tree (Figure 7) compares adverse childhood experiences to adverse community environments. Exposure to ACEs disrupts healthy brain development which can affect social development, compromise the immune system, and lead to unhealthy coping behaviours, like substance use⁽³²⁾. ACEs have a dose-response relationship, meaning the more ACEs a child experiences, the higher the risk of negative health outcomes⁽³²⁾. In the interviews with PWLLE, 40% identified ACEs (domestic violence, abuse, parent substance use and neglect) as a reason for starting to use substances. Increasing public understanding of ACEs can help reduce stigma towards PWUD⁽³³⁾. There are multiple resources and training materials available (e.g., [ACES and Resilience Training](#), [Centre on the Developing Child](#), [Being Trauma Aware](#), [Brain Story Certification](#), [Introduction to Infant and Early Mental Health: Online Webinar](#)).

Figure 7. Pair of ACEs Tree⁽³⁴⁾ (Ellis, W. & Dietz, W., 2017)



Preventing and/or mitigating the impacts of ACEs is an upstream intervention to reduce substance use harm. This involves promoting positive childhood experiences (PCEs) that nurture children’s ability to form meaningful connections, regulate emotions, and cope well with stress. PCEs can be promoted through family- and community-based interventions that support healthy attachment, responsive caregiving, positive adult-child relationships, social-emotional learning, and financial security for families⁽³²⁾.

Youth Engagement

Adolescence is also a period of important brain development and vulnerability. Bullying and peer pressure are risk factors for substance use. In addition, consuming energy drinks and nicotine in adolescence is associated with increased likelihood of using other substances, like opioids and stimulants. Alternatively, factors such as positive peer networks, social support, and participation in extracurricular activities can protect against substance use harms⁽⁹⁾. Schools and communities can promote social connection, resiliency, healthy peer-refusing skills, and awareness of the risks of substance use. Peer-led initiatives that engage youth in the design and delivery ensure that programs are grounded in the needs and values of youth. They can also provide youth opportunities for leadership and support positive adult-youth relationships.

Icelandic Prevention Model (IPM)

The Icelandic Prevention Model (IPM), also known as [Planet Youth](#), is an upstream approach that has shown to be effective at reducing substance use among youth in Iceland. It collects local data which is used to inform cross-sector collaboration aimed at strengthening protective factors within the family, peers, school and community contexts⁽³⁵⁾. The Government of Canada’s Youth Substance Use Prevention Program (YSUPP) has provided funding for initiatives across the country to explore how the IPM can be tailored to the needs of Canadian youth. Multiple communities in Ontario are implementing the IPM, including [Timiskaming](#), [Timmins](#), [North Bay](#), and [Lanark](#). APH continues to engage in knowledge exchange opportunities and participate in communities of practice to learn from other communities and co-create upstream interventions with community partners.

Healthy Communities

The community we live in has a strong influence on our physical and mental wellbeing⁽³⁶⁾. Healthy community approaches aim to improve population health by creating supportive environments. Government and communities can work together to develop healthy public policies and health promotion initiatives that address the social determinants of health and prevent substance use harm over the long-term. Health and equity should also be a key consideration in community design and planning. British Columbia’s [Healthy Built Environment Linkages Toolkit](#) provides guidance for planning professionals to create transportation networks, housing, natural environments, neighbourhoods, and food systems that support population health.

What can the community do?

- Participate in training on Adverse Childhood Experiences (ACEs)
- Engage youth in peer-led prevention initiatives (e.g., Icelandic Prevention Model, programs to build resiliency and social connection)

COMMUNITY ACTION AND COLLABORATION

Health and social service providers in the mental health and substance use sector face numerous challenges, many of which stem from working in a system that is fragmented, hard to navigate, inadequately funded, and emotionally taxing. We heard from community partners that strengthening partnerships, working together, and collaborating across sectors empowers service providers, supports better system navigation, and can improve care for PWUD. The responses and feedback from the Community Action on Toxic Drugs Workshop showed that there is keen interest from all sectors in coming together to share knowledge and formulate solutions. Ultimately, we are all working towards the same goal.

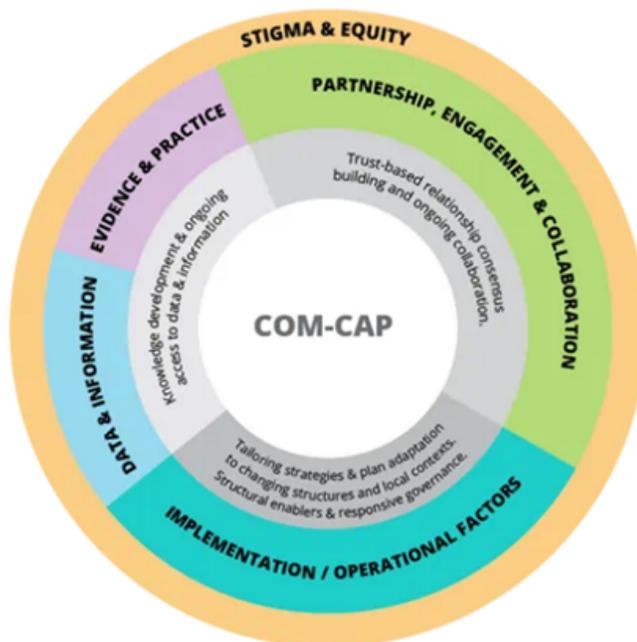
The Community Opioid/Overdose Capacity Building (COM-CAP) project, led by Public Health Ontario, identified priority areas for local communities to emphasize in overdose response plans (Figure 8).

These priorities include:

- integrating stigma and equity across all supports
- facilitating access to data and information
- promoting, sharing, and developing evidence and best practices
- implementation and operational factors that are tailored, adaptable and responsive
- partnership, engagement and collaboration built on trust, consensus and ongoing communication^(37, 38)

Integrating these priorities into our response can help us build community-based knowledge, mobilize resources, and work towards solutions that are collectively shaped and owned.

Figure 8. COM-CAP Priority Areas of Work⁽³⁷⁾ (Public Health Ontario, 2023)



Multi-Sector Drug Strategies

Many communities across Ontario have developed local drug strategy committees that bring together local partners and PWLLE to share knowledge and work collectively to mitigate substance related harms. The Sault Ste. Marie and Area Drug Strategy (SSMADS) committee includes representatives from 14 local agencies and is supported by the Mental Health and Addictions System Planning Table. They are dedicated to developing an environment to prevent, reduce or eliminate problematic substance use and its related consequences. In 2019, the committee released a report outlining community-level data on mental health and substance use and priorities for action. Much has happened since then. As noted previously, the pandemic worsened the situation, and the drug supply has become increasingly toxic. On the other hand, progress has been made. For example, advocating for a withdrawal management facility in Sault Ste. Marie and expanding access to community-based mental health and substance use services for children and youth were identified as priorities and we now have the [Northway Wellness Centre](#) and [Algoma Youth Wellness Hub](#). The SSMADS committee continues to meet and set priorities for community action.

Ontario Health Teams

The provincial government has implemented the Ontario Health Team (OHT) model to help build a more connected health care system. Benefits of this model include coordination between health care providers, integrated electronic medical records, transition support, shared decision-making, and easier system navigation⁽³⁹⁾. There are three OHTs that support communities in Algoma, including the Algoma OHT which has a catchment area between Blind River and White River, the Maamwesying OHT which supports a continuum of care within 11 First Nation Communities and the Urban Indigenous population in Sault Ste. Marie, and the Sudbury Espanola Manitoulin Elliot Lake OHT which includes Elliot Lake. The Algoma OHT has been working to improve and strengthen partnerships through the establishment of the Mental Health and Addictions System Planning Table. The Algoma OHT is creating a suite of mental health and addictions system navigation tools for service providers and the community⁽⁴⁰⁾. The Maamwesying OHT coordinates Indigenous-led care across the region and has identified mental health and addictions as their Year 2 priority population. The word Maamwesying means “the act of working as one” in Ojibway. It is beneficial to work with the OHTs in Algoma on initiatives such as collective advocacy for funding, policies, and practices that meet our regional needs.

Community Safety and Well-Being/Community Health Plans

Municipalities and First Nation Communities must also be included in conversations and action as they are deeply invested in this issue and share common goals⁽⁴¹⁾. Local governments are responsible for many health and social services that feel the impact of and respond to this crisis, including emergency response services, housing, and homelessness prevention. Municipalities have prioritized mental health and substance use in their Community Safety and Well-Being Plans. Similarly, First Nation communities have mental health and addictions prioritized in their Community Health Plans. Both are guided by a shared collaborative approach and rely on effective community partnerships for sustainability⁽⁴²⁾.

Appendix 3 identifies several municipal level actions that can help prevent and reduce substance use-related harms in communities.

What can the community do?

- Utilize existing opportunities for cross-sector collaboration
- Build new partnerships based on trust, ongoing communication, and data/information sharing

STIGMA

Stigma is commonly held beliefs, stereotypes and assumptions towards an individual or group of people that are negative, unfair and hurtful. It undermines the health of individuals, contributes to poor mental and physical health and creates population health inequities. Evidence shows that stigma towards PWUD is pervasive within the health care system and society, a finding that was corroborated through the Algoma community interviews and engagement sessions.

The Chief Public Health Officer's 2019 report on the state of public health in Canada focused on addressing stigma and working towards a more inclusive health system. The report explains three key ways that stigma leads to adverse health outcomes:

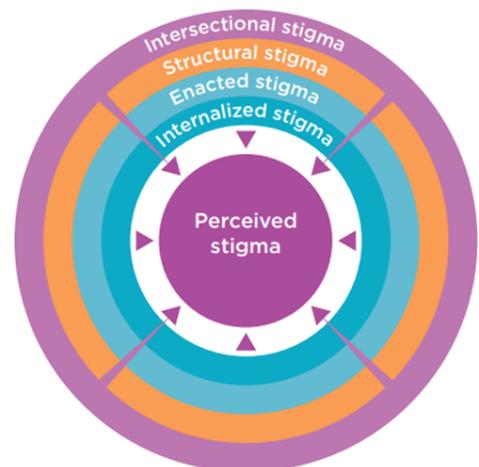
1. it reduces access to and quality of protective resources and health services,
2. it increases the risk of chronic stress and poor coping responses, and
3. it puts stigmatized people at higher risk of assault and injury⁽¹²⁾.

Stigma also impacts service delivery and how policy makers distribute funding and resources. Providing services and care that is free of stigma is foundational to promoting optimal health and wellness.

Stigma occurs at different levels (Figure 9). Structural stigma includes policies, practices, programs and laws that devalue, exclude and restrict peoples' rights⁽⁴³⁾. It is harmful because it perpetuates inequities and discrimination and fuels the other levels of stigma. Many PWUD view criminalization as the root cause of structural stigma^(43, 44). Intersectional stigma exists when people experience multiple stigmatized identities, such as assumptions about Indigenous peoples and alcohol consumption. Enacted stigma is the act of discrimination, such as labelling individuals as "drug seeking".

Internalized stigma is when people start to believe negative stereotypes about themselves, making them feel ashamed and not deserving of help. Perceived stigma occurs when people are aware of negative social attitudes and fear discrimination, leading to not accessing care due to fears of being judged⁽⁴⁵⁾. Reducing stigma requires multifaceted interventions that include policy change (government and organizational levels), training for media, health care and social service providers, targeted public education, and fostering connections with PWLLE⁽¹⁰⁾.

Figure 9. Levels of Stigma
(CPHA, CPASA, n.d.)



Organizational Assessment and Training

The Canadian Public Health Association (CPHA) and the Community Addictions Peer Support Association (CAPSA) have developed a [toolkit](#) to help health and social service organizations address structural stigma by identifying policies and practices that can be contributing to stigma and developing strategies to create an environment that is safe and welcoming for everyone. There are numerous education and training resources available for the [public](#), [health professionals](#), and [media](#) to learn more about substance use health and stigma.

Connecting with PWLLE

Mass media anti-stigma campaigns have become increasingly popular to address public stigma. However, critical analysis of such campaigns has shown that they ignore intersecting stigmas (racism, classism, and other forms of oppression) and may unintentionally exacerbate marginalization of PWUD by featuring mainly White middle- or upper-class people⁽⁴⁴⁾. To avoid this, PWLLE should be involved in developing anti-stigma images and messaging that is inclusive of different experiences of substance use. To help foster connections with PWLLE a community-led art exhibition showcasing art created by PWLLE of substance use could be explored. Using art to address stigma related to mental health has shown promising results for increasing empathy and stimulating social change⁽⁴⁶⁻⁵⁰⁾.

Compassion and Respect

We can all reduce stigma by viewing substance use as a health issue, not a criminal or moral one, and reflecting on our personal biases and assumptions. Substance use disorder is not a choice or moral failing. Have compassion, talk about substance use openly, without judgement, and use [respectful language](#).

Not everyone who uses substances is the same. Everyone has a story and each person's journey is different.

What can the community do?

- Conduct an organizational assessment and training on stigma
- Use respectful, non-stigmatizing language and health-focused approaches

MEANINGFUL ENGAGEMENT OF PWLLE

The voices and perspectives of PWLLE have historically been left out of decision-making conversations. The discontinuation and lack of support for harm reduction programs and services is evidence that their voices continue to be largely ignored by decision makers. Despite this, there are many organizations of PWUD across the country working hard to positively influence drug policy and public health through advocacy and activism⁽⁵¹⁾.

Shared Decision-Making

Including PWLLE when making policy and program decisions that affect them is the right thing to do. However, this must be done in ways that are meaningful, engaging and equitable. This means recognizing their unique skills and expertise, valuing their perspectives, offering fair compensation, striving for diverse representation, providing the resources and tools needed for them to participate fully, creating a safe space for everyone, addressing power imbalances, and sharing decision-making authority⁽⁵¹⁻⁵³⁾. Policies, programs and resources that are led by PWLLE are more likely to appeal to and meet the needs of PWUD. The Canadian Centre for Substance Use and Addiction (CCSA) has developed [guidelines for partnering with PWLLE and their families and friends](#).

Peer Support

Peer support services that draw upon the strengths and experiences of others can help improve health outcomes and quality of life for PWUD. Evidence shows that peer support increases personal resourcefulness, self-belief, and hope, which are essential for recovery⁽⁵⁴⁾. Integrating peer support initiatives and positions within the mental health and substance use system can help shift towards services that build trust, focus on strengths, and promote recovery. It is important to ensure that front line peer support positions preserve the history, values, and role of peer support⁽⁵⁵⁾. [Peer Support Canada](#) provides resources and training to increase growth of the peer support field.

Peer support can also be a powerful tool for families and friends who love somebody that uses substances. [The Parents Like Us](#) handbook was adapted by parents in Sault Ste. Marie to provide support and connection for families caring for young people with substance use disorder.

Including PWLLE in decision-making is crucial for finding solutions that work. Front-line staff and grassroots organizations who are closely connected to PWUD have valuable input to share and should be included as well.

What can the community do?

- Include PWLLE in decision-making, program design, implementation, and evaluation and compensate them appropriately
- Integrate peer support into programs and services

HARM REDUCTION INTERVENTIONS

Harm reduction services keep people alive and communities safe. The Thunderbird Partnership Foundation calls on communities to embrace harm reduction as medicine and states that ***“we need to decide, together, to keep people alive, so that if the resources needed to support a path to recovery are available in the future, people are alive to use them”***⁽⁵⁶⁾. PWUD are strong advocates for harm reduction initiatives, such as naloxone distribution, drug checking, needle exchange, safer opioid supply, supervised consumption sites, and decriminalization^(57,58). These initiatives reduce stigma, offer compassion, provide PWUD with the autonomy to make informed decisions about their health and drug use, and connect people to healthcare and social support that they may not have accessed otherwise^(59,60). Harm reduction workers help break down barriers and build trusting relationships with PWUD. Evidence shows that harm reduction services improve health and are cost-effective⁽⁶¹⁾.

Decriminalization and Safe Supply

Criminalization of drug use is a key driver of stigma and discrimination causing disproportionate harm to people already experiencing system inequities such as Black and Indigenous communities and people living with mental illness^(62, 63). There has been an increasing support from public health and healthcare professionals for the decriminalization of simple drug possession, as well as safer opioid supply programs to provide alternatives to the unregulated toxic drug supply⁽⁶³⁻⁶⁶⁾. A health and human rights approach, as opposed to a criminal justice one, reduces harm, prioritizes equity, and can promote paths to recovery⁽⁶²⁾.

Naloxone

Providing education and training about naloxone and distributing kits helps reduce opioid-related deaths⁽⁶⁷⁾. Anyone can save a life by calling 911 and using naloxone to reverse an opioid poisoning. PWUD are most often the ones who respond to drug poisoning⁽⁵⁸⁾ but may not call 911 or stay with the person for fear of legal trouble. [The Good Samaritan Drug Overdose Act](#) provides some legal protection for individuals who seek emergency help during a drug poisoning situation. Naloxone kits are available at participating pharmacies, community agencies and all Algoma Public Health offices through the Ontario Naloxone Program (ONP) and Ontario Naloxone Program for Pharmacies (ONPP). More information is available on the [APH website](#).

Harm Reduction Supply Distribution

Distributing harm reduction supplies (e.g., sterile equipment for injecting, smoking or snorting drugs) is a strategy used to prevent health issues that can result from reusing and/or sharing equipment, such as Hepatitis B, Hepatitis C, HIV, pneumonia, and tuberculosis⁽⁶⁸⁾. Providing supplies creates opportunities for harm reduction service providers to engage with PWUD, talk about safer drug use practices, and let people know about the types of support available to them. A 2024 rapid review of needle and syringe programs (NSPs) found that these programs reduced HIV infections. In addition, NSPs with less restrictive policies were found to be more effective at increasing access, decreasing sharing and reusing needles, and were associated with proper disposal of used needles/syringes⁽⁶⁹⁾. Algoma Public Health distributes harm reduction supplies throughout the region via the Ontario Harm Reduction Distribution Program (OHRDP). At the time of writing, 21 agencies in Algoma had an agreement with APH to distribute harm reduction supplies.

Drug Checking

Drug checking services provide important real time information about the type of substances that are circulating in the unregulated drug supply, allowing PWUD to make informed decisions about their use⁽⁷⁰⁾. PWUD may change their behaviour (e.g., deciding not to use the drug, not using alone, having naloxone on-hand, or starting with a smaller "test" dose) based on drug checking results. A survey from Toronto's Drug Checking Services found that, at a minimum, 34% of service users intended to do something different based on the information they received. Different types of drug testing technology exist with various benefits and limitations^(71, 72). Immunoassay test strips (similar technology to pregnancy and COVID-19 tests) are desirable because they are sensitive, low-cost, simple to use, require minimal drug residue, and are well accepted among PWUD⁽⁷³⁾.

Test strips are designed to detect the presence or absence of one substance, such as fentanyl, benzodiazepine or xylazine. It is important to be aware of the limitations of test strips and understand that they do not eliminate all risks. Distribution of test strips can occur at public festivals, at supervised consumption sites and as part of other harm reduction efforts, such as needle and syringe programs. A few studies have shown that fentanyl test strips can reduce fatal overdoses when used as part of other harm reduction efforts^(60, 73).

Supervised Consumption Sites

A study of Canada's first supervised consumption site (SCS) showed that it saved taxpayers \$18 million over 10 years by reducing disease transmission, needle sharing, and encouraging safer drug use practices⁽⁷⁴⁾. At a SCS, people are given sterile equipment in a sterile, safe environment and monitored by someone who can intervene in case of an overdose. Since being implemented, there have been no fatal overdoses in supervised consumption facilities. SCS locations also provide wraparound health and social services and can be a pathway to connect people to other services, such as treatment and recovery programs. Evidence shows that SCSs benefit communities in many ways including lessening the burden on emergency services and hospitals, decreasing public drug use, and reducing discarded needles. Violent crimes have been shown to decrease or stay the same^(61, 75).

The City of Sault Ste. Marie's 2021 - 2026 community safety and well-being action plan includes investigating the benefits of a SCS and developing a report⁽⁷⁶⁾. Much groundwork has been completed through the collaboration of many partners to determine feasibility and begin preparing an application for a SCS in Sault Ste. Marie. However, in August 2024 the provincial government announced its intention to introduce legislation that, if passed, would prohibit municipalities from opening new SCSs⁽⁷⁷⁾.

What can the community do?

- Advocate for and support harm reduction strategies
- Evaluate effectiveness of harm reduction initiatives

LOW-BARRIER SERVICES

There are many factors that can create barriers to accessing services including unmet housing needs, lack of transportation, low income, long waitlists, trouble finding the right services, onerous intake processes (e.g., forms and assessments), restrictive eligibility requirements, fear of stigma, and service hours that are limited. Maintaining anonymity in smaller communities where "everyone knows everyone" was identified as a barrier in several of our community engagement interviews. We also heard about strategies community partners use to help people overcome barriers, such as conducting client outreach, providing housing support, helping with transportation, participating in staff training and development (e.g., compassion, stigma), building trust with clients, offering culturally appropriate services, and using client-centered approaches.

Wraparound Services

Providing wraparound services helps remove barriers and address a range of needs at one time. Wraparound services are the result of various sectors and partner organizations coming together to assess and meet an individual's self-identified needs. In Sault Ste. Marie, the Homelessness Prevention Team works closely with multiple partners and service providers to offer wraparound intensive housing-based case management to people experiencing or at risk of homelessness. The Community Resource Centre and Algoma Youth Wellness Hub are also examples of community partners working together to bridge service gaps and provide centralized health and social services in a low-barrier, stigma-free environment.

Outreach

Outreach programs can also be an effective way to reach, engage, and build trust with PWUD⁽⁷⁸⁾. Outreach services go to people where they are instead of relying on people to seek out services at a fixed location. They can target hard-to-reach groups and offer services outside of typical hours, such as evenings and weekends. Services may be delivered by medical or social service professionals, volunteers and/or peers on foot (e.g., the Downtown Ambassador Program) or by vehicle (e.g., the Community Wellness Bus). A range of services are provided through outreach, such as education on safe drug use, naloxone and harm reduction supply distribution, testing services, crisis support, and referrals.

Virtual Services

Availability of virtual services has expanded to increase access to services, particularly during the COVID-19 pandemic⁽⁷⁹⁾. Virtual options can benefit people living in Northern Ontario by eliminating the need to travel, but it is important to recognize limitations and continuously evaluate the effectiveness of these programs. Those providing virtual care should consider ways to reach people who cannot access virtual services because they do not have internet (or connectivity is unreliable), they are not comfortable using technology, or they do not have the resources (cell phone, computer, etc.).

[The National Overdose Response Service \(NORS\)](#), a confidential 24/7 virtual safe consumption hotline is available for people who may be using substances alone or face barriers accessing in-person services. Evaluation data has shown that it can be effective at reaching populations that may not access services due to fear of stigma or personal safety, such as women and people who identify as gender diverse⁽⁸⁰⁾.

Anyone (friends, family, physicians, pharmacists, nurses, paramedics, outreach workers, social workers, etc.) can help promote NORS by providing the number (1-888-688-NORS).

What can the community do?

- Collaborate with partners across sectors to integrate services and utilize the expertise of PWLLE and front-line staff to remove barriers
- Promote the National Overdose Response Service (NORS) to people who may be using drugs alone

CULTURAL SAFETY

Systemic racism and discrimination that persists due to colonial policies and practices negatively impacts access to and quality of health care, leading to poorer health outcomes and health inequities for Indigenous people. Acknowledging the existence of systemic racism and working to create culturally safer environments for Indigenous peoples is critical⁽⁸¹⁾. To create change within the system, everyone must implement cultural safety and humility practices⁽⁸²⁾.

Build Trusting Relationships

Creating culturally safer environments for Indigenous peoples requires a commitment to ongoing learning and un-learning, self-reflection to understand personal and systemic biases, and building trusting relationships with Indigenous peoples, communities and agencies. Successful partnerships must be based on the principles of trust, respect, humility and self-determination. The Indigenous Primary Health Care Council provides [guidance for creating safer environments for Indigenous peoples](#). One of their recommendations is to co-develop agreements with Indigenous partners to show how organizations intend to work together. In Algoma, several health organizations have signed collaborative partnership agreements with the Maamwesying Ontario Health Team, solidifying their commitment to creating culturally safe spaces and ensuring Indigenous patients have access to the care they need.

Culture as Medicine

Identity and culture provide strength and medicine for Indigenous peoples. Substance use services that integrate Indigenous knowledge, traditional practices, ceremony, and land-based healing have a positive impact on health and wellbeing⁽⁸³⁾. First Nation Communities and Indigenous organizations offer a variety of cultural-based mental health and substance use services. Some First Nation Communities have taken a braided approach to working with community partners integrating both Western and traditional cultural healing practices to meet their community's ever-changing needs. The best way for non-Indigenous organizations to provide culturally safer and appropriate services is to reach out to local Indigenous partners to lead cultural safety training and co-design programs together. Engaging with local partners is important as there is much diversity among Indigenous communities.

What can the community do?

- Build trusting relationships between Indigenous and non-Indigenous organizations
- Co-design programs with Indigenous peoples to integrate Indigenous culture and worldviews

TRAUMA-INFORMED PRACTICES

Community partners identified mental health and trauma as the top concern for clients. Trauma changes brain structure which can lead to negative health behaviours, like substance use, and poor physical and mental health outcomes. Population studies have shown that more than 50% of adults have experienced at least one Adverse Childhood Experience (ACE)⁽³¹⁾. Intergenerational trauma resulting from colonialism and residential school systems is closely connected to substance use related harms⁽⁸³⁾. Providing trauma-informed care reduces unintentional harm and creates safer environments for all⁽⁸⁴⁾. It starts with recognizing how common trauma is and learning about the connection between trauma, behaviour, and health. There are numerous resources and trainings available that healthcare and social service organizations can explore (e.g., [EQUIP Health Care](#), [Alberta Health Services](#), [Sick Kids](#), [SafeGuards](#)).

What can the community do?

- Participate in trauma-informed training.
- Embed trauma-informed approaches into organizational policies and practices.

TREATMENT AND RECOVERY

Timely access to a range of treatment and recovery services where individuals can determine their own health goals is a critical part of the continuum of care for people who use substances. The right care at the right time and faster access to care are two pillars of Ontario's plan for connected and convenient care⁽⁸⁵⁾. However, Northern Ontario continues to struggle with long wait times, meaning that treatment services are often not available when people need them.

Opioid Agonist Therapy (OAT)

Opioid Agonist Therapy (OAT) is the primary treatment for opioid use disorder (OUD). OAT medications (e.g., Suboxone and Methadone) reduce withdrawal symptoms and decrease dependence on opioids, helping to improve health and social functioning. Healthcare providers can prescribe OAT at multiple touchpoints, including at primary care appointments, during a hospital stay or in the Emergency Department after a non-fatal opioid poisoning, and while a person is incarcerated. A 2023 report found that 61% of people who died from a substance-related toxicity had prior healthcare encounters, but engagement with treatment was low⁽⁸⁶⁾. Another study found that only 1 in 18 patients who were hospitalized for opioid toxicity in Ontario were dispensed OAT within a week of discharge in early 2020⁽⁸⁷⁾. APH conducted a scoping review to identify barriers and facilitators to the delivery of medical OUD treatment among physicians in rural and remote communities. The top three themes for facilitators were:

1. support from clinical colleague
2. attitudes and practice in the clinical or team setting
3. physician education

Mentoring from colleagues and increasing education and training for health professionals could help increase uptake of medical treatment. The Centre for Addiction and Mental Health (CAMH) has [guidelines](#) for physicians and other health professionals authorized to prescribe OAT⁽⁸⁸⁾. The future Mental Health and Addictions Research and Training Institute at Algoma University could also support education and training on medical OUD treatment⁽⁸⁹⁾. Community-based service providers can connect people, or individuals can self-refer, to programs that provide OAT such as [Ontario Addiction Treatment Centre](#), [Recovery North](#), and [Northwood Recovery](#).

The Addictions Medicine Consult Team (AMCT)⁽⁸⁹⁾ at Sault Area Hospital works to improve the quality of care for individuals impacted by substance use. The interdisciplinary team provides a variety of comprehensive services to support clients, staff and physicians within the hospital. Services include brief motivational interviewing, health teaching, harm reduction education, family support, referrals to community resources, medication initiation, planning for treatment, recovery, and transitions, and relapse prevention. It is an innovative approach that supports collaboration, system navigation, and person-centered care.

Withdrawal Management and Safe Beds

Withdrawal management (also known as detox) and safe beds provide a safe and supportive environment for individuals experiencing withdrawal, intoxication, or seeking help with relapse prevention. In Sault Ste. Marie, [Northway Wellness Centre](#) offers residential withdrawal management services where people have access to medical support, education, treatment planning and referrals, peer support, individual and group counselling, and self-help groups. The facility is well equipped to support mental and spiritual wellness with a fitness center, therapeutic and recreational outdoor courtyards and space to perform traditional ceremonies. To increase community access, the Sault Area Hospital also offers in-home/mobile withdrawal management that can be provided virtually or in-person across the region. In Elliot Lake, the [Oaks Centre](#) provides level II withdrawal management services and safe beds.

Residential and Community-Based Treatment

Following withdrawal management, it is important that people have access to multiple treatment options and community-based programs/services that can be tailored to their needs and support their path to recovery. Community partners expressed concerns for individuals who leave withdrawal management but cannot access treatment services right away, as this is a particularly vulnerable transition period. People may relapse if they return to an environment that promotes substance use and they are at increased risk of serious harms, such as death, if they start using unregulated substances again due to reduced tolerance⁽⁹⁰⁾. Findings from the Life in Recovery survey found that individuals accessed on average six different types of recovery resources and programs, showing that there are many pathways to recovery. The most common were 12-step support groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) (91.8%), residential treatment (60.6%), group or individual counselling (56-57%), and outpatient treatment (41.4%)⁽⁹¹⁾. Many of the PWLLE who were interviewed said that having a program like AA or NA to follow was helpful. However, the religious component of these programs was a deterrent for some people. For residential (bed-based) treatment, the options in Algoma are very limited. Waitlists are long. People may access services faster if they are able to travel and/or pay for services.

Psychotherapy

Psychotherapy is a key component of substance use disorder treatment. It involves working with a therapist to discuss feelings, change unhelpful behaviours, and develop more constructive coping skills⁽⁹²⁾. Therapy can be done individually or with a group, partner, or family members. Counselling and therapy, such as Cognitive Behaviour Therapy (CBT), was the most common response when we asked PWLLE what they needed to stop using or stay in recovery. However, finding the right services or counselor and long waitlists were identified as challenges. Cost can also be a barrier as many mental health services are not covered by public health insurance plans. The Canadian Mental Health Association is a strong advocate for Universal Mental Health Care that would make community-based mental health and substance use services accessible to everyone⁽⁹³⁾. Algoma University is working to create a Masters program in psychotherapy that is responsive to community and regional needs. This program could increase the capacity to deliver mental health services in the North by providing opportunities for professionals, like nurses or social workers, to upgrade their skills.

Recovery Support

Everyone can help support recovery. Social networks, including friends, family, colleagues and peers, are extremely important for long-term recovery. Communities can provide services/programs to help people address their housing, education, employment, spiritual, and social needs. Safe housing was at the top of the list of what was needed to stop using drugs or stay in recovery during our interviews with both PWLLE and family and/or friends. Spiritual connection, leisure activities, vocational training, and life skills development can also help improve recovery outcomes⁽⁹¹⁾. Building relationships and creating opportunities for collaboration across peer support, health, social, educational, criminal, justice, employment, economic, spiritual, and housing sectors can help increase access to and awareness of services. Rockin' Out for Recovery, a yearly community event in Sault Ste. Marie, is an example of cross-sector collaboration to increase awareness of community-based services, foster social connections, and inspire hope.

What can the community do?

- Invest in a variety of local treatment and recovery programs/services.
- Increase training and capacity in the mental health and substance use workforce.

GOVERNMENT SUBSTANCE USE STRATEGIES

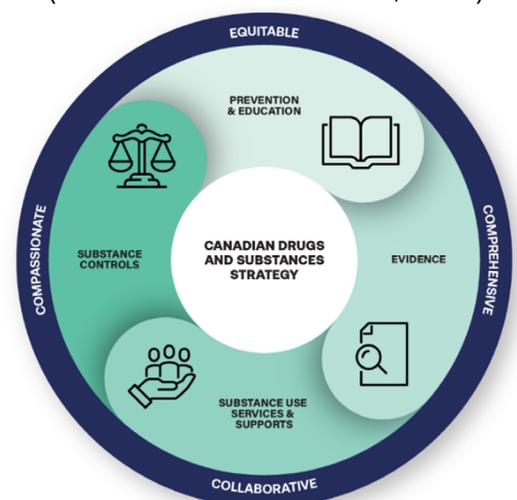
The federal and provincial governments outline their commitments to solving the drug toxicity crisis, where they will prioritize support, and invest resources, in the two documents below.

The Government of Canada outlines their response to substance related harms and the drug toxicity crisis in [The Canadian Drugs and Substances Strategy](#). Figure 10 shows the priority areas for action (middle) and guiding principles (outer ring) of the strategy. The Ontario government's [Roadmap to wellness: a plan to build Ontario's mental health and addictions system](#) outlines a plan built on four pillars: improving quality, expanding existing services, implementing innovative solutions, and improving access to mental health and addiction services.

Some provinces have begun shifting towards recovery-focused models and approaches⁽⁹⁴⁾. While investment in treatment and recovery is much needed and welcomed, a fulsome approach that includes harm reduction initiatives is required to meaningfully address toxic drug related harms across the continuum of substance use and care. For example, harm reduction interventions such as supervised consumption sites, play an important role in keeping people alive so they can have a chance to recover.

A comprehensive drug strategy must address the full continuum of care, from prevention and harm reduction to treatment and recovery.

Figure 10: Overview of The Canadian Drugs + Substances Strategy
(Government of Canada, 2023)



CONCLUSION

The toxic drug problem is complex. There are numerous biological, social, and environmental factors that influence substance use behaviours. The current toxic drug supply is putting anyone who uses drugs at risk. Structural stigma and system inequities contribute significantly to poor health outcomes for PWUD. An all-of-society approach with multifaceted interventions across the continuum of care is required to reduce harm and save lives.

Like the rest of Northern Ontario, our region is experiencing disproportionately high rates of substance use-related harm and inequities compared to the rest of the province. Algoma consistently has one of the highest opioid toxicity mortality rates in the province. Communities in the region struggle with housing, limited services, long waitlists, system navigation, transportation, stigma, and health human resource challenges. There are also great services/programs being delivered by very dedicated and compassionate people. Agencies are building stronger relationships together, working hard to remove barriers, meet clients where they are at in the stages of change, and connect people to the services they need. In addition, more agencies are integrating Indigenous culture into services.

A recovery-oriented system of care that integrates equity, stigma, harm reduction, trauma-informed care, and culturally safe care is possible. Cross-sector collaboration is essential to create supportive communities, address system gaps, improve system navigation, and provide quality care for PWUD. Shifting power to PWLLE to develop and lead initiatives can help remove barriers and make services/programs more effective. It is also vital that we support the family and friends who love somebody that uses/used drugs and take care of the dedicated professionals who support PWUD. We can achieve more by focusing on our strengths and working together with kindness and respect.

MOVING FORWARD

The recommendations below suggest next steps for a comprehensive, coordinated, collaborative response to addressing toxic drugs in Algoma, based on our local context, community input, and current evidence. Local initiatives that demonstrate alignment with the priorities outlined in the government substance use strategies mentioned above may receive additional funding and support.

RECOMMENDATIONS

Recommendations are organized based on the Community Opioid/Overdose Capacity Building (COM-CAP) priority areas (Figure 8).

Priority Area: Stigma and Equity

- Support the development of a local network organized by and for PWLLE that can inform community action and decision-making
- Address structural stigma within local organizations through assessment and training

Priority Area: Data & Information Sharing and Evidence & Practice

- Strengthen partnerships with research and academic institutions to conduct community-based research that will generate local data and evidence, with a particular focus on collaborative research with Indigenous communities.
- Designate a local committee (e.g., drug strategy committee) to investigate feasibility and funding for a platform that would facilitate information sharing among front-line staff across agencies working with PWUD.

Priority Area: Implementation/Operational Factors

- Tailor interventions to groups experiencing disproportionately higher rates of harm (e.g., individuals living in private residences, people working in the construction and mining industries, Indigenous peoples living in urban and First Nation Communities).
- Collaborate with Ontario Health Teams to develop universal intake/consent forms to support system connectivity.

Priority Area: Partnership, Engagement & Collaboration

- Work collaboratively among all sectors to integrate services and increase access to evidence-based interventions that promote harm reduction and recovery, using trauma-informed and culturally safe approaches.
- Create opportunities for all partners to learn and network together (e.g., workshops, events, conferences).

GLOSSARY OF TERMS

Health inequity – refers to differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. They are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes⁽⁹⁵⁾.

Intergenerational Trauma – cumulative mental, emotional, and psychological harms experienced in one’s own life and through subsequent generations⁽⁸³⁾.

Naloxone - fast-acting drug used to temporarily reverse the effects of opioid overdoses by kicking opioids off receptors in the brain and binding to those receptors instead. Naloxone only works on opioids, such as fentanyl, heroin, morphine, and codeine⁽⁹⁶⁾.

Opioid - a family of substances that include opioids available through regulated and pharmaceutical sources for the treatment of pain and OUD (e.g., oxycodone, hydromorphone, morphine, methadone) and opioids available primarily through unregulated or non-pharmaceutical markets or sources (e.g., heroin, fentanyl, carfentanil)⁽⁹⁷⁾.

Opioid Use Disorder (OUD) - a medical condition associated with cravings for opioids that can lead to chronic use of opioids and behaviors that may interfere with daily life activities⁽²⁾.

Opioid-Related Toxicity - occurs when the body receives too much of an opioid or a mix of opioids and other substances like alcohol or benzodiazepines. Opioids affect the part of the brain that controls breathing. Opioid-related toxicity can cause breathing to slow which can lead to loss of consciousness and sometimes death⁽²⁾.

People with Lived/Living Experience (PWLLE) - people who currently use substances, as well as people who have used substances.

Social Determinants of Health (SDOH) - the interrelated social, political and economic circumstances in which people are born, grow up, live, work and age. SDOH include early child development, gender, income and income distribution, housing, food insecurity, education, employment and working conditions, unemployment and job security, social inclusion/exclusion, Indigenous ancestry, race, immigration, health services, geography, social safety net, disability, and globalization⁽⁹⁵⁾.

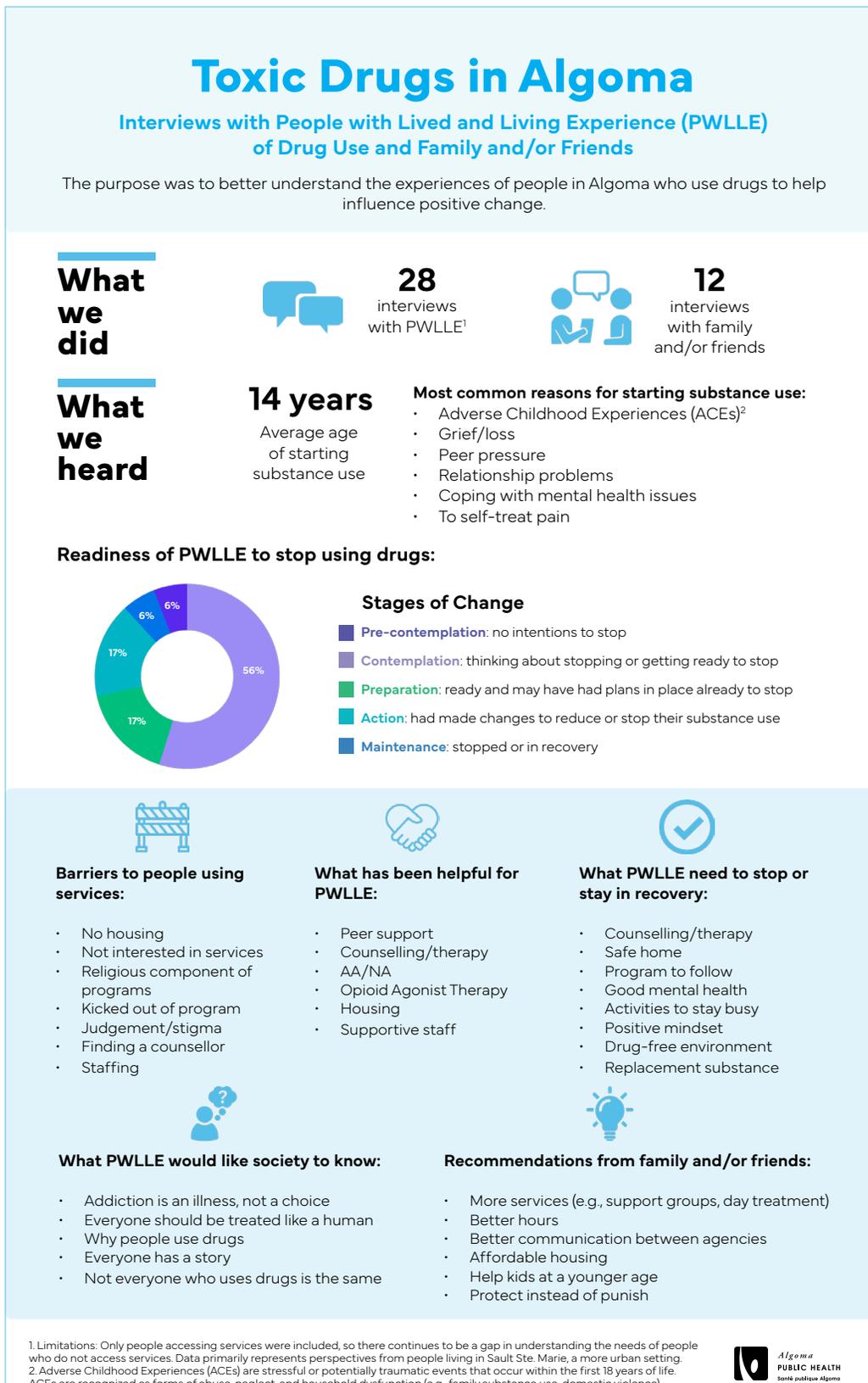
Structural Racism - the historical and ongoing reinforcement of racism within society due to discriminatory systems and inequitable distribution of key resources⁽⁹⁸⁾.

Substance Use - consumption of psychoactive substances – including currently illegal drugs, as well as alcohol, tobacco, and cannabis – that can be used for medical, religious, or ceremonial purposes, for personal enjoyment or pleasure, or the deal with stress, trauma, or pain⁽⁹⁹⁾.

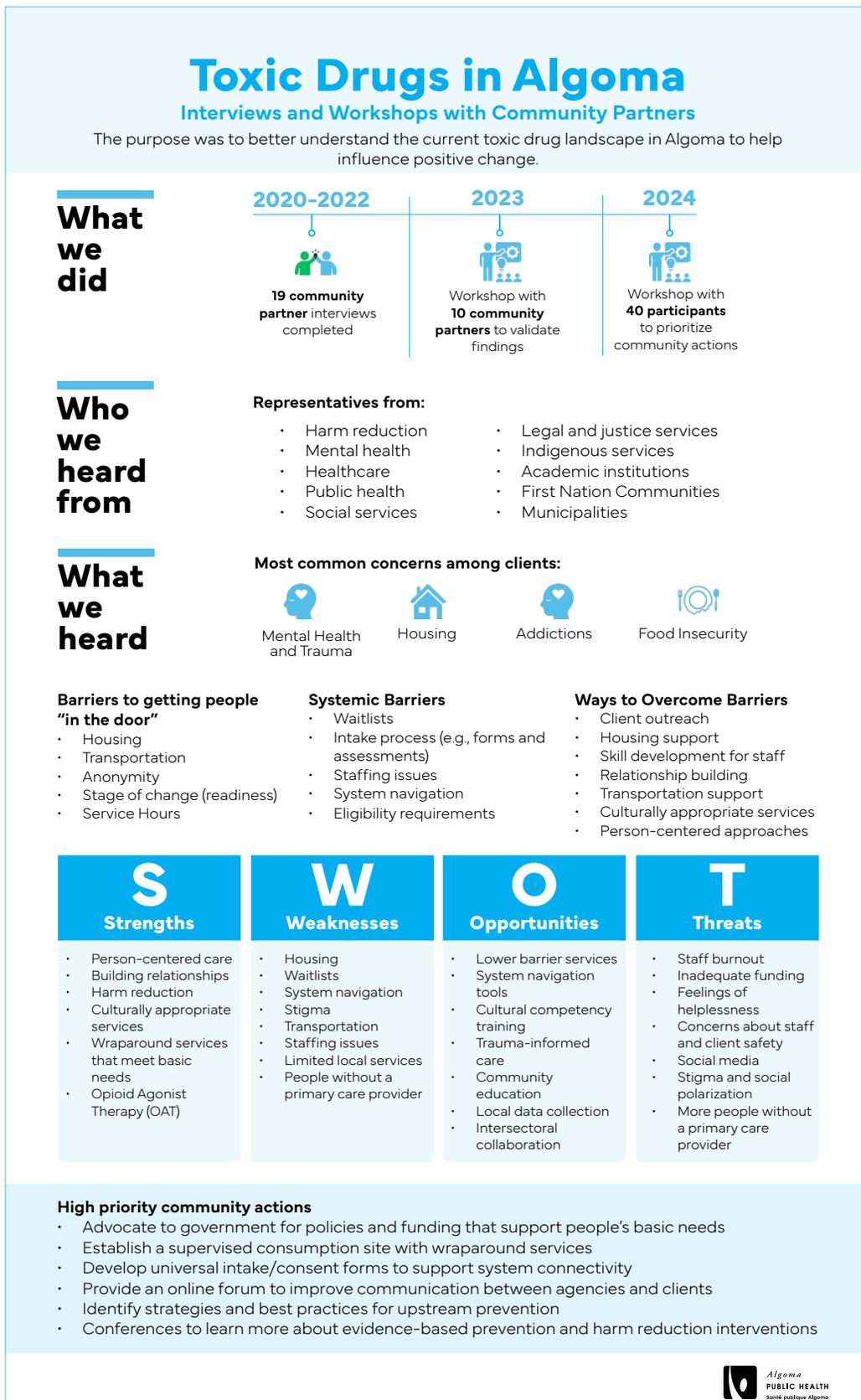
Unregulated Drugs - substances with unknown contents and potency that may contain multiple unexpected substances which can lead to toxicity-related deaths. These include any types of controlled substances that can only be obtained by prescription or are illegal and not approved for human medical use⁽²⁾.

APPENDICIES

Appendix 1. Toxic Drugs in Algoma: Interviews with People with Lived and Living Experience (PWLE) of Drug Use and Family and/or Friends Infographic



Appendix 2. Toxic Drugs in Algoma: Interviews and Workshops with Community Partners Infographic



Appendix 3. Examples of Municipal-Level Actions to Support a Local Response to Toxic Drugs

Municipal governments play a key role in addressing the toxic drug crisis, but they cannot do it alone. Success relies on involving all sectors and levels of government. The list below provides a menu of options for municipalities to consider.

Facilitate and support collaboration and partnerships.

- Identify a person to lead or participate in a multi-sectoral committee (e.g., local drug strategy committee).
- Provide training for staff to implement Community Safety and Wellbeing Plans with community partners.
- Organize and/or attend events that bring community members and partners together to learn, share, and celebrate successes.
- Lead or support a substance use prevention initiative that brings together youth, families, schools, and leisure/recreation partners.

Lead collective advocacy to Provincial and Federal governments.

- Work collectively with municipal counterparts across the region to advocate for policies and funding that:
 - Ensure access to affordable and transitional housing.
 - Increase access to care across the full continuum of mental health and substance use health services.
 - Allow for flexibility to meet community-identified needs.
- Partner with public health, service providers, and researchers to gather local data, prepare proposals, and make funding requests.

Engage meaningfully with People with Lived and Living Experience (PWLLE).

- Support development of a community network of PWLLE.
- Include PWLLE, their family and/or friends, and grassroots organizations in decision-making and program development to reduce barriers and provide adequate wrap-around services for PWUD.

Use health-based approaches to address the social determinants of health and reduce stigma.

- Use non-stigmatizing language when discussing and reporting on mental health and substance use.
- Provide stigma and trauma-informed care training for all municipal staff.
- Implement policies and programs that support basic needs, like housing and support, food, and transportation.
- Partner with public health to create healthy built environments.

REFERENCES

1. Public Health Agency of Canada. Joint Statement from the Co-Chairs of the Special Advisory Committee on Toxic Drug Poisonings - Latest National Data on Substance-Related Harms: 2024. Available from: https://www.canada.ca/en/public-health/news/2024/09/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-toxic-drug-poisonings-latest-national-data-on-substance-related-harms.html?utm_source=CSIMS&utm_medium=Email&utm_campaign=launch_update_opioids_data_tool_september_2024
2. The Chiefs of Ontario, The Ontario Drug Policy Research Network (ODPRN). Opioid use, related harms, and access to treatment among first nations in Ontario: Annual update 2013-2021: 2023. Available from: <https://odprn.ca/wp-content/uploads/2023/11/Opioid-Use-Among-First-Nations-Annual-Update-2023.pdf>
3. Ontario. Chief Medical Officer of Health. Balancing act: an all-of-society approach to substance use and harms: 2024. Available from: <https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf>
4. Belzak L, Halverson J. The opioid crisis in Canada: a national perspective. La crise des opioïdes au Canada: une perspective nationale. Health Promot Chronic Dis Prev Can. 2018; 38(6): 224-33.
5. Health Canada. The Canadian Drugs + Substances Strategy: The Government of Canada's approach to substance use related harms and the overdose crisis: 2023. Available from: <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf>
6. Ontario Drug Policy Research Network (ODPRN). Suspect Drug-Related and Drug Toxicity Deaths in Ontario: 2024. Available from: <https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data>
7. Ontario Drug Policy Research Network (ODPRN). Opioid Toxicity Deaths in Ontario: 2024. Available from: https://odprn.ca/wp-content/uploads/2024/07/OCC_Opioid-Mortality-Summary-2024_Q1-July-2024.pdf
8. Jalali MS, Botticelli M, Hwang RC, Koh HK, McHugh RK. The opioid crisis: a contextual, social-ecological framework. Health research policy and systems. 2020; 18: 1-9.
9. Grey Bruce Public Health; Applied Health Research Centre, University of Toronto. Implementing an evidence-informed public health approach to health promotion around substance use and preventing substance-related harms among youth aged 15-24 years in Ontario: 2023. Available from: <https://www.publichealthgreybruce.on.ca/Portals/0/Documents/Publications/General%20Reports/LCDP%20Report%20-%20Sep%202023.pdf>
10. COM-CAP, Public Health Ontario. Evidence for strategies that address substance-use related stigma: 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/E/2024/evidence-strategies-substance-use-related-stigma.pdf?rev=33766e9437904100a3de0622979ae28d&sc_lang=en
11. CAPSA (Community Addictions Peer Support Association), Canadian Public Health Association. Organizational assessment tool for substance use and stigma: 2023. Available from: https://substanceuse.ca/sites/default/files/2024-01/Organizational%20Assessment%20Tool_Final%20EN.pdf
12. CAMH. Addressing stigma: 2024. Available from: <https://www.camh.ca/en/driving-change/addressing-stigma>

13. The Ontario Drug Policy Research Network, The Office of the Chief Coroner for Ontario / Ontario Forensic Pathology Service, Public Health Ontario. Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry: 2022. Available from: <https://odprn.ca/wp-content/uploads/2022/07/Opioid-Toxicity-in-the-Construction-Industry-Report-Final.pdf>
14. Centre for Addictions and Mental Health (CAMH). Drug use among Ontario students: Findings from the Ontario Student Drug Use and Health Survey: 2023. Available from: https://www.camh.ca/-/media/research-files/osduhs-summary-drug-use-report_2023.pdf
15. Health Canada. Fentanyl: 2024. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html>
16. Toronto's Drug Checking Service. "Horse tranquilizer" circulating in Toronto's unregulated drug supply: Xylazine: 2020. Available from: "Horse tranquilizer" circulating in Toronto's unregulated drug supply: Xylazine.
17. CATIE. Benzodiazepines and xylazine: effects and harms of sedatives in the unregulated drug supply: 2024. Available from: <https://www.catie.ca/prevention-in-focus/benzodiazepines-and-xylazine-effects-and-harms-of-sedatives-in-the-unregulated>
18. Health Canada. Multi-drug combinations in national apparent opioid and stimulant toxicity deaths: 2024. Available from: https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/multi-drug-combinations-national-opioid-stimulant-toxicity-deaths.html?utm_source=CSIMS&utm_medium=Email&utm_campaign=launch_update_opioids_data_tool_june_2024
19. CUSP: The Community Urinalysis and Self-Report Project. Do drugs contain what we think they contain?: 2023. Available from: <https://www.ccsa.ca/sites/default/files/2024-05/CUSP-Infographic-Do-Drugs-Contain-What-We-Think-They-Contain-en.pdf>
20. Algoma's Community Health Profile. Algoma Public Health; 2024. Available from: <https://www.algomapublichealth.com/media/drihnyko/aph-community-health-profile-sept-18-2024.pdf>
21. King's Printer for Ontario. Snapshots: household food insecurity snapshot Toronto. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/HealthEquity/Household-Food-Insecurity>
22. Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario, Ontario Forensic Pathology Service, Public Health Ontario; 2021. Available from: https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-surrounding-opioid-related-deaths.pdf?sc_lang=en
23. Ontario KsPf. Interactive opioid tool. Toronto; 2024.
24. EMS calls. District of Sault Ste. Marie Paramedic Services & Algoma District Paramedic Services [unpublished]. 2023.
25. Weekly Update on Suspect Drug-Related Deaths in Ontario, by Public Health Unit (PHU) Region. [Secure file]. 2024.
26. Nunn A, Perri AM, Gordon H, Harding JP, Loo C, Tuinema J. Opioid-related deaths in Northern Ontario in the early COVID-19 pandemic period. Canadian Journal of Public Health. 2024: 1-12.
27. Health Quality Ontario. Northern Ontario health equity strategy: 2018. Available from: <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>
28. CAPSA [Canadian Association of Peer Support Associations]. Understanding substance use health: A matter of equity: [2023]. Available from: <https://capsa.ca/2023/wp-content/uploads/2023/11/CAPSA-Substance-Use-Health-EN-1.pdf>

29. National Collaborating Centre for Determinants of Health. Let's talk: Moving upstream: 2014. Available from: https://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf#:~:text=While%20recognizing%20that%20interventions%20and%20outcomes
30. International Conference on Health Promotion. Ottawa Charter for health promotion: 1986. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf>
31. Public Health Ontario. Adverse childhood experiences (ACEs): Interventions to prevent and mitigate the impact of ACEs in Canada 2020. Available from: https://www.publichealthontario.ca/-/media/Documents/A/2020/adverse-childhood-experiences-report.pdf?rev=460b160889524c95bf74aa0bdf5ab3e8&sc_lang=en
32. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Adverse childhood experiences (ACES) prevention: Resources for action: 2019. Available from: https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource_508.pdf
33. Sumnall HR, Hamilton I, Atkinson AM, Montgomery C, Gage SH. Representation of adverse childhood experiences is associated with lower public stigma towards people who use drugs: an exploratory experimental study. *Drugs: Education, Prevention and Policy*. 2021; 28(3): 227-39.
34. Ellis WR, Dietz WH. A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic pediatrics*. 2017; 17(7): S86-S93.
35. Halsall T, Mahmoud K, Pouliot A, Iyer SN. Building engagement to support adoption of community-based substance use prevention initiatives. *BMC Public Health*. 2022; 22(1): 2213.
36. Public Health Agency of Canada. Designing healthy living: The Chief Public Health Officer's report on the state of public health in Canada 2017: 2018. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living/PHAC_CPHO-2017_Report_E.pdf
37. Public Health Ontario. Community Opioid/Overdose Capacity Building (COM-CAP): n.d. Available from: <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Substance-Use/COM-CAP?tab=1>
38. Mallakin M, Dery C, Woldemariam Y, Hamilton M, Corace K, Pauly B, et al. From design to action: participatory approach to capacity building needs for local overdose response plans. *BMC Public Health*. 2023; 23(1): 774.
39. Ontario Ministry of Health. Ontario Health Teams: The path forward: 2022. Available from: <https://www.ontario.ca/files/2024-01/moh-oh-t-path-forward-en-2024-01-22.pdf>
40. Algoma Ontario Health Team. 2024-25 Annual Plan: 2020. Available from: <https://www.algomaoh-t.ca/2024-25annualplan>
41. Association of Municipalities of Ontario. The opioid crisis: A municipal perspective: 2024. Available from: https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Opioids/2024/AMO_Opioid-Crisis_2024-07-02.pdf
42. Ontario Ministry of Community Safety and Correctional Services. Community safety and well-being planning framework: Booklet 3 - A shared commitment in Ontario: 2024. Available from: <https://www.ontario.ca/document/community-safety-and-well-being-planning-framework-booklet-3-shared-commitment-ontario>

43. National Collaborating Centre for Determinants of Health. Let's talk: Moving upstream: 2014. Available from: https://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf#:~:text=While%20recognizing%20that%20interventions%20and%20outcomes
44. International Conference on Health Promotion. Ottawa Charter for health promotion: 1986. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf>
45. Canadian Public Health Association. Challenging Structural Substance Use Stigma Package: 2024. Available from: <https://substanceuse.ca/challenging-structural-substance-use-stigma-package-online-delivery>
46. Potash J, Ho R, Chick J, Yeung FA. Viewing and engaging in an art therapy exhibit by people living with mental illness: implications for empathy and social change. *Public Health*. 2013; 127(8): 735-44.
47. Gentle E, Linsley P, Hurley J. "Their story is a hard road to hoe": how art-making tackles stigma and builds well-being in young people living regionally. *Journal of Public Mental Health*. 2020; 19(2): 109-18.
48. Koh E, Shrimpton B. Art promoting mental health literacy and a positive attitude towards people with experience of mental illness. *International Journal of Social Psychiatry*. 2014; 60(2): 169-74.
49. Harris MW, Barnett T, Bridgman H. Rural Art Roadshow: a travelling art exhibition to promote mental health in rural and remote communities. *Arts & Health*. 2018; 10(1): 57-64.
50. Ho RT, Potash JS, Ho AH, Ho VF, Chen EY. Reducing mental illness stigma and fostering empathic citizenship: Community arts collaborative approach. *Social Work in Mental Health*. 2017; 15(4): 469-85.
51. Canadian Drug Policy Coalition. Hear us, see us, respect us: Respecting the expertise of people who use drugs: 2021. Available from: <https://zenodo.org/records/5514066>
52. Canadian Centre on Substance Use and Addiction. Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends: Executive summary: 2021. Available from: <https://www.ccsa.ca/sites/default/files/2021-04/CCSA-Partnering-with-People-Lived-Living-Experience-Substance-Use-Guide-en.pdf>
53. CAPSA. The co-leadership process & meaningful engagement: n.d. Available from: <https://capsa.ca/2023/wp-content/uploads/2024/04/The-Co-Leadership-Process-Meaningful-Engagement.pdf>
54. Mental Health Commission of Canada. Making the case for peer support: 2016. Available from: https://peersupportcanada.ca/wp-content/uploads/2022/07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf
55. PeerWorks. Drift from Peer Support Values and Standards: A Position Statement and Call for Action: n.d. Available from: [https://www.peerworks.ca/de/cache/modules_elements/116/Drift%20from%20Peer%20Support%20Values%20and%20Standards-%20%20A%20Position%20Statement%20and%20Call%20for%20Action_Spreads%20\(1\).pdf](https://www.peerworks.ca/de/cache/modules_elements/116/Drift%20from%20Peer%20Support%20Values%20and%20Standards-%20%20A%20Position%20Statement%20and%20Call%20for%20Action_Spreads%20(1).pdf)
56. Thunderbird Partnership Foundation. Protecting the sacred breath of life: 2022. Available from: <https://thunderbirdpf.org/harm-reduction>
57. Canadian Association of People who Use Drugs. Safe supply: Concept document: 2019. Available from: <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>
58. Ferguson M, Rittenbach K, Leece P, Adams A, Ali F, Elton-Marshall T, et al. Guidance on take-home naloxone distribution and use by community overdose responders in Canada. *CMAJ*. 2023; 195(33): E1112-E23.
59. Canadian Drug Policy Coalition. Dispelling myths and fears around harm reduction: n.d. Available from: <https://www.drugpolicy.ca/wp-content/uploads/2021/12/Evidence-Page-120321b.pdf>

60. Toronto's Drug Checking Service. 10 key findings related to the impact of Toronto's Drug Checking Service: 2023. Available from: https://drugchecking.community/wp-content/uploads/dlm_uploads/2023/05/TDCS-key-findings-related-to-impact-v3.pdf
61. Thakrar K, Nenninger K, Agmas W. Harm reduction services to prevent and treat infectious diseases in people who use drugs. *Infectious Disease Clinics*. 2020; 34(3): 605-20.
62. Canadian Public Health Association. Framework for a Public Health Approach to Substance Use: 2024. Available from: <https://www.cpha.ca/framework-public-health-approach-substance-use>
63. Public Health Ontario. Evidence scan and jurisdictional approaches to the decriminalization of drugs: 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/D/2022/decriminalization-drugs-environmental-scan.PDF?rev=9b93a4065b3441fe97627e0849bbc2e3&sc_lang=en
64. Toronto Public Health. Statement from Toronto's Medical Officer of Health: Decriminalization of drugs for personal use: 2024. Available from: <https://www.toronto.ca/news/statement-from-torontos-medical-officer-of-health-decriminalization-of-drugs-for-personal-use>
65. HIV Legal Network. Decriminalizing people who use drugs: A primer for municipal and provincial governments: 2020. Available from: <https://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en>
66. Public Health Ontario. Scan of evidence and jurisdictional approaches to safer supply: 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/S/2022/safer-supply-environmental-scan.pdf?rev=7c5662c193514367bd43ca2057a224df&sc_lang=en
67. Irvine MA, Kuo M, Buxton JA, Balshaw R, Otterstatter M, Macdougall L, et al. Modelling the combined impact of interventions in averting deaths during a synthetic opioid overdose epidemic. *Addiction* (Abingdon, England). 2019; 114(9): 1602-13.
68. CATIE. CATIE statement on the distribution of a full range of harm reduction supplies as an evidence-based approach to reducing a range of preventable harms: n.d. Available from: <https://www.catie.ca/catie-statement-on-the-distribution-of-a-full-range-of-harm-reduction-supplies-as-an-evidence-based>
69. Public Health Ontario. Unlimited versus restrictive distribution policies in needle and syringe programs 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/N/24/needle-syringe-distribution-policies.pdf?rev=b58e36f4846a4ec18bf672586aa89d92&sc_lang=en
70. Toronto's Drug Checking Service. What's in Toronto's drug supply? : 2024. Available from: <https://drugchecking.community>
71. Toronto's Drug Checking Service. Drug checking technologies overview: 2023. Available from: https://drugchecking.community/wp-content/uploads/dlm_uploads/2023/10/Drug-checking-technologies-overview-v4_TDCS.pdf
72. The Drug Resource & Education Project. Drug checking technologies and procedures: 2022. Available from: https://static1.squarespace.com/static/61841144cdf5046e1f0baf8/t/6324cc7b1b60b37b84f5c79c/1663356035733/TheDrugCheckingManual_Chapter3.pdf
73. Public Health Ontario. Test Strips for Drug Checking: 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/T/24/test-strips-drug-checking.pdf?rev=e6e1c036f7ec4797a781ae47805a6398&sc_lang=en
74. Bayoumi AM, Zaric GS. The cost-effectiveness of Vancouver's supervised injection facility. *Cmaj*. 2008; 179(11): 1143-51.

75. WHYSCS. Crime & public order Impacts of supervised consumption services: 2021. Available from: https://substanceuse.ca/sites/default/files/2022-01/Infographic_CrimePublicOrderImpacts.pdf
76. Sault Ste. Marie Police Services. Municipal community safety and well being plan 2021-2026: 2021. Available from: <https://saultstemarie.ca/Cityweb/media/Community-Services/FutureSSM/CSWB-Final-Report.pdf>
77. Ontario, NewsroOm. Ontario protecting communities and supporting addiction recovery with new treatment hubs: 2024. Available from: <https://news.ontario.ca/en/release/1004955/ontario-protecting-communities-and-supporting-addiction-recovery-with-new-treatment-hubs>
78. Public Health Ontario. Outreach programs for people who use drugs 2023. Available from: https://www.publichealthontario.ca/-/media/Documents/O/2023/outreach-programs-people-drugs.pdf?rev=3a1c9417a5c14e1ea34ceb6888d96867&sc_lang=en
79. Canadian Centre on Substance Use and Addiction. Impacts of the COVID-19 pandemic on people who use substances: What we heard: 2020. Available from: <https://www.ccsa.ca/sites/default/files/2020-07/CCSA-COVID-19-Impacts-on-People-Who-Use-Substances-Report-2020-en.pdf>
80. Viste D, Rioux W, Cristall N, Orr T, Taplay P, Morris-Miller L, et al. Association of drug overdoses and user characteristics of Canada's national mobile/virtual overdose response hotline: the National Overdose Response Service (NORS). BMC public health. 2023; 23(1): 1869.
81. Indigenous Primary Health Care Council. Ne' likaanigaana toolkit ["All our relations" toolkit]: Guidance for creating safer environments for Indigenous peoples: 2021. Available from: https://iphcc.ca/wp-content/uploads/2022/08/NE_IKKAANIGAANA_TOOLKIT.pdf
82. #itstartswithme: FNHA's Policy Statement on cultural safety and humility: n.d. Available from: <https://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf>
83. Public Health Ontario, COM-CAP. Substance Use Services with, and for, Indigenous communities: 2023. Available from: https://www.publichealthontario.ca/-/media/Documents/S/2023/substance-use-services-indigenous-communities.pdf?rev=c50da5f26fea491caf6bfc937a0d9060&sc_lang=en
84. Public Health Agency of Canada. Trauma and violence-informed approaches to policy and practice: 2018. Available from: <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
85. Ontario Ministry of Health. Your Health: A Plan for Connected and Convenient Care: 2023. Available from: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>
86. Public Health Ontario, Ontario Drug Policy Research Network. Prescribing patterns, substance use disorder diagnoses, and access to treatment prior to substance-related toxicity deaths in Ontario: Stimulant, opioid, benzodiazepine, and alcohol-related toxicity deaths: 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/O/24/odprn-prescribing-substance-treatment-substance-ontario.pdf?sc_
87. Hu T, McCormack D, Juurlink DN, Campbell TJ, Bayoumi AM, Leece P, et al. Initiation of opioid agonist therapy after hospital visits for opioid poisonings in Ontario. Canadian Medical Association Journal. 2023; 195(49): E1709-E17.
88. CAMH. Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder: 2021. Available from: <https://www.camh.ca/-/media/files/professionals/canadian-opioid-use-disorder-guideline2021-pdf>.
89. Algoma University. Algoma University and NOSM University sign collaboration agreement to address mental health and addictions challenges: 2023. Available from: <https://algomau.ca/news/algoma-university-and-nosm-university-sign-collaboration-agreement-to-address-mental-health-and-addictions-challenges>

90. Canadian Centre on Substance Use and Addiction. Best practices across the continuum of care for the treatment of opioid use disorder: 2018. Available from: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Best-Practices-Treatment-Opioid-Use-Disorder-2018-en.pdf>
91. Canadian Centre on Substance Use and Addiction. Moving toward a recovery oriented system of care: A resource for service providers and decision makers: 2017. Available from: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Recovery-Oriented-System-of-Care-Resource-2017-en.pdf>
92. CAMH. Psychotherapy: 2024. Available from: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/psychotherapy>
93. CAMH. Open letter requesting federal Minister of Health to revisit the Canada Health Act for mental health: 2024. Available from: <https://cmha.ca/brochure/request-to-meet-to-address-the-exclusion-of-mental-health-and-substance-use-health-care-services-in-canadas-public-universal-health-care-system/>
94. CBC News. Alberta, Ontario, Sask. announce partnership to create recovery-focused addictions treatment: Critics denounce Alberta government's refusal of safe supply: 2024. Available from: <https://www.cbc.ca/news/canada/calgary/partnership-recovery-addictions-treatment-1.7164015>
95. National Collaborating Centre on Determinants of Health. Glossary of essential health equity terms: 2024. Available from: <https://nccdh.ca/learn/glossary>
96. Health Canada. Naloxone: 2024. Available from: <https://www.canada.ca/en/health-canada/services/opioids/naloxone.html>
97. Ontario Drug Policy Network and Public Health Ontario. Characteristics of Substance-Related Toxicity Deaths in Ontario: Stimulant, Opioid, Benzodiazepine, and Alcohol-Related Deaths: 2023. Available from: <https://odprn.ca/wp-content/uploads/2023/09/Substance-Toxicity-Report-Final.pdf>
98. Clark EC, Cranston E, Polin T, Ndumbe-Eyoh S, MacDonald D, Betker C, et al. Structural interventions that affect racial inequities and their impact on population health outcomes: a systematic review. BMC Public Health. 2022; 22(1): 2162.
99. Health Canada. About substance use: 2024. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html>

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**Resolution
Regular Council Meeting**



Agenda Number: 15.2.
Resolution Number 25-054
Title: 25-R-22 Northern Highway Safety Plan
Date: Monday, February 24, 2025

Moved by: M. Lubbock
Seconded by: S. Cote

WHEREAS THE TransCanada Highway is the road system meant to move goods and people across the country, but it is no longer equipped to do that safety in Northern Ontario.

NOW THEREFORE BE IT RESOLVED THAT the Council of the Township of Coleman hereby support the Northern Highway Safety Plan proposed by MPP Guy Bourgoquin, MPP Lise Vaugeois and MPP John Vanthof which includes the following;

Immediate Actions:

- Require all new drivers to be tested by MTO-certified inspectors instead of third-party companies.
- Return highway maintenance operations to the MTO while working with northern contractors.
- Increase staff at inspection sites, weigh scales, and OPP traffic enforcement.
- Expedite the 2+1 highway pilot project and use excavated material to build additional rest stops and parking areas.

Short-Term Improvements:

- Mandate snow tires for all passenger vehicles in Northern Ontario.
- Ensure driving schools comply with the MELT training system and improve MELT to include winter driving training.
- Address the abuse of “self-insurance provisions” and ensure fair payment for tow truck operators and service providers.
- Require all commercial vehicles to have dash cams.
- Increase the use of traffic cameras and photo radar to reduce speeding.
- Promote rail transport to reduce commercial truck traffic on northern highways.
- Upload connecting links back to the provincial highway system for consistent maintenance.
- Upgrade and expand rest stops with heated washrooms to meet traveler needs.
- Provide compensation to municipalities for damage to local roads caused by highway detours.

Long-Term Solutions:

- Widen and pave all shoulders on Highways 11 and 17.
- Convert Highways 11 and 17 into divided four-lane highways where possible or implement a continuous three-lane system if the 2+1 project proves successful.

AND FURTHER THAT a copy of this resolution be forwarded to the Minister of Transportation; the Minister of Municipal Affairs & Housing; all Provincial Leaders; the Temiskaming Municipal Association; the Federation of Northern Ontario Municipalities (FONOM); the Northwestern Ontario Municipal Association (NOMA); and all municipalities in Ontario.

CARRIED

Certified True Copy



Christopher W. Oslund
CAO/Clerk - Treasurer



January 24, 2025

MPP Guy Bourgouin *Mushkegowuk-James Bay*
MPP Lise Vaugeois *Thunder Bay-Superior North*
MPP John Vanthof *Timiskaming Cochrane*

NORTHERN HIGHWAY SAFETY PLAN

Introduction

Safety on the TransCanada Highways 11 and 17 continues to be the number one concern for most residents of Northern Ontario because they are our main streets. We use these highways to get to work, school, hockey, and medical appointments, but we share them with thousands of cross-country commercial trucks. As a result, Northern MPPs have had a lot to say over the years about the state of highways in the North and for good reason.

Years ago, the problem was proper and consistent winter maintenance. The Liberal government in power at the time claimed everything was fine, so MPP Vanthof's office created the Northern Road Report to show that it wasn't. The Minister of Transportation (MTO) demanded that the report be taken down, but in the end the Northern Road Report helped prove that even when contract requirements were being met, people were still being put at risk. As a result, the government of the day was forced to make changes to the system.

MPP Bourgouin introduced legislation to make maintenance standards the same across the TransCanada system, so that 11 north of North Bay would be maintained to the same standard as south. The legislation was defeated, but the government did create a separate standard for the northern portion of the TransCanada highway. MPP Bourgouin has also introduced other pieces of legislation regarding driver training and not being able to pass on double solid lines. This was defeated, but he remains committed to finding ways to solve safety issues the same as his fellow Northern MPPs. Similarly, MPP Vaugeois introduced a motion that driver testing be taken back by the MTO which would have been an effective way for the government to control the standard of drivers on the roads. All three members have been vocal in the legislature regarding highway safety throughout their careers.

We are once again facing a highway safety crisis, one that we believe requires a plan designed by Northerners for Northerners. It contains clear goals that we can push government of whatever stripe to implement for all our families.

Current Situation

Currently some poorly trained commercial vehicle drivers and the companies they work for are putting all other drivers at undue risk. Incidents have been easy to track on social media. Investigative reports on the problems in commercial truck training and licensing, and from the Auditor General of Ontario identified this problem as far back as 2018. We, Northern MPPs have mentioned this issue many times in the legislature. The response from the government has been that these are the safest roads in North America, and that they are looking into the matter.



January 25, 2025

MPP Guy Bourgouin *Mushkegowuk-James Bay*
MPP Lise Vaugeois *Thunder Bay-Superior North*
MPP John Vanthof *Timiskaming Cochrane*

Regardless of political stance, we hope that we can all agree that one of the basic jobs of any government is to ensure that people who are issued a driver's license are capable of safely driving the vehicle for which they are licensed. There are over a hundred companies in Ontario who recruit, train, and license their own drivers and they can issue Ontario licenses to them. These are among the worst offenders. Of course there are still good driving schools, and companies that provide excellent training programs to their new drivers, but not all of them. Change needs to happen in the immediate and long term, and we are proposing a plan to address these needs. First, there needs to be immediate action by the Ministry to ensure that only properly-trained drivers are graduating by appointing employees of the MTO to conduct driving tests for all new commercial vehicle drivers before they can receive a license.

Immediate Ask

- Have all new drivers tested by MTO certified inspectors, not third-party private companies. If their student drivers can't pass a legitimate road test, then these driving schools will be forced to change how they conduct business.

Short-Term

- Return the management of highway maintenance operations to the MTO, while working with contractors and providers throughout the North.
- Increase staffing at scales and inspection sites, as well as OPP Traffic enforcement to ensure the laws currently in place are being followed.
- Expedite the 2+1 pilot project and the construction of rest stops. Use the fill that is dug out to rebuild sections of the highway to create parking pull offs.

Medium-Term

- Make snow tires mandatory for all passenger vehicles registered in Northern Ontario.
- Ensure that driving schools comply with the current MELT training system.
- Reform issues within MELT itself and expand requirements to include winter driving training.
- Address the current abuse of "self insurance provisions" and ensure tow truck operators and other service providers can get paid for services from these schemes.
- Require that all commercial motor vehicles have dash cams.
- Increase the number of cameras and photo radar to slow down traffic.
- Emphasize rail to move goods so not as many loads must travel on the highway.
- Return connecting links to the provincial highway system so that maintenance is uniform.
- Better equip and increase the availability of rest stops with heated, maintained washrooms.
- Direct the cost of repairing damage to municipal roads caused by detour traffic from highway closures to the MTO.

Long-Term

- Widen and pave all shoulders on Highways 11 and 17.
- Make Highway 11 and 17 a divided four-lane highway wherever possible.
 - If the 2+1 pilot proves successful, a continuous three lane would be a good intermediate step. The TransCanada Highway is the road system meant to move goods and people

January 25, 2025



MPP Guy Bourgouin *Mushkegowuk-James Bay*
MPP Lise Vaugeois *Thunder Bay-Superior North*
MPP John Vanthof *Timiskaming Cochrane*

This plan is designed to be a living document. The goals here have been suggested by industry stakeholders, drivers, municipalities and others. We are open to suggestions, ideas, and constructive criticism. Please send us your comments. By working together, we are hoping to make the highway safer for all our families.

MPP Guy Bourgouin
MPP Lise Vaugeois
MPP John Vanthof



SEND A LETTER TO THE MINISTER

<https://win.newmode.net/mppguybourgouin/sendalettertotheministeroftransportation>



CONTACT US

gbourgouin-qp@ndp.on.ca
lvaugeois-co@ndp.on.ca
jvanthof-qp@ndp.on.ca



MPP Bourgouin: 705-335-7351
MPP Vauegois: 807-345-3647
MPP Vanthof: 1-888-701-1105

COUNCIL RESOLUTION



Moved By: Krystal
Seconded By: Helene

DATE: March 12, 2025
Resolution No. 25-053

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the attached resolution dated February 27, 2025 from the Township of Champlain with regards to a request for support concerning the Canada Metal Processing Group's announcement on steps to respond to U.S. tariff threats on the steel sector, as presented.

✓

<hr/> Carried	<hr/> Defeated	<hr/> Deferred
----------------------	-----------------------	-----------------------

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

No. du point à l'ordre du jour: 15.3.
No. du point 2025-071
Titre: Canada Metal Processing Group - Annonce des mesures à prendre pour répondre aux menaces tarifaires américaines sur le secteur de l'acier
Date: le 27 février 2025

Proposée par: Paul Emile Duval

Appuyée par: Michel Lalonde

Attendu que le maintien d'une industrie sidérurgique nationale saine et de sa clientèle, qui transforme l'acier en produits sidérurgiques, est essentiel à la stabilité économique d'une nation souveraine indépendante et autonome ; et

Attendu que l'acier est une industrie fondamentale pour la production de produits de base et d'infrastructures pour des industries essentielles telles que la défense, l'approvisionnement en énergie, qu'il s'agisse de combustibles fossiles ou d'énergie verte, la majorité des industries manufacturières telles que l'automobile, le transport, l'équipement lourd, ainsi que la construction de logements et d'infrastructures ; et

Attendu que le Groupe de transformation des métaux Canada (« MPG Canada ») de Heico Companies exploite trois entreprises (Ivaco Rolling Mills, Sivaco et Infasco) sur six sites de fabrication au Québec et en Ontario et qu'il emploie environ 1 600 personnes. L'organisation exploite une aciérie à four électrique à arc (FEA) ultramoderne et une coulée de billettes, un laminoir à barres à deux brins, une installation de traitement des barres, deux laminoirs à fil, une installation de fabrication de boulons, une installation de fabrication d'écrous et une installation de revêtement d'attaches en acier. MPG Canada s'efforce d'offrir la meilleure expérience à ses clients en livrant des produits sidérurgiques de grande valeur et de conception durable dans toute l'Amérique du Nord ; et

Attendu que, face aux menaces de tarifs américains, et comme les membres de l'Association canadienne des producteurs d'acier (ACPA) l'ont préconisé, MPG Canada demande au gouvernement canadien d'être prêt à réagir rapidement pour protéger la viabilité à long terme des fabricants canadiens de produits d'acier et la sécurité d'emploi collective de ses employés.

Qu'il soit résolu que le Canton de Champlain appuie le Canada Metal Processing Group (« MPG Canada ») dans sa demande au gouvernement canadien de réagir immédiatement :

- Se préparer à mettre en œuvre des mesures tarifaires de rétorsion correspondantes sans délai de consultation ;
- Soutenir les travailleurs et les entreprises pendant cette crise économique ;
- Empêcher l'augmentation constante des importations déloyales d'autres pays vers le Canada et protéger l'industrie nationale en instituant de larges surtaxes au titre de l'article 53, sans aucune exemption possible ;
- Promouvoir l'achat d'acier canadien, dont l'intensité en carbone est bien inférieure à celle des importations ; et
- Travailler en collaboration avec les États-Unis pour créer un marché nord-américain aligné pour l'acier nord-américain fondu et coulé.

De plus, qu'il soit résolu que la présente résolution soit diffusée auprès de :

- Le très honorable Justin Trudeau (Premier ministre du Canada),
- L'honorable Mélanie Joly (ministre des Affaires étrangères Canada),
- L'honorable Nate Erskine-Smith (ministre du Logement, de l'Infrastructure et des Collectivités Canada),
- le premier ministre de l'Ontario,
- Le ministre du Développement économique, de la Création d'emplois et du Commerce de l'Ontario,
- le ministre des Affaires municipales et du Logement de l'Ontario,

- Fédération canadienne des municipalités (FCM),
- Association des municipalités de l'Ontario (AMO),
- l'Association des municipalités rurales de l'Ontario (ROMA),
- le Caucus des gardiens de l'Est de l'Ontario,
- L'honorable Francis Drouin, député de Glengarry-Prescott-Russell,
- Membre du Parlement provincial, MPP - Glengarry-Prescott-Russell,
- L'Association canadienne des producteurs d'acier,
- MPG Canada,
- L'Association des municipalités de l'Ontario, et
- Toutes les municipalités de l'Ontario

Adoptée

Copie certifiée conforme

Alison Collard, greffière Date :

Township of Champlain

Resolution
Regular Council Meeting

Agenda Number: 15.3.
Resolution Number 2025-071
Title: Canada Metal Processing Group - Announcement on steps to respond to U.S. tariff threats on the steel sector
Date: February 27, 2025

Moved By: Paul Emile Duval
Seconded By: Michel Lalonde

Whereas maintaining a healthy domestic steel manufacturing industry and its customer base, who transform steel into steel products, is critical to the economic stability of an independent and autonomous sovereign nation; and

Whereas Steel is a foundational industry to produce core products and infrastructure for essential industries e.g., defence, energy supply both fossil fuels and green energy, majority of industrial manufacturing e.g., automotive, transport, heavy equipment and essential for housing and infrastructure construction; and

Whereas the Heico Companies' Canada Metal Processing Group ("MPG Canada") operates three businesses (Ivaco Rolling Mills, Sivaco, and Infasco) over 6 manufacturing sites in Quebec and Ontario and employs approximately 1600 individuals. The organization operates a state-of-the-art electric arc furnace (EAF) steel plant and billet caster, a two-strand rod mill, a rod processing facility, two wire mills, a bolt manufacturing facility, a nut manufacturing facility and a steel fastener coating facility. MPG Canada strives to offer the best customer experience by delivering high-value and sustainably engineered steel products across North America; and

Whereas, in the face of U.S. tariff threats, and as the Canadian Steel Producer Association (CSPA) members have been advocating, MPG Canada calls on the Canadian government to be prepared to react quickly to safeguard the long-term viability of Canadian steel product manufacturers, and the collective job security of its employees.

Be it resolved that the Township of Champlain supports The Canada Metal Processing Group ("MPG Canada") in its request to the Canadian Government to immediately:

- Prepare to implement matching retaliatory tariff measures without any consultation delay;
- Provide support for workers and businesses during this economic crisis;
- Prevent the ever-increasing unfairly traded imports from other countries into Canada and protect the domestic industry by instituting broad Section 53 surtaxes, without any possible exemptions;
- Promote buying Canadian steel, with its much lower carbon intensity than imports; and
- Work in collaboration with the U.S. to create an aligned North American steel trade market for melted and poured North American steel.

Be it further resolved that this Resolution be circulated to:

- The Right Hon. Justin Trudeau (Prime Minister of Canada),
- The Hon. Melanie Joly (Minister of Foreign Affairs, Canada),
 - The Hon. Nate Erskine-Smith (Minister of Housing, Infrastructure and Communities, Canada),
 - Premier of Ontario,
 - Ontario's Minister of Economic Development, Job Creation and Trade,
 - Ontario's Minister of Municipal Affairs and Housing,
 - Federation of Canadian Municipalities (FCM),
 - Association of Municipalities of Ontario (AMO),

- Rural Ontario Municipal Association (ROMA),
- Eastern Ontario Wardens' Caucus,
- The Hon. Francis Drouin, MP - Glengarry-Prescott-Russell,
- Member of Provincial Parliament, MPP – Glengarry-Prescott-Russell,
- The Canadian Steel Producer Association,• MPG Canada,
- The Association of Municipalities of Ontario, and
- All of Ontario's municipalities.

Carried

Certified True Copy of Resolution

Alison Collard, Clerk

Date:

Source: *Canada Metal Processing Group*

February 24, 2025 10:32 ET

Canada Metal Processing Group announces steps to respond to U.S. tariff threats on steel sector

BROSSARD, Quebec, Feb. 24, 2025 (GLOBE NEWSWIRE) -- Canada Metal Processing Group (MPG Canada) and its subsidiaries, Ivaco Rolling Mills, Sivaco, and Infasco, are announcing the difficult but necessary steps to respond to the current challenging market environment and the threat of incoming tariffs from the United States on steel and steel derivatives. These measures will help maintain the majority of MPG Canada's footprint and workforce while reacting to the impact that these threats are already having on the company's demand for its products destined directly and indirectly, via our Canadian customers, to U.S. customers.

In light of lower anticipated demand and production volume, due to U.S. tariff threats and trade challenges in Canada with increasing imports, the measures include a workforce reduction of 140 production and office employees in Ontario and Quebec, implementation of cost savings actions, and the cancellation or pause of some projects. These steps will enable MPG Canada to remain competitive to service our customers and protect the business in the short-term.

"This was an extremely difficult decision for our company, and not one that was made lightly, but necessary for the business in the current environment," said MPG Canada President Matt Walker. "Our employees are the backbone of our operations. They work hard, day in and day out, to create steel products which are recognized for their quality and good customer service while being an integral part of the Canada-U.S. supply chain."

Soft market in 2024, weak North American macroeconomic demand linked to a U.S. election year, the increased challenge of unfair trade imports into Canada, and now the imminent threat of 25% U.S. tariffs on steel sector and 25% on all Canadian products into the U.S., are having serious impacts on the demand for MPG Canada products.

"While it is impossible at this juncture to predict how long these actions by the United States will last, the Canadian government must be prepared to react quickly to safeguard the long-term viability of Canadian steel product manufacturers, and the collective job security of our employees," said Walker. "Maintaining a healthy domestic steel manufacturing industry and their customer base, who transform steel to steel products, is critical to the economic stability of an independent and autonomous sovereign nation. Steel is a foundational industry to produce core products and infrastructure for essential industries e.g., defence, energy supply both fossil fuels and green energy, majority of industrial manufacturing e.g., automotive, transport, heavy equipment and essential for housing and infrastructure construction."

In the face of U.S. tariff threats, and as the Canadian Steel Producer Association (CSPA) members have been advocating, MPG Canada calls on the Canadian government to immediately:

- Prepare to implement matching retaliatory tariff measures without any consultation delay.
- Provide support for workers and businesses during this economic crisis.
- Prevent the ever-increasing unfairly traded imports from other countries into Canada and protect the domestic industry by instituting broad Section 53 surtaxes, without any possible exemptions.

- Promote buying Canadian steel, with its much lower carbon intensity than imports.
- Work in collaboration with the U.S. to create an aligned North American steel trade market for melted and poured North American steel

About Canada Metal Processing Group

The Heico Companies' Canada Metal Processing Group operates three businesses (Ivaco Rolling Mills, Sivaco, and Infasco) over 6 manufacturing sites in Quebec and Ontario and employs approximately 1600 individuals. The organization operates a state-of-the-art electric arc furnace (EAF) steel plant and billet caster, a two-strand rod mill, a rod processing facility, two wire mills, a bolt manufacturing facility, a nut manufacturing facility and a steel fastener coating facility. Canada Metal Processing Group strives to offer the best customer experience by delivering high-value and sustainably engineered steel products across North America.

For media inquiries, please contact:

Frédéric Perron | Director, Marketing and Business Development
Canada Metal Processing Group, part of The Heico Companies
fperron@mpg.heicocompanies.com

COUNCIL RESOLUTION



Moved By: Julia
Seconded By: Hélène

DATE: March 12, 2025
Resolution No. 25-054

BC Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and ~~approve~~ the attached letter dated February 28, 2025 from the Regional Municipality of Durham with regards to a request for support concerning protecting Canadian values by banning the Nazi Swastika in Canada, as presented.

<u>✓</u>		
Carried	Defeated	Deferred

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystel Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:



February 28, 2025

The Honourable Arif Virani
Minister of Justice
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Virani:

**RE: Motion regarding Protecting Canadian Values: Ban the
Nazi Swastika in Canada, Our File: C00**

**The Regional
Municipality of
Durham**

Corporate Services
Department –
Legislative Services
Division

605 Rossland Rd. E.
Level 1
PO Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102

durham.ca

**Alexander Harras
M.P.A.
Director of
Legislative Services
& Regional Clerk**

Council of the Region of Durham, at its meeting held on February 26, 2025, adopted the following recommendations of the Committee of the Whole, as amended:

“Whereas in recent years, Nazi iconography has surfaced with alarming frequency in the public sphere, used by an increasing number of groups and individuals to promote hate and instill fear within Canadian society; and

Whereas since the atrocities of WWII, the Nazi swastika, also known as the hakenkreuze, has become universally synonymous with systematic violence, terror and hate. Its growing presence in our country poses a threat to every single Canadian citizen, undermining the core values of equality, diversity, and inclusion that define our nation, and

Whereas eighteen countries have already taken action to ban these symbols, it is imperative that Canada follow suit;

Therefore be it resolved, that Durham Region Council supports B’Nai Brith’s call to the Government of Canada to pass legislation banning, with exceptions for certain educational and artistic purposes, the public display of Nazi symbols and iconography, including the Nazi swastika (hakenkreuze). Specifically, demanding that the Government of Canada immediately:

1. Ban the Nazi swastika (hakenkreuze)

2. Ban all Nazi symbols and iconography

Durham Region Council agrees that the people of Canada are counting on the federal government to ensure a future free from hate, where every Canadian is protected, valued, and respected; and

That a copy of this motion is sent to all Canadian Municipalities.”

Alexander Harras

Alexander Harras, M.P.A.
Director of Legislative Services & Regional Clerk
AH/tf

c: B'nai Brith Canada
All Canadian Municipalities

COUNCIL RESOLUTION



Moved By: Krystal
Seconded By: Julila

DATE: March 12, 2025
Resolution No. 25-055

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the attached letter dated January 20, 2025 from the Town of Goderich with regards to a request for support concerning Ontario-wide licencing framework for rideshare companies, as presented.

✓

<hr/> Carried	<hr/> Defeated	<hr/> Deferred
----------------------	-----------------------	-----------------------

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

Monday, January 20, 2025

The Honourable Doug Ford
Premier of Ontario
Premier's Office, Legislative Building, Room 281
Toronto, Ontario M7A 1A1
Premier@ontario.ca

SENT VIA EMAIL

The Honourable Prabmeet Sarkaria
Minister of Transportation
5th Flr, 777 Bay St
Toronto, ON M7A 1Z8
minister.mto@ontario.ca

RE: Support for an Ontario-wide licencing framework for rideshare companies

Dear Premier Ford and Minister Sarkaria,

Please be advised of the following motion that was passed at the January 13, 2025, Goderich Town Council meeting:

Moved By: Councillor Kelly

Seconded By: Deputy Mayor Noel

Whereas Rideshare services are increasingly relied upon by seniors, students, visitors and tourists, and residents looking for safe, affordable, convenient, and reliable ways to travel;

And Whereas, the standardization and consistency of regulations across municipalities, particularly in Ontario, can improve the efficiency and effectiveness of the regulatory framework;

And Whereas, transferring the responsibility of ride-share regulations and licensing to the provincial level would contribute to a more streamlined and uniform governance structure, while eliminating associated red tape and unnecessary administrative costs;

Therefore, Be It Resolved that the Town of Goderich Council hereby expresses its support for the migration of ride-share regulations and licensing from the municipal level to the provincial level;

Be It Further Resolved that the Town of Goderich Council formally requests the Government of Ontario to initiate the transfer of responsibilities in the interest of creating a more coherent and standardized regulatory framework for ride-sharing services across the province;

Be It Further Resolved that copies of this motion be distributed to the Honourable Doug Ford, Premier of Ontario; the Honourable Prabmeet Sarkaria, Minister of Transportation; the Honourable Paul Calandra, Minister of Municipal Affairs and Housing; the Honourable Lisa Thompson, Minister of Rural Affairs; the Association of Municipalities of Ontario (AMO); the Eastern Ontario Wardens Caucus, the County of Huron; and all six neighbouring Huron County lower-tier municipalities, and all Ontario municipalities.

The Town of Goderich
57 West Street
Goderich, Ontario
N7A 2K5
519-524-8344
townhall@goderich.ca
www.goderich.ca



CARRIED

If you have any questions, please do not hesitate to contact me at 519-524-8344 ext. 210 or afisher@goderich.ca

Yours truly,

A handwritten signature in cursive script that reads "Andrea Fisher".

Andrea Fisher
Director of Legislative Services/Clerk
/ab

Enclosed:

1. Policy Note – Expanding Transportation Options in Ontario
2. Eastern Ontario Warden's Caucus Letter of Support

cc: Hon. Paul Calandra, Minister of Municipal Affairs and Housing minister.mah@ontario.ca
Hon. Lisa Thompson, Minister of Rural Affairs minister.mra@ontario.ca
The Association of Municipalities Ontario (AMO) amopresident@amo.on.ca
Rural Ontario Municipal Association (ROMA) roma@roma.on.ca
Meredith Staveley-Watson, Manager of Government Relations, EOWC info@eowc.org
The Eastern Ontario Wardens Caucus, info@eowc.org
The County of Huron and all neighbouring Huron County lower-tier municipalities and all Ontario municipalities.

Policy Note - Expanding Transportation Options in Ontario

The purpose of this note is to outline the current challenges with respect to the regulation of ridesharing in Ontario and the benefits to the province that could be unlocked through a provincial regulatory framework.

[Context](#)

[Current Challenges](#)

[Municipal Interest in Ontario](#)

[Benefits of Provincial Approach](#)

[Jurisdictional Scan](#)

Context

- Since 2016, dozens of municipalities across Ontario have developed unique bylaws to regulate ridesharing.
- These bylaws cover topics such as licensing scheme, insurance requirements, driver screening standards, vehicle requirements, and fee / payment schedules.
- Currently, there are several ridesharing companies operational in Ontario, including Lyft, U-Ride, Uber and others.
- Ridesharing provides a vital transportation option in communities across the province, but much of the province is still underserved by ridesharing services.

Current Challenges

The current regulatory structure has significant policy challenges that impacts the province's transportation system and economic growth. Challenges include:

- **Patchwork regulatory framework** - As the province recently demonstrated through its [One Fare](#) announcement, transportation does not stop at municipal boundaries and is increasingly regional. The regulation of ridesharing has become a patchwork regulatory system where a driver can pick up in one municipality but may not be able to pick up in the neighbouring municipality, leading to deadheading.
- **Increasing red tape** - For ridesharing companies that wish to expand in Ontario at the moment, they have to go to individual municipalities and develop bespoke compliance systems. This increases red tape and the cost of doing business in Ontario. It severely limits the ability of ridesharing companies to scale across rural Ontario.
- **Lack of rural transportation options** - Many rural municipalities in Ontario are significantly growing as a result of the Government's investment in housing and infrastructure, yet they lack sufficient transportation options for their residents. Even when options exist, they are often only available at limited times of the day.

Municipal Interest in Ontario

Due to the lack of rural transportation options and the benefits of ridesharing services, over the past months, several municipalities that do not currently have ridesharing services have expressed interest in bringing ridesharing to their communities. These include:

- **Municipality of Brighton** - Northumberland-Peterborough South
- **Township of Russell** - Glengarry-Prescott-Russell
- **City of Pembroke** - Renfrew-Nippissing-Pembroke
- **Township of Southgate** - Bruce-Grey-Owen Sound
- **Town of St. Mary's** - Perth-Wellington

Some of these communities, including Brighton, ON have already passed resolutions (see [Appendix A](#) for full resolution) declaring “support for the migration of ride-share regulations and licensing from the municipal level to the provincial level”.

Benefits of Provincial Approach

A provincial approach to the regulation of ridesharing would have considerable benefits to the Ontario economy and the people of Ontario. These benefits include:

- **Supports economic development** - As Ontario continues to attract investments in areas such as EV manufacturing, communities across the province will need additional transportation options. Ridesharing helps people get around growing communities while also providing part-time flexible work opportunities.
- **Connects communities** - The current patchwork regulatory structure does not reflect the reality of regional transportation, which does not stop at municipal borders. Similar to the One Fare approach of the government, a provincial regulatory framework would allow people to use ridesharing to move seamlessly between communities in the province.
- **Helps reduce impaired driving** - Research shows that the presence of ridesharing in a community can help reduce impaired driving, which is why Uber is a proud partner of MADD Canada. In many rural communities, transportation options are often sparse or unavailable late at night, which can lead some to drive impaired. A provincial regulatory framework would allow ridesharing to expand more easily into these communities and provide citizens with a good reason not to drink and drive.
- **Enables innovative approaches to transit** - Uber and the Town of Innisfil co-designed a custom transit solution, named Innisfil Transit. With a touch of a button, residents are offered flat fare rides to popular destinations, such as the train station, the recreation complex, or the Innisfil Employment Area. Since the launch of Innisfil Transit, thousands of residents have taken trips to connect with the commuter rail station, get to work, go out with friends, or visit their doctor.
- **Connectivity to higher order transit** - As Metrolinx builds out the GO RER expansion and the Ontario Northlander resumes services, more Ontarians and visitors to our

province will use these services to connect with communities. Ridesharing would help boost the success of these services by serving as a “first-mile / last-mile” solution in communities across the RER and Northlander corridors.

Jurisdictional Scan

The majority of other provinces in Canada have adapted a provincial model to the regulation of ridesharing. Some examples of provincial models include:

Province	Legislation	Website / More Information
Newfoundland and Labrador	Transportation Network Company Regulations	Transportation Network Companies (Ride-sharing Service) - Digital Government and Service NL
Quebec	Bill 17, An Act respecting remunerated passenger transportation by automobile - National Assembly of Québec	Authorized drivers or drivers of a vehicle comparable to a taxi - SAAQ
Alberta	Transportation Network Companies Regulation	Ride-for-hire services Alberta.ca
Saskatchewan	Vehicles for Hire Act Vehicles for Hire Regulations	Ridesharing services - SGI

Appendix A: Municipality of Brighton Resolution

WHEREAS, the Municipality of Brighton faces challenges related to limited access to transportation, and there exists a pressing need for a ride-sharing service to address transportation gaps within our community;

WHEREAS rideshare services are increasingly relied upon by seniors, students, visitors and tourists, and residents looking for safe, affordable, convenient, and reliable ways to travel;

WHEREAS, the standardization and consistency of regulations across municipalities, particularly in Ontario, can improve the efficiency and effectiveness of the regulatory framework;

WHEREAS, transferring the responsibility of ride-share regulations and licensing to the provincial level would contribute to a more streamlined and uniform governance structure, while eliminating associated red tape and unnecessary administrative costs;

THEREFORE, BE IT RESOLVED that the Municipality of Brighton Council hereby expresses its support for the migration of ride-share regulations and licensing from the municipal level to the provincial level;

BE IT FURTHER RESOLVED that the Municipality of Brighton Council formally requests the Government of Ontario to initiate the transfer of responsibilities in the interest of creating a more coherent and standardized regulatory framework for ride-sharing services across the province;

BE IT FURTHER RESOLVED that copies of this motion be distributed to the Honourable Doug Ford, Premier of Ontario; the Honourable Prabmeet Sarkaria, Minister of Transportation; the Honourable Paul Calandra, Minister of Municipal Affairs and Housing; the Honourable David Piccini, Member of Provincial Parliament for Northumberland-Peterborough South; the Association of Municipalities of Ontario (AMO); the Eastern Ontario Wardens Caucus, the County of Northumberland; and all six neighbouring Northumberland lower-tier municipalities, and all Ontario municipalities.

October 24, 2024

The Honourable Doug Ford
Premier of Ontario
Premier's Office, Legislative Building, Room 281
Toronto, Ontario M7A 1A1
Premier@ontario.ca

The Honourable Prabmeet Sarkaria
Minister of Transportation
5th Flr, 777 Bay St
Toronto, ON M7A 1Z8
minister.mto@ontario.ca

**Re: Eastern Ontario Wardens' Caucus support for an Ontario-wide
licensing framework for rideshare companies**

Dear Premier Ford and Minister Sarkaria,

On behalf of the [Eastern Ontario Wardens' Caucus \(EOWC\)](#), representing 103 rural and small urban municipalities across Eastern Ontario, I am writing to request that the Ontario Government strongly consider adopting a province-wide licensing framework for rideshare companies.

Municipalities across Eastern Ontario, including the County of Northumberland and Township of Russell, have been advocating for a provincial licensing framework for rideshare companies that would align Ontario with Quebec and British Columbia. Ridesharing provides a vital transportation option in communities across Ontario, but much of the province is still underserved by ridesharing services.

In many parts of the province, ridesharing is unregulated or regulated in a 'patchwork' manner. Since 2016, dozens of municipalities across Ontario have developed unique bylaws to regulate ridesharing. These bylaws cover topics such as licensing scheme, insurance requirements, driver screening standards, vehicle requirements, and fee / payment schedules.

The benefits of an Ontario-wide licensing framework of rideshare companies include:

- **Supports economic development** - As Ontario continues to attract investments in areas such as electronic vehicle (EV) manufacturing, communities across the province will need additional transportation options. Ridesharing helps people get around growing communities while also providing part-time flexible job opportunities.
- **Connects communities** - The current patchwork regulatory structure does not reflect the reality of regional transportation, which does not stop at municipal borders. Similar to the One Fare approach of the government, a provincial regulatory framework would allow people to use ridesharing to move seamlessly between communities in the province.
- **Helps reduce impaired driving** - Research shows that the presence of ridesharing in a community can help reduce impaired driving. In many rural communities, transportation options are often sparse or unavailable late at night, which can lead some individuals to choose to drive impaired. A provincial regulatory framework would allow ridesharing to expand more easily into these communities and provide people with a safe ride option.
- **Enables innovative approaches to transit** – As one example of innovative partnerships, the Town of Innisfil and Uber Canada co-designed a custom transit solution, named Innisfil Transit. With a touch of a button, residents are offered flat fare rides to popular destinations, such as the train station, the recreation complex, or the Innisfil Employment Area. Since the launch of Innisfil Transit, thousands of residents have taken trips to connect with the commuter rail station, get to work, go out with friends, or visit their doctor.

Premier Ford and Minister Sakaria, we thank you for your consideration of this important issue. As always, the EOWC remains a trusted partner and welcomes continued collaboration and opportunities for open dialogue on behalf of our member municipalities.

Sincerely,



Peter Emon
Chair, 2024
Eastern Ontario Wardens' Caucus
Info@eowc.org

CC: Hon. Paul Calandra, Minister of Municipal Affairs and Housing
minister.mah@ontario.ca

Hon. Lisa Thompson, Minister of Rural Affairs
minister.mra@ontario.ca

The Association of Municipalities Ontario (AMO)
amopresident@amo.on.ca

Rural Ontario Municipal Association (ROMA)
roma@roma.on.ca

Meredith Staveley-Watson, Manager of Government Relations, EOWC
info@eowc.org

COUNCIL RESOLUTION



Moved By: Krystal
Seconded By: Helene

DATE: March 12, 2025
Resolution No. 25-056

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the attached letter dated February 28, 2025 from the Ontario Clean Water Agency (OCWA) with regards to our Annual Reporting under the Safe Drinking Water Act (SDWA) concerning our Water Treatment Plant, as presented.

✓

<hr/> Carried	<hr/> Defeated	<hr/> Deferred
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RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

February 28 2025

Mayor Beverly Nantel and Council
The Corporation of the Township of Dubreuilville
P.O. Box 367
Dubreuilville, Ontario
P0S 1B0

Re: For the Dubreuilville Water Treatment Plant; Waterworks No.: 210001442
O. Reg. 170 Section 11 & Schedule 22 Annual Reporting under SDWA

Attached are the [2024](#) Annual and Summary Reports for the Dubreuilville Drinking Water System. The Reports are based on information provided by Operators in accordance with Section 11 and Schedule 22 of O. Reg. 170/03, under the Safe Drinking Water Act. A confirmation of submission of the PTTW reporting, as required by O.Reg 387, is included as part of the report.

Please note that any Orders that you have received directly from the MECP or any major expense incurred by the Municipality which is not listed should be reviewed and added to the report.

As per Schedule 22 of O. Reg. 170/03, this Summary Report is to be provided to the members of the municipal council no later than [March 31, 2025](#). Please ensure this distribution.

Section 12 of O. Reg. 170/03, requires both the Summary Report and the Annual Report be made available for inspection by any member of the public during normal business hours, without charge. The reports should be made available for inspection at the office of the municipality or at a location that is reasonably convenient to the users of the water system

Yours truly,

Patrick Couture

Patrick Couture
Senior Operations Manager
Northwestern Ontario Regional Hub
807-228-2617

Copy to: Shelley B. Casey – CAO-Clerk/Deputy-Treasurer
Francis DeChamplain – Infrastructure Superintendent
Operations Staff – Dubreuilville Well Supply

Dubreuilville Drinking Water System

Large Municipal Residential Drinking Water System

January 1 – December 31, 2024

O.Reg 170/03 Schedule 22 Summary Report
O.Reg 170/03 Section 11 Annual Report

Issued: **February 28 2025**

Prepared by the



Ontario Clean Water Agency
Agence Ontarienne Des Eaux



Drinking-Water System Number: 210001442
Drinking-Water System Name: Dubreuilville Drinking Water System
Drinking-Water System Owner: The Corporation of the Township of Dubreuilville
Drinking-Water System Category: Large Municipal Residential Drinking Water-System
Period being reported: [January 1 – December 31, 2024](#)

SECTION 1: INTRODUCTION

This document is prepared in accordance with Section 11 and Schedule 22 of O.Reg.170/03 under the Safe Drinking Water Act and with Section 9 of O.Reg.387/04 under the Ontario Water Resources Act.

The reports are prepared by the Ontario Clean Water Agency on behalf of the Corporation of the Township of Dubreuilville. Acronyms and definitions can be found at the end of the report.

A copy of the Summary Report must be provided to the members of the municipal council by [March 31, 2025](#).

SECTION 2: REQUIREMENTS OF THE REPORTS

Schedule 22 Report

The report must list the requirements of the Act, the regulations, the system's approval and any order that the system failed to meet at any time during the period covered by the report. It must also specify the duration of the failure, and for each failure referred to, describe the measures that were taken to correct the failure.

For the purpose of enabling the owner of the system to assess the rated capability of their system to meet existing and future planned water uses, the following information is required to be included in this report:

- A summary of the quantities and flow rates of the water supplied during the period covered by the report, including monthly average and maximum daily flows.
- A comparison of the summary to the rated capacity and flow rates approved in the systems approval.

Section 11 Report

The annual report must contain the following:

- A brief description of the drinking water system and a list of chemicals used by the system.
- A description of any major expenses incurred during the period covered by the report to install, repair or replace required equipment.
- A summary of all adverse water quality incidents (AWQI) reported to the Ministry
- A summary of corrective actions taken in response all AWQIs



- A summary of all test results required under the regulation, under an approval, municipal drinking water license or order, including an OWRA order.
- A statement of where a Schedule 22 report will be available for inspection.

The report must be prepared not later than February 28 of the following year.

Regulation 387 Report

On or before March 31 in every year, every holder of a permit to take water (PTTW) shall submit to a Director the data collected and recorded for the previous year.

SECTION 3: SECTION 11 REPORT

Information	
Population Served	635
Does your Drinking-Water System serve more than 10,000 people?	Yes [] No [X]
Is your annual report available to the public at no charge on a web site on the Internet?	Yes [X] No []
Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.	Township of Dubreuilville 23, rue des Pins Dubreuilville, ON P0S 1B0
Number of Designated Facilities served:	N/A
Did you provide a copy of your annual report to all Designated Facilities you serve?	
Number of Interested Authorities you report to:	N/A
Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?	
List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:	
DWS Name:	DWS: #
Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?	
Yes [] No []	
Indicate how you notified system users that your annual report is available, and is free of charge.	
[X] Public access/notice via the web [X] Public access/notice via Government Office (Municipal) [] Public access/notice via a newspaper [] Public access/notice via Public Request [X] Public access/notice via a Public Library [] Public access/notice via other method – Community Television Channel	

Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report



Facility Description

The Corporation of the Township of Dubreuilville receives its municipal potable water from a well system that was built in 1985. The system underwent significant upgrades to the treatment and pumphouse in 2005. A service program was performed on the wells in 2022 that included static video surveys, well rehabilitation, and well performance testing. The field portion of this work was completed June 14 – 16, 2022.

The Dubreuilville well supply system is comprised of the following:

- Well #1 is located beneath the addition to the pumphouse that was built in 2005. This well is not available in standby mode, however, when needed, can be manually initiated by an operator.
- Well #2 is also located beneath the pumphouse and is the well that is operated on a regular basis to deliver the municipal potable water to the community.
- There is an installation of an Ultraviolet (UV) disinfection system within the existing pump house which consists of two (2) UV reactors each rated for a designed flow of 31.8 L/sec
- Chlorine is added to the water as it leaves the pumphouse and contact time to achieve the appropriate CT is accomplished in 60m / 300mm main located between the pumphouse and the first service connection
- The distribution system includes an in-ground 1,215m³ reservoir and services 38 fire hydrants and approximately 320 service connections
- Operation of the well pumps is controlled by the level in the reservoir which has an emergency storage capacity of approximately 2.5 days at normal flow conditions

Chemicals Used During Reporting Period

- Sodium Hypochlorite



Significant Expenses

Significant expenses were incurred to:

- Install Required Equipment
- X Repair Required Equipment
- Replace Required Equipment

Install	Repair	Replace	Description	Expense
	X		SCADA Upgrade	\$103,559.22
	X		UV Annual Servicing - EDA	\$8,770
	X		Annual Generator Maintenance WTP	\$1,775
	X		UV sensor repairs EDA environmental or Trojan	\$919
	X		Emergency generator repairs 85 electric	\$2,724
	X		well cleaning enhanced	\$102,114
	X		Distribution Swabbing	\$6,000

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre

Incident Date (yyyy/mm/dd)	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date (yyyy/mm/dd)
Feb 26 2024	Water bypassed UV's, CT not achieved			Correct UV issue, collect two sets of samples	March 1 2024

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period

	Number of Samples	Range of E.Coli Or Fecal Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
Raw Well 1	54	0 - 0	0 - 9	N/A	N/A
Raw Well 2	48	0 - 0	0 - 0	N/A	N/A
Treated	56	0 - 0	0 - 0	53	<10 - 10
Distribution	117	0 - 0	0 - 0	53	<10 - 2000

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report

	Number of Grab Samples	Range of Results (min #)-(max #)
Turbidity		
Raw #1	52	0.18 - 13.80 NTU
Raw #2	47	0.04 - 3.47 NTU
Chlorine		
Treated	8760	0.00 - 5.00 mg/L
Distribution	8760	0.00 - 3.02 mg/L
Distribution	159	0.52 - 1.82 mg/L
Fluoride (If the DWS provides fluoridation)	N/A	N/A

NOTE: For continuous monitors use 8760 as the number of samples.

* Turbidity & chlorine Min/Max (lows/highs) are due to planned maintenance and not plant upset.



Summary of additional testing and sampling carried out in accordance with the requirement of an approval, order or other legal instrument

Date of legal instrument issued	Parameter	Date Sampled (yyyy/mm/dd)	Result	Unit of Measure
N/A	N/A	N/A	N/A	N/A

Summary of Inorganic parameters tested during this reporting period or the most recent sample results

Parameter	Sample Date (yyyy/mm/dd)	Result Value	Unit of Measure	MAC	Exceedance	
					MAC	½ MAC
Antimony	2024/01/29	< MDL 0.5	µg/L	6	No	No
Arsenic	2024/01/29	< MDL 1	µg/L	10	No	No
Barium	2024/01/29	87	µg/L	1000	No	No
Boron	2024/01/29	10	µg/L	5000	No	No
Cadmium	2024/01/29	< MDL 0.1	µg/L	5	No	No
Chromium	2024/01/29	5	µg/L	50	No	No
Mercury	2024/01/29	< MDL 0.1	µg/L	1	No	No
Selenium	2024/01/29	0.6	µg/L	50	No	No
Uranium	2024/01/29	6	µg/L	20	No	No
Fluoride	2024/01/29	< MDL 0.05	mg/L	1.5	No	No
Nitrate	2024/01/29	0.97	mg/L	10	No	No
	2024/04/29	0.71	mg/L	10	No	No
	2024/07/29	1.27	mg/L	10	No	No
	2024/10/28	0.9	mg/L	10	No	No
Nitrite	2024/01/29	< MDL 0.05	mg/L	1	No	No
	2024/04/29	< MDL 0.05	mg/L	1	No	No
	2024/07/29	< MDL 0.05	mg/L	1	No	No
	2024/10/28	< MDL 0.05	mg/L	1	No	No
Sodium	2024/01/29	15	mg/L	20**	No	Yes
*Lead	<i>Refer to Summary Table Below</i>					

*only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

**There is no MAC for Sodium. The aesthetic objective for sodium in drinking water is 200 mg/L. The local Medical Officer of Health should be notified when the sodium concentration exceeds 20 mg/L so that this information may be communicated to local physicians for their use with patients on sodium restricted diets.

Summary of lead testing under Schedule 15.1 during this reporting period

(applicable to the following drinking water systems; large municipal residential systems, small municipal residential systems, and non-municipal year-round residential systems)

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Number of Exceedances
Plumbing	N/A	N/A	N/A
Distribution	4	0.1 – 0.2	0
Distribution - Alkalinity_ CaCO3: (mg/L)	4	288 - 302	



Summary of Organic parameters sampled during this reporting period or the most recent sample results

Parameter	Sample Date (yyyy/mm/dd)	Result Value	Unit of Measure	MAC	Exceedance	
					MAC	½ MAC
Treated Water						
1,1-Dichloroethylene (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	14	No	No
1,2-Dichlorobenzene (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	200	No	No
1,2-Dichloroethane (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	5	No	No
1,4-Dichlorobenzene (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	5	No	No
2,3,4,6-Tetrachlorophenol (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	100	No	No
2,4,6-Trichlorophenol (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	5	No	No
2,4-Dichlorophenol (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	900	No	No
2,4-Dichlorophenoxy acetic acid (2,4-D) (ug/L)-TW	2024/01/29	< MDL 0.377	µg/L	100	No	No
2-methyl-4-chlorophenoxyacetic acid (MCPA) (ug/L)-TW	2024/01/29	< MDL 6.28	µg/L	100	No	No
Alachlor (ug/L) -TW	2024/01/29	< MDL 0.492	µg/L	5	No	No
Atrazine + N-dealkylated metabolites (ug/L)-TW	2024/01/29	< MDL 0.5	µg/L	5	No	No
Azinphos-methyl (ug/L)-TW	2024/01/29	< MDL 0.41	µg/L	20	No	No
Benzene (ug/L)-TW	2024/01/29	< MDL 0.1	µg/L	1	No	No
Benzo(a)pyrene (ug/L)-TW	2024/01/29	< MDL 0.01	µg/L	0.01	No	Yes
Bromoxynil (ug/L)-TW	2024/01/29	< MDL 0.1	µg/L	5	No	No
Carbaryl (ug/L)-TW	2024/01/29	< MDL 2	µg/L	90	No	No
Carbofuran (ug/L) -TW	2024/01/29	< MDL 4	µg/L	90	No	No
Carbon Tetrachloride (ug/L) -TW	2024/01/29	< MDL 0.2	µg/L	2	No	No
Chlorpyrifos (ug/L) -TW	2024/01/29	< MDL 0.41	µg/L	90	No	No
Diazinon (ug/L)-TW	2024/01/29	< MDL 0.41	µg/L	20	No	No
Dicamba (ug/L)-TW	2024/01/29	< MDL 0.0879	µg/L	120	No	No
Dichloromethane (Methylene Chloride) (ug/L)-TW	2024/01/29	< MDL 1	µg/L	50	No	No
Diclofop-methyl (ug/L)-TW	2024/01/29	< MDL 0.126	µg/L	9	No	No
Dimethoate (ug/L)-TW	2024/01/29	< MDL 0.41	µg/L	20	No	No
Diquat (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	70	No	No
Diuron (ug/L)-TW	2024/01/29	< MDL 10	µg/L	150	No	No
Glyphosate (ug/L)-TW	2024/01/29	< MDL 20	µg/L	280	No	No
Malathion (ug/L)-TW	2024/01/29	< MDL 0.41	µg/L	190	No	No
Metolachlor (ug/L)-TW	2024/01/29	< MDL 0.273	µg/L	50	No	No
Metribuzin (ug/L)-TW	2024/01/29	< MDL 0.273	µg/L	80	No	No
Monochlorobenzene (Chlorobenzene) (ug/L)-TW	2024/01/29	< MDL 0.5	µg/L	80	No	No
Paraquat (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	10	No	No
PCB (ug/L)-TW	2024/01/29	< MDL 0.06	µg/L	3	No	No
Pentachlorophenol (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	60	No	No
Phorate (ug/L)-TW	2024/01/29	< MDL 0.273	µg/L	2	No	No
Picloram (ug/L)-TW	2024/01/29	< MDL 0.0879	µg/L	190	No	No
Prometryne (ug/L)-TW	2024/01/29	0.25	µg/L	1	No	No
Simazine (ug/L)-TW	2024/01/29	< MDL 0.41	µg/L	10	No	No
Terbufos (ug/L)-TW	2024/01/29	< MDL 0.273	µg/L	1	No	No
Tetrachloroethylene (ug/L)-TW	2024/01/29	< MDL 0.3	µg/L	10	No	No
Triallate (ug/L) -TW	2024/01/29	< MDL 0.273	µg/L	230	No	No
Trichloroethylene (ug/L)-TW	2024/01/29	< MDL 0.2	µg/L	5	No	No



Trifluralin (ug/L)-TW	2024/01/29	< MDL 0.273	µg/L	45	No	No
Vinyl Chloride (ug/L)-TW	2024/01/29	< MDL 0.1	µg/L	1	No	No
Distribution Water						
THM (NOTE: show latest annual average)	2024/10/28	35.8	µg/L	N/A		
	2024 Average	32.33	µg/L	100	No	No
Haloacetic acids (HAA) (NOTE: show latest annual average)	2024/10/28	16.0	µg/L	N/A		
	2024 Average	23.0	µg/L	80	No	No

SECTION 4: SCHEDULE 22 REPORT

Flows – Treated

In accordance with the **Municipal Drinking Water Licence 286 -101 Schedule C: System – Specific Conditions 1.0 Performance Limits**, the Dubreuilville drinking-water system shall not be operated to exceed the rated capacity for maximum flow rate from the treatment subsystem to the distribution system of **2747 m³ / day**.

The drinking-water system may be operated temporarily at a rate above the rated capacity where necessary for

- i. The purposes of fighting a large fire or,
- ii. The maintenance of the drinking-water system

In 2024, the average monthly treated flow rate was **14740.83 m³**; the average daily treated flow rate was **483.31 m³**; and the maximum daily treated flow rate for the year was **822 m³** representing **30%** of the allowable daily volume.

The Dubreuilville Drinking-Water facility operated **below** the rated capacity **in 2024**.

During the preparation of this report it was discovered that the recorded daily total volumes from the SCADA system appeared to be inaccurate. The discrepancy appears to have started with a SCADA upgrade on June 12 2024. The operator weekly readings from the flow meter were used for the remaining time period. The maximum daily flow is not available. The cause of the issue is under investigation.

Flows – Raw

The daily raw maximum flow is stated in the PTTW as a maximum rate of flow of **737 L/min (12.28 L/s)** and a maximum daily volume of **1047.419 m³/d** for Well #1. The PTTW as a maximum rate of flow of **1170 L/min (19.5 L/s)** and a maximum daily volume of **1682.417 m³/d** for Well #2.

The average monthly raw flow rate was **14740.83 m³**; the average raw daily flow rate was **483.31 m³**, with a maximum raw daily flow rate of **822 m³**.

The quantity of raw water supplied during the reporting period **did not** exceed the terms and conditions of the *Permit to Take Water*.

The daily raw water volumes have the same discrepancies as the treated flows noted above.



Summary of Flows

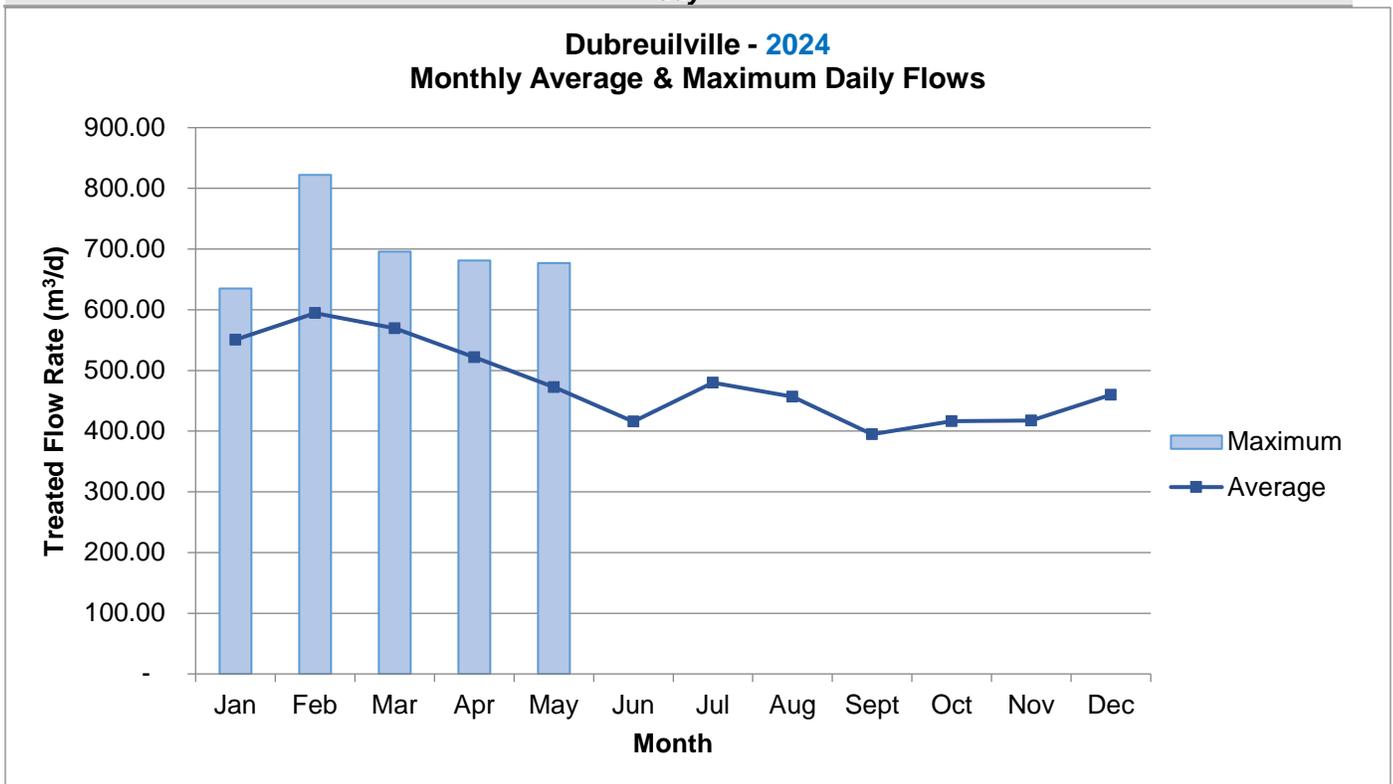
A summary of raw and treated flows are included in the tables/graphs below.

Monthly Raw & Treated Flow Rates for 2024

Month	Average Daily Flow Rate	Maximum Daily Flow Rate	Average Daily Flow Rate	Maximum Daily Flow Rate	Total Monthly Flow Rate
	Raw (m ³ /d)	Raw (m ³ /d)	Treated (m ³ /d)	Treated (m ³ /d)	Treated (m ³ /month)
January	550.68	635	550.68	635	17071
February	594.41	822	594.41	822	17238
March	569.32	696	569.32	696	17649
April	521.53	681	521.53	681	15646
May	472.71	677	472.71	677	14654
June	415.64	N/A	415.64	N/A	11638
July	479.63	N/A	479.63	N/A	16787
August	456.82	N/A	456.82	N/A	12791
September	394.82	N/A	394.82	N/A	11055
October	416.46	N/A	416.46	N/A	14576
November	417.68	N/A	417.68	N/A	11695
December	459.71	N/A	459.71	N/A	16090

2024 Total Treated Flows (m³) 176890

**Raw - The daily raw maximum rate of flow is 27.5 L/s and a maximum daily volume of 2376 m³/d.
Treated - The maximum flow rate from the treatment subsystem to the distribution system is 1800 m³ / day





System Failures & Corrective Actions

The Ministry of Environment did not conduct an inspection of the Dubreuilville Drinking Water System in 2024.

Item	Non-Compliance Identified	Compliance Date yyyy/mm/dd	Action Being Taken to Address item	Status
1				

During the preparation of this report it was discovered that the recorded daily total volumes from the SCADA system appeared to be inaccurate. The discrepancy appears to have started with a SCADA upgrade on June 12 2024. The operator weekly readings from the flow meter were used for the remaining time period. The maximum daily flow is not available. The cause of the issue is under investigation.

Adverse Water Quality Incidents (AWQIs)

In the reporting year of 2024, there was one adverse water quality incident (AWQI) report filed as summarized in the table below.

Incident Date yyyy/mm/dd	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date yyyy/mm/dd
Feb 26 2024	Water bypassed UV's, CT not achieved			Correct UV issue, collect two sets of samples	March 1 2024

SECTION 5: CONCLUSION

For the operating year of 2024, the Dubreuilville Drinking-Water System delivered water that, in all its treated and distribution samples, indicates the water to be free of bacteriological contamination.

In addition, the system was able to meet the demand of water use within the town without exceeding the Permit to Take Water or the Municipal Drinking Water Licence and Permit.



List of Acronyms and Definitions	
Alkalinity	The capacity of water for neutralizing an acid solution
AWQI	Adverse Water Quality Incident- when a water sample test result exceeds the Ontario Drinking Water Quality Standards
Backwash	Water pumped backwards to clean filters
BWA	Boil Water Advisory; Issued when risk of contamination is possible in drinking water
CFU	Colony Forming Units
Chlorine Residual	A low level of chlorine remaining in water after disinfection occurs
DW	Distribution Water
DWA	Drinking Water Advisory; Issued when water cannot be consumed by any means
DWWP	Drinking Water Works Permit - provides a description of the overall system
E.Coli	Bacteria used as indicators to measure the degree of pollution and sanitary quality of water
GUDI	Groundwater Under Direct Influence – Considered to be surface water under O.Reg 170/03
HPC	Heterotrophic Plant Count
L/s	Litres per Second
m³/d	Cubic Metres per Day
MAC	Maximum Acceptable Concentration
MDL	Minimum Detection Level
MDWL	Municipal Drinking Water Licence - relates to the operation and performance requirements
mg/L	Miligrams per Litre
Ministry	Ministry of the Environment, Conservation and Parks
MECP	Ministry of the Environment, Conservation and Parks
NDOGN	No Data: Overgrown with Non Target Bacteria
NDOGT	No Data: Overgrown with Target Bacteria
O.Reg	Ontario Regulation
PTTW	Permit to Take Water – Permit which allows water taking from groundwater or surface water
RW	Raw Water
TC	Total Coliforms
TSS	Total Suspended Solids
Turbidity	Cloudiness or haziness of water
TW	Treated Water

COUNCIL RESOLUTION



Moved By: _____
Seconded By: _____ *Jr. Julita*

DATE: March 12, 2025
Resolution No. 25-057

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the attached 2025-2029 Strategic Action Plan Update for Dubreuilville, as presented.

_____	_____	_____ ✓
Carried	Defeated	Deferred

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:



Township of Dubreuilville
2025-2029 Strategic Action Plan Update
February 2025

Acknowledgements

N1 Strategy Inc. would like to thank the Corporation of the Township of Dubreuilville for choosing our services to assist you with economic development and in the preparation of the *Updated Strategic Action Plan 2025-2029*. We appreciate the opportunity to work alongside Mayor Beverly Nantel and members of Council. It is important to note the hard work and dedication of the staff of the Township of Dubreuilville, including Shelley Casey – CAO/Clerk, Brigitte Tremblay – Treasurer, Francis DeChamplain – Infrastructure Superintendent, Chantal Croft - Economic Development Officer, CDEC Board of Directors and the residents of the community who were all instrumental in providing input and insight into the community and developing a vision for the future.

Prepared by:

N1 Strategy Inc.
Sault Ste. Marie, ON
P6A 6S7

Message from the Mayor of the Township of Dubreuilville – Beverly Nantel

I would like to emphasize the importance of establishing a clear vision for our future to ensure the prosperity of our community. Identifying realistic priorities, goals, actions, and targets is crucial to our collective success. I am confident that the updated Strategic Action Plan for 2025-2029 will foster growth and prosperity for all our residents.

As we are situated in the heart of the Magpie Forest, renowned for its exceptional fishing, hunting, snowmobiling, and the vibrancy of our active ATV Club, we find ourselves amidst a remarkable natural environment that appeals to all nature enthusiasts.

Our commitment to collaboration remains steadfast as we endeavor to create and sustain job opportunities, attract new investment, and invite visitors to our community. We are also dedicated to pursuing new housing developments and enhancing our amenities to welcome new residents and facilitate their integration into our beautiful area.

In conclusion, I extend my heartfelt gratitude to our Municipal team, the Corporation de développement économique et Communautaire de Dubreuilville (CDEC), my fellow Council members, and all residents for your contributions in refining this Strategic Action Plan.

Together we can achieve remarkable success!

Warm regards,

Mayor Beverly Nantel

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1.0 Introduction

This 2025-2029 Strategic Action Plan is an update to the previous plan for Dubreuilville as the community continues to transform itself into the future. The previous plan was reviewed against its priorities and the consensus was that many of the priorities have been worked on in some way. The participants involved in this process also concluded that the priorities that have commenced must continue to be further enhanced to benefit all residents in the Township. Future developments at social, economic, educational, health care, recreational, and community level participation will contribute to the continued prosperity of Dubreuilville residents.

This plan is not a list of tasks to be executed one after the other from 2025 to 2029. It rather describes future possible actions identified by the Township Mayor, Council, senior management and CDEC Board. This also includes and addresses the survey responses from the residents of Dubreuilville.

2.0 Executive summary

This document is an update from the previous Strategic Action Plan. On February 15, 2024, a strategic planning session was conducted by N1 Strategy Inc. with the participation of the Township of Dubreuilville senior management team and representatives from the CDEC Board of Directors.

At the commencement of this strategic planning session, the Economic Development Officer with the support of the Economic Development Consultant provided an economic development update as to the priorities/actions that had been completed from the previous Strategic Plan and the actions still in progress that will be part of the 2025-2029 Strategic Action Plan.

As one may recall, the priorities from the previous strategic plan that were extremely important and needed attention included, but not limited to the following: broadband communication, housing, labour, immigration, website and tourism.

Within these priorities, there were defined actions that required immediate attention. Below is a status of these priorities and actions:

2019-2024 Action Plan update	Status
Hiring an Economic Development Officer in order to coordinate and execute the activities related to the priorities needed.	The Township, in collaboration with CDEC, applied for CIINO funding through the Federal government to cover the costs associated with hiring an Economic Development Officer (EDO). This application was approved in 2018, leading to the hiring of the EDO. In 2020, a subsequent CIINO application was submitted and approved to extend the EDO's position further. In 2021, the Township entered a four-year economic development service contract with N1 Strategy Inc. Following a recruitment process in 2022, an experienced EDO was appointed to continue for the remainder of the term. This individual has since been actively engaged in all economic development activities, supported and mentored by the Economic Development Consultant. CIINO project ended, the EDO was retained on full-time permanent basis in the Fall of 2024.

<p>Talent, Workforce + Immigration</p>	<p>The Township via the EDO and Economic Development Consultant have been working diligently on the labour front and finding the best way of attracting immigration to the community. Three immigration forums were conducted with Access Employment with many interviews being conducted. The Township is beginning to see immigrants come to work in the community. They are currently employed with the mines, the local general store and our local hotel.</p> <p>In addition, a partnership has been solidified with Réseau du Nord to submit a proposal to IRCC (Immigration, Refugees and Citizenship Canada) to set-up a Francophone settlement office in Dubreuilville that would cover the Algoma region. The proposal identified a French immigration gap in Northern Ontario and the request is to have a Lead Coordinator and 3 Francophone Immigration Agents implement the proposal. The Coordinator and one Agent will operate out of the Dubreuilville office, while one Agent will operate out of Sault Ste. Marie and the third Agent out of Elliot Lake.</p> <p>In November 2024, this project was not awarded government funding.</p>
<p>Development and Implementation of a CIP (Community Improvement Plan)</p>	<p>This plan has been in effect since July 2022 and remains actively implemented, with numerous local residents and businesses benefiting from the incentives provided by the Township.</p>
<p>Housing</p>	<p>Multi-Family Housing The Township focused on submitting a multi-family housing proposal to CMHC (Canada Mortgage and Housing Corporation) in collaboration with Alamos Gold Inc., Argonaut Gold Inc., and a private sector developer from Western Canada to provide housing for employees and their families. Additionally, the Township submitted a proposal to the Rapid Housing Initiative for affordable housing in partnership with a Northern Ontario developer. Unfortunately, both applications were denied. However, as a result of this process, a housing subdivision feasibility study and a draft design concept have been completed.</p> <p>Seed Homes The presentation from Seed Homes, along with their recommendations, was submitted to the Council at the October 2023 meeting. The Council approved the proposal to proceed with the construction of a single-family dwelling with a garage (spec home) on one of the Township properties. Delivery and installation are anticipated for Spring 2025.</p>
<p>Developing a 4-Season Tourism Strategy</p>	<p>Aventure Nord, representing the rural French-speaking communities of Northern Ontario, has completed an implementation plan with recommendations. A non-profit structure and governance model have been established, and funding models are currently being explored to support the development of local trail systems.</p>
<p>Ensure we (Representatives of the Township of Dubreuilville) are active participants on regional/provincial/federal boards, committees, panels</p>	<p>The Township, represented by the Mayor, CAO, and the Economic Development Officer, has actively engaged in advocacy efforts by participating in forums such as ROMA, FONOM, EDCO, and PDAC. Key topics of discussion have included housing, infrastructure, education, and healthcare.</p>

Website Development	The Township of Dubreuilville is in the process of creating a new, user-friendly website designed to be accessible to all users. This updated platform will also allow individuals from outside the community to discover the various offerings of Dubreuilville.
Broadband communication	Continuously evolving and seeking new business opportunities.
Develop a Communications/ Marketing Strategy	The Township of Dubreuilville has teamed up with Bell Media through Northern Works and other Superior East communities as part of their communication/marketing strategy to market Dubreuilville in order to build awareness of tourism, industry and career related opportunities. Two campaigns were conducted. One in Fall 2022 and the other in Spring 2023. Commercial videos, editorial articles and videos were developed and viewed by many. The Northern Works website was created posting the various videos and articles including potential opportunities in Dubreuilville and area.

A preliminary draft of the updated Strategic Action Plan for the years 2025-2029 was shared with the Township Senior Management Team and the CDEC Board of Directors for their review on August 16, 2024. The final report is expected to be presented to the Council in the winter of 2024/2025, with an invitation extended to all residents of the Township of Dubreuilville to attend. The final report will likely include a Community Mission and Vision, a review of previous reports related to the Dubreuilville Township, a SWOT analysis, prioritized recommendations, and an actionable plan.

It is essential to highlight that during the Strategic Planning session held on February 15, 2024, a request was made to conduct a survey among all residents of the Township of Dubreuilville. The survey was created in both French and English and distributed in early April 2024, with a response deadline set for May 2024. A total of 66 surveys were successfully completed, and the insights gathered from these responses have been incorporated into this updated Strategic Plan.

The survey included the following questions:

1. What do you think are Dubreuilville’s top strengths?
2. What are Dubreuilville’s top three (3) weaknesses and challenges?
3. What should Dubreuilville focus its efforts on?
4. What sectors do you think will drive future economic growth for the Community?
5. What is your vision for Dubreuilville over the next 5-10 years?
6. What do you think are the three (3) most important or pressing issues that should be addressed in the Community?
7. What would you like to see in the Community that would benefit everyone?

Priorities

Upon concluding the strategic planning session, we addressed priorities that will guide the community over the next five years (2025-2029). The following areas were identified as important and requiring attention:

Priority 1 - Housing Development

Priority 2 - Talent, Workforce + Immigration

Priority 3 - Growth Infrastructure

Priority 4 - Entrepreneurship + Investment

Priority 5 –Tourism

Priority 6 – Community Promotion & Marketing

From a community perspective, the survey results indicated that the residents wanted to focus on the following:

- Housing, specifically Apartments
- Enhance services (health/medical - doctors/nurses, emergency, elderly, daycare)
- Increase entertainment for the youth (skating rink, splash pad, improve park, trails for walking/biking, golf course)
- Reducing property taxes

The updated Strategic Action Plan has been developed based on these priorities. Additional implementation details can be found in the Priority Recommendations/Action Plan section.

3.0 The Approach

N1 Strategy Inc. was engaged to guide a strategic planning session in order to update the 2019-2024 Strategic Plan that can be used primarily to govern its economic development agenda for 2025-2029.

The purpose of this strategic planning session was to facilitate the exchange of ideas among participants and to establish a clear understanding of the next steps for the Township of Dubreuilville in defining a priority plan for its economic development initiatives. The objective was to foster consensus and enhance the momentum of the activities currently planned or in progress within Dubreuilville. The community possesses significant opportunities for advancing prosperity.

After review and consideration, it was determined that the agenda would include the following items:

- Current in economic development activities update.
- Review of current Mission, Vision and Values.
- Conduct a SWOT analysis.
- Identify priorities.
- Develop Recommendations/Action plan.

This updated Strategic Action Plan is a roadmap for the Mayor, Council, Municipal Team and the Economic Development Advisory Committee, to proceed with the opportunities that are available to the Township of Dubreuilville, and to build economic success for the community. There are some tremendous opportunities in the community to advance prosperity.

4.0 Mission, Vision and Values

Mission, vision, and values are essential components of an organization's strategic framework that guide its purpose, direction, and principles. They provide a clear sense of identity and purpose, both internally to employees and stakeholders and externally to customers and the broader community. Here's an explanation of each term:

1. **Mission:** The mission statement outlines the fundamental purpose and reason for an organization's existence. It is a simple and brief description that encompasses the purpose of an organization defining its culture, goals and values. It also assists customers, employees, and investors have a clear vision of the organization's top priorities.

2. **Vision:** The vision statement describes where an organization is going and what it will look like when it gets there. In other words, the vision statement looks ahead and provides a compelling picture of what the organization aims to become or achieve in the future. The vision statement often answers questions like "What do we want to be?" and "What impact do we want to have?"

The mission, vision and values from the previous strategic plan were reviewed and the stakeholders in the process determined that changes needed to be made and have been reflected in this updated plan.

Dubreuilville: Vision

The Township of Dubreuilville envisions itself as a thriving, vibrant, and healthy rural French community. With the ability to adapt to an ever-changing world, it strives to offer diverse opportunities and an exceptional quality of life for all its residents.

Le Canton de Dubreuilville se voit comme une communauté rurale francophone prospère, dynamique et en santé. Capable de s'adapter à un monde en constante évolution, il s'efforce d'offrir des opportunités diversifiées et une qualité de vie exceptionnelle à tous ses résidents.

Dubreuilville: Mission

To diversify and strengthen Dubreuilville's economic foundation through sustainable development; enhance the quality and range of municipal and community services; expand housing opportunities; all while preserving a high quality of life in harmony with its natural surroundings.

Divertir et renforcer la base économique de Dubreuilville grâce à un développement durable; améliorer la qualité et la diversité des services municipaux et communautaires, ainsi que des opportunités de logement, tout en préservant une qualité de vie élevée en harmonie avec son environnement naturel.

Dubreuilville: Values

- *Respect*
- *Diversity*
- *Equality*
- *Culture*

5.0 SWOT ANALYSIS

External analysis: Strengths, Weaknesses, Opportunities and Threats

- **Strengths** – are internal positives, resources and capabilities that can be controlled and used as a basis for developing and enhancing a community’s competitive position.
- **Weaknesses** – are adverse internal attributes or limitations, which impede the achievement of community goals. In some cases, a weakness is the flip side of a strength.
- **Opportunities** – are external environmental analysis that provides promise or is likely to contribute to the community’s potential success and reveals new potential for growth and/or profit.
- **Threats** – external environmental analysis and represent constraints and barriers, which a community has little to no control over that can negatively impact a community’s success. The strategic plan provides mitigating measures to minimize these events.

The Strategic Planning session was to review the progress made in the previous strategic plan and appeared to have ended where other similar discussions had arrived in the past, i.e. similar SWOT problems were recurrent in terms of labour shortage, available land, housing issues, spousal employment issues, availability of space, schooling issues and isolation-related issues in relation to attracting people including immigrants.

Despite such an appearance of being confronted by recurring problems, the community seems to be better off with respect to enhanced developments at Alamos Gold Inc. and the start of production at Argonaut Gold Inc. (now Alamos Gold Inc.). Although the population has decreased due to the belief that not all residents filled out their census documents, the transient population has increased dramatically due to the hiring at both mines. Between employees at the mines rotating on a 7 in 7 out basis and the current contractors at the mines, the population seems to be peaking at 1500-1600 people in Dubreuilville at any given time. The socio-economic impacts both positive and negative are reflected in this SWOT analysis. Due to the increased activity in Dubreuilville, the Township was very proactive in enhancing underground infrastructure, adding a new landfill site and increase capacity permitting for the lagoon system.

In order to continue this positive momentum, we first discussed the status of the current tasks that have been completed or currently underway that have resulted in positive change and continue to bring these underway actions to fruition. It is important to continue to progress and complete the tasks that are ongoing. Due to limited resources, we have focused our scope to allow for greater results achieved at the end of the 2025-2029 term.

Although as mentioned, recurring problems keep resurfacing, the following table represents the SWOT analysis conducted for the Township of Dubreuilville. This information is used to guide and formulate the strategies in the plan.

Key SWOT Findings:

In summary, the following table represents the SWOT analysis conducted for Dubreuilville.

<p>Strengths</p> <ul style="list-style-type: none"> - Welcoming People - Community Broadband - Municipal Public Infrastructure - Progressive – Investment readiness for housing - Quality of Life - High Paying Jobs - Long lived mining employers - Resource sector - Attractiveness of rural living - Quiet and peaceful 	<p>Weaknesses</p> <ul style="list-style-type: none"> - Power infrastructure – inadequate for industry, mines will double - Housing shortage - Large number of priorities that require time - Township population – slight decrease - Mining – transient population - Higher cost of living - Hydro delivery cost - High tax rate due to limited commercial and industrial tax base - FIFO/DIDO model of mines hurting community – hard to get people to move here - Single industry town - economic impact, hard to get mortgages, similar to rural Ontario - Lack of professional services – banks, lawyers, doctors, etc. (Services are available in Wawa)
<p>Opportunities</p> <ul style="list-style-type: none"> - Potential for higher paying mining jobs – increase expected - Mining supply and services in the community. Supply services to be moved off the mine site, establishing them onto municipal commercial areas/former sawmill site - Diversified services/amenities - Mining employees living in community - Energy strategy and plan - Tourism value proposition - Camping and RV opportunities - Remote work 	<p>Threats</p> <ul style="list-style-type: none"> - Regulations for development/Red tape - On-going labour challenges - Competition - Dependency on mining

6.0 General Conclusions from the February 15th Strategic Planning Session

The session was very productive with all participants contributing in describing the current situation and how we the community can move forward. The overall consensus was that although projects take time to get to fruition due to many challenges, Dubreuilville is moving in the right direction. The status from an economic development perspective as to the outcomes in the past 3 years, especially in 2023, the broadband project along with the Community Improvement Plan were successes. The broadband project has enhanced economic development opportunities and positioned the many businesses and organizations in the Township to be more productive and efficient. The community residents and businesses are actively utilizing the Community Improvement Plan (CIP) and the incentives provided by this program. The Township is continuously enhancing its underground infrastructure and has established a new landfill site, positioning itself to sustain growth as mining operations continue to expand their raw material discoveries.

Although the mines are doing well in the attraction of employment, especially attracting immigrants, the businesses/organizations in the community are finding it difficult to attract the people that they need to ensure continued success, especially within the service industry.

As Francophones are important to Dubreuilville and area, working closely with Réseau du Nord is important in setting up a settlement service in the Algoma region to ensure that not only Francophone immigrants, but all immigrants, are welcomed and provided the necessary services required to settle comfortably in the area.

It's of primary importance for the residents of Dubreuilville, to keep in mind that the long-term success must outlast the economic cycles of any private sector project. In that perspective, economic diversification is a tool.

The community was given the opportunity to provide input as to what they consider are the most important issues that should be addressed by the Township, and they are as follows:

- Housing/Apartments/lodging (affordable) and less worker dormitories
- More businesses/amenities (bank, 2nd restaurant, longer daycare hours, enhanced medical/paramedical/first response care, doctor/nurses, more recreational options for the youth, etc.)
- Property taxes (lower taxes in order to have affordable new construction)
- Schooling (bilingual to have less travel to Wawa, more personnel – teacher shortage)

7.0 Priority Recommendations/Action Plan

There is a consensus that the strategic issues at hand are well-established and will require ongoing attention. The success of the recommended action plan and associated efforts must be contextualized within the daily responsibilities of managing the Township, particularly given that there is only one employee designated for economic development to address these matters. The priority recommendations and actions outlined are presented in no specific order, as it is acknowledged that they are interrelated and cannot be viewed in isolation.

It is essential to recognize that this updated strategic plan is a dynamic (live) document that requires implementation not only from elected officials and the municipal team but also from engaged residents and individuals with relevant expertise.

Priority One - Housing Development

Housing is imperative in order to attract people to live, work and play in Dubreuilville. There are 19 serviced properties in Dubreuilville. The municipal Township team and Council have moved forward with a developer from Western Canada to construct a module home and assemble it on one of the available properties.

Actions

- A. The Township as a whole, must work towards securing a developer within the first year utilizing social media, outreach and mutual business contacts to develop a minimum of 10 units.
- B. Form a municipal coalition in the Superior East to combat MPAC assessments.
- C. The one-year goal is to speak with MPAC and Minister on this matter.

Priority Two - Talent, Workforce and Immigration

It is essential for the Township to identify needs while pursuing settlement services and foreign workers, ensuring alignment with employer requirements. The level of training provided is crucial for employers to confirm that potential employees possess the necessary credentials.

Actions

- A. The Township should persist in developing Francophone settlement services in the Superior East region to enhance the attraction of newcomers to the area. This development should include the establishment of effective newcomer attraction and retention services, along with associated activities that will ensure the long-term success of this strategy. Collaborating with relevant agencies is vital for this initiative.
- B. The Township should continue to explore collaboration opportunities with Employment and Immigration through the Société Économique de l'Ontario and Réseau du Nord, aimed at attracting Francophone workers from French-speaking countries to fill currently available positions.

Priority Three – Growth Infrastructure

Community infrastructure supports business creation, and encourages employment, thereby enhancing economic growth. Investment-ready land is defined as a parcel that already has the necessary designation, zoning, permits, and any servicing in place that Dubreuilville can provide.

The biggest challenge identified during the strategic planning session was the need for housing. Housing requires investment-ready land that is subdivided, with services, roads and surveyed lots ready for development.

The Township has developed a Community Improvement Plan (CIP) which will allow municipalities to adopt a plan containing specific development strategies and financial incentive programs for private landowners. A CIP can be used to achieve a range of specified outcomes, including incentivizing new development.

Actions

- A.** The Township currently has 19 service ready properties available for housing development. As lack of housing is identified as a weakness, the Township needs to attract a developer to build in volume on all these properties.
- B.** Continue to promote the Community Improvement Plan to residents, businesses, and prospective developers. This initiative will enable the Township to provide incentives as part of its recruitment and attraction programs. Additionally, it may include incentives for individuals interested in constructing new homes.
- C.** As the Township progresses with its housing portfolio and anticipates growth with the stability in the mining sector, our two to five-year objective is to secure the necessary funding to service additional lands for future development.
 - a. In light of the ongoing growth in recreational activities for individuals of all ages, it is recommended that we develop a comprehensive three to five-year recreation plan and initiate the hiring of a new recreation coordinator through a funding request.

Priority Four – Entrepreneurship and Investment

Local businesses and entrepreneurship are essential to the economic health, security, and resilience of our communities. These enterprises create jobs, generate income, and provide tax revenue that benefits rural, suburban, and urban areas alike. When companies invest in local initiatives, they contribute to economic growth and stability, fostering a healthier and more vibrant community. This positive environment can subsequently lead to a more prosperous local economy, yielding benefits for all stakeholders, including the businesses themselves. While various businesses have made investments in the community, attracting new entrepreneurship continues to pose challenges.

Actions

- A. Creating a shared capital investment partnership (funding model) by bringing like-minded individuals together with available investment/funds is an avenue worth exploring. Prior to exploring a partnership of some sort, it is imperative that the community identify items that will benefit the area (examples include, but not limited to, policing, housing, healthcare, etc.).
- B. Access government funding to develop a partnership structure that can be implemented.
- C. Fully implement a Business, Retention and Expansion (BRE) program by working regionally with economic development partners, including Millworks that has a mandate to support all of Algoma.

Priority Five – Tourism

Attracting tourism to the Township of Dubreuilville is extremely important to the community and area. With many tourism opportunities as discussed earlier in this strategy, the community must think “outside the box” for activities that are unique to the area.

Actions

- A. Apply for funding to carry out a full tourism assessment.
- B. Market the community utilizing social media and on-line marketing.
- C. We propose to seek government funding to conduct a feasibility study for a Recreational Vehicle (RV) Park to maximize benefits for the community. The existing RV park has already expanded its number of sites in 2023 and has demonstrated significant popularity and consistent full capacity.
- D. Examine ways to increase hospitality (additional accommodations, restaurants, etc.) as this is required to attract more tourism to the area.
- E. Continue to develop a 4-Season Tourism Strategy focusing on our trail system throughout Dubreuilville and the Superior East region ,and the important links to our trail systems. Integrate technology and a social media linked component to help attract millennial tourists.

Priority Six – Community Promotion and Marketing

Showcasing the Township of Dubreuilville is critical to ensure that the community is viewed as ‘open’ for business to investors, visitors and new residents. The simple act of self-promotion requires a thought-out plan with consistent and clear messaging, backed by the community stakeholders.

Actions

- A. Develop an aggressive community marketing plan.
- B. In order to attract housing development, tourism, entrepreneurship and investment to the community, the Township must participate in campaigns using various platforms or potential agencies (social media, Bell media, Destination Northern Ontario, Destination Ontario, Algoma Kinniwabi Travel Association, Aventure Nord and Indigenous Tourism Ontario).
- C. Develop enhanced website and have a clear presence for economic development and tourism priorities.

- D. It is essential for representatives of the Township of Dubreuilville and other stakeholders to remain actively engaged with regional, provincial, and federal boards, committees, and panels. Our participation is crucial in advocating for issues that are significant to our community. If the Township is not present and advocating for our interests, we risk relying on other municipalities or groups that may not fully understand or address our unique concerns. Northern municipalities often face decisions made in Southern Ontario by individuals who may lack familiarity with northern issues. Furthermore, communities in the Superior East region frequently need to re-educate government officials whenever there are changes in leadership. Rural communities often do not benefit from the economies of scale that urban areas experience, as they operate with a smaller tax base to fund projects and operations. Additionally, transportation costs for moving supplies, equipment, and personnel are considerably higher in these areas.
- E. The Township should maintain its presence at important events, including the Rural Ontario Municipal Association (ROMA), the Federation of Northern Ontario Municipalities (FONOM), the Economic Development Association of Canada (EDAC), the Economic Development Council of Ontario (EDCO), and the Prospectors & Developers Association of Canada (PDAC). Additionally, it is crucial to engage with Ministers to discuss concerns related to the uneven MPAC assessments and advocate for the re-evaluation of residential properties throughout the Township.

8.0 Stretch Targets

The updated Strategic Action Plan has identified several goals, priorities and associated actions that establish the framework for the next five years. The Township of Dubreuilville needs to challenge current processes and inspire the community to reimagine what is possible. Stretch targets establish the basis for setting ambitious future outcomes that will provide a positive impact on one or more of the priority areas. The stretch targets will be ambitious measures for the economic development and growth of the community.

By the year 2029, the Township of Dubreuilville aims to achieve the following objectives:

- Attracting new residents, including immigrants and families, to foster community growth.
- Encouraging the establishment of new businesses and housing developments.
- Enhancing and developing community amenities, including park play structures, splash pad facilities, and four-season trails.
- Strengthening collaboration with various healthcare providers to bring additional services to our community.
- Continuing advocacy efforts with governmental entities to ensure equitable property evaluations.

9.0 Moving Forward

The updated Strategic Action Plan functions as a catalyst for initiatives within the Township of Dubreuilville. Attaining success is intricately connected to cultivating an environment that prioritizes informed decision-making, proactive involvement, and continuous learning to fulfill community objectives. While it poses significant challenges due to constrained resources, it remains imperative for the community to sustain focus and avoid reacting impulsively to daily obstacles. Furthermore, it is crucial to evaluate specific actions to assess progress in relation to expected outcomes. This revised Strategic Action Plan will guide business planning sessions for the community, thereby facilitating the effective allocation of essential tasks for each fiscal year.

The Dubreuilville Economic Development Advisory Committee, through employee involvement, should ensure the following:

- In Year One and Two
 - Develop and finalize website and digital marketing initiatives
 - Revise and enhance the Community Profile
 - Maintain collaboration with the North East Superior Mayor's Group to address MPAC assessments
 - Engage in discussions with the Municipal Property Assessment Corporation (MPAC) and the Minister concerning disparities in municipal property assessments
 - Procure a developer to facilitate the construction of affordable housing solutions
- By Year Three
 - Formulate a detailed strategic recreation plan spanning three to five years and initiate a funding proposal to engage a qualified recreation coordinator through collaboration with our primary employer
 - Collaborate with the current proprietors to assess the potential of the existing industrial park located on the former sawmill site
 - Investigate the feasibility of establishing a new recreational vehicle (RV) park
 - Establish a presence for settlement services within the region to better serve the community
- Within Five Years
 - Strategically pursuing opportunities for the acquisition of additional land
 - Persist in advocating measures to mitigate elevated energy costs



By-Law No. 2025-13

Being a By-law to confirm the proceedings of the Council of the Corporation of the Township of Dubreuilville at its regular meeting held on March 12, 2025.

WHEREAS Section 9 of the Municipal Act, 2001, S.O. 2001, Chapter 25, provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act; and

WHEREAS Section 5(1) of the Municipal Act, 2001, S.O. 2001, Chapter 25, provides that the powers of a municipal corporation are to be exercised by its Council; and

WHEREAS Section 5(3) of the said Municipal Act provides that the powers of every Council are to be exercised by by-law; and

WHEREAS it is deemed expedient that the proceedings of the Council of the Corporation of the Township of Dubreuilville at the March 12, 2025, meeting be confirmed and adopted through a confirmatory by-law;

NOW THEREFORE BE IT RESOLVED THAT the Council of the Corporation of the Township of Dubreuilville enacts the following as a By-Law:

1. The actions of the Council of the Corporation of the Township of Dubreuilville in respect of each recommendation and in respect of each motion and resolution passed, and other action taken by Council at the March 12, 2025, meeting is hereby adopted, ratified and confirmed as if all such proceedings were expressly embodied in this By-Law.
2. That where no individual by-law has been or is passed with respect to the taking of any action authorized in or by the above-mentioned minutes or with respect to the exercise of any powers by the Council in the above-mentioned minutes, then this by-law shall be deemed for all purposes to be the by-law required for approving and authorizing and taking of any action authorized therein or thereby, or required for the exercise of any powers therein by the Council.
3. That the Mayor and the CAO-Clerk of the Corporation of the Township of Dubreuilville are hereby authorized and directed to do all things necessary to give effect to the said action of the Council or to obtain approvals where required and, except where otherwise provided, the Mayor and the CAO-Clerk are hereby directed to execute all documents necessary on behalf of the Corporation of the Township of Dubreuilville and to affix the Corporate Seal thereto.

4. That this By-law shall come into force and take effect upon the passing thereof.

READ a first, second and third time and be finally passed this 12th day of March 2025.

By Naitel
MAYOR

Shelley B. Casey
CAO-CLERK



COUNCIL RESOLUTION



Moved By: Helene
Seconded By: Krystal

DATE: March 12, 2025
Resolution No. 25-059

Whereas that By-Law No. 2025-14, being a By-law to enter into an Ontario transfer payment agreement between His Majesty the King in Right of Ontario, as represented by the President of the Treasury Board, and the Corporation of the Township of Dubreuilville, be adopted as presented.

✓	_____	_____	_____
Carried	Defeated	Deferred	

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:



By-Law No. 2025-14

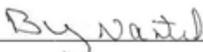
Being a By-law to enter into an Ontario transfer payment agreement between His Majesty the King in Right of Ontario, as represented by the President of the Treasury Board, and the Corporation of the Township of Dubreuilville

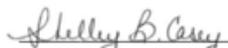
WHEREAS the Corporation of the Township of Dubreuilville deems it desirable to enter into an Ontario transfer payment agreement between His Majesty the King in Right of Ontario, as represented by the President of the Treasury Board, and the Corporation of the Township of Dubreuilville to provide financial assistance for the purchase of a new two-way radio communication system for the volunteer fire department;

THEREFORE BE IT RESOLVED THAT the Council of the Corporation of the Township of Dubreuilville enacts as follows:

1. That the Mayor and the CAO-Clerk be authorized to execute an Ontario transfer payment agreement between His Majesty the King in Right of Ontario, as represented by the President of the Treasury Board, and the Corporation of the Township of Dubreuilville in accordance with Appendix "1" attached to this By-Law.
2. That this By-law shall come into force and take effect upon its reading and being passed.

READ a first, second and third time and be finally passed this 12th day of March 2025.


MAYOR


CAO-CLERK



ONTARIO TRANSFER PAYMENT AGREEMENT

THE AGREEMENT is effective as of the 3rd day of March, 2025.

BETWEEN:

His Majesty the King in right of Ontario
as represented by the President of the Treasury Board

(the "Province")

- and -

TOWNSHIP OF DUBREUILVILLE
(the "Recipient")

CONSIDERATION

In consideration of the mutual covenants and agreements contained in the Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Province and the Recipient agree as follows:

1.0 ENTIRE AGREEMENT

1.1 Schedules to the Agreement. The following schedules form part of the Agreement:

Schedule "A" - General Terms and Conditions
Schedule "B" - Project Specific Information and Additional Provisions
Schedule "C" - Project
Schedule "D" - Budget
Schedule "E" - Payment Plan
Schedule "F" - Reports.

1.2 Entire Agreement. The Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

2.0 CONFLICT OR INCONSISTENCY

2.1 Conflict or Inconsistency. In the event of a conflict or inconsistency between the Additional Provisions and the provisions in Schedule "A", the following rules will apply:

- (a) the Parties will interpret any Additional Provisions in so far as possible, in a way that preserves the intention of the Parties as expressed in Schedule "A"; and
- (b) where it is not possible to interpret the Additional Provisions in a way that is consistent with the provisions in Schedule "A", the Additional Provisions will prevail over the provisions in Schedule "A" to the extent of the inconsistency.

3.0 COUNTERPARTS

3.1 One and the Same Agreement. The Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

4.0 AMENDING THE AGREEMENT

4.1 Amending the Agreement. The Agreement may only be amended by a written agreement duly executed by the Parties.

5.0 ACKNOWLEDGEMENT

5.1 Acknowledgement. The Recipient acknowledges that:

- (a) by receiving Funds it may become subject to legislation applicable to organizations that receive funding from the Government of Ontario, including the *Broader Public Sector Accountability Act, 2010* (Ontario), the *Public Sector Salary Disclosure Act, 1996* (Ontario), and the *Auditor General Act* (Ontario);
- (b) His Majesty the King in right of Ontario has issued expenses, perquisites, and procurement directives and guidelines pursuant to the *Broader Public Sector Accountability Act, 2010* (Ontario);
- (c) the Funds are:
 - (i) to assist the Recipient to carry out the Project and not to provide goods or services to the Province;

- (ii) funding for the purposes of the *Public Sector Salary Disclosure Act, 1996* (Ontario);
- (d) the Province is not responsible for carrying out the Project;
- (e) the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Province in connection with the Project or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act; and
- (f) the Province is bound by the *Financial Administration Act* (Ontario) ("FAA") and, pursuant to subsection 11.3(2) of the FAA, payment by the Province of Funds under the Agreement will be subject to,
 - (i) an appropriation, as that term is defined in subsection 1(1) of the FAA, to which that payment can be charged being available in the Funding Year in which the payment becomes due; or
 - (ii) The payment having been charged to an appropriation for a previous fiscal year.

SIGNATURE PAGE FOLLOWS

The Parties have executed the Agreement on the dates set out below.

HIS MAJESTY THE KING IN RIGHT OF ONTARIO as
represented by the President of Treasury Board

Date

Name: Nina Diaz
Title: Director

TOWNSHIP OF DUBREUILVILLE

Feb 28, 2025

Brigitte Tremblay

Name: Brigitte Tremblay
Title: Treasurer

Type text here

I have authority to bind the Recipient

Feb. 28, 2025

Shelley B. Casey

Name: Shelley B. Casey
Title: CAO-Clerk

Date

I have authority to bind the Recipient

SCHEDULE "A"
GENERAL TERMS AND CONDITIONS

A1.0 INTERPRETATION AND DEFINITIONS

A1.1 Interpretation. For the purposes of interpretation:

- (a) words in the singular include the plural and vice-versa;
- (b) words in one gender include all genders;
- (c) the headings do not form part of the Agreement; they are for reference only and will not affect the interpretation of the Agreement;
- (d) any reference to dollars or currency will be in Canadian dollars and currency; and
- (e) "include", "includes" and "including" denote that the subsequent list is not exhaustive.

A1.2 Definitions. In the Agreement, the following terms will have the following meanings:

"Additional Provisions" means the terms and conditions set out in Schedule "B".

"Agreement" means this agreement entered into between the Province and the Recipient, all of the schedules listed in section 1.1, and any amending agreement entered into pursuant to section 4.1.

"Budget" means the budget attached to the Agreement as Schedule "D".

"Business Day" means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

"Effective Date" means the date set out at the top of the Agreement.

"Event of Default" has the meaning ascribed to it in section A12.1.

"Expiry Date" means the expiry date set out in Schedule "B".

"Funding Year" means:

- (a) in the case of the first Funding Year, the period commencing on the Effective

Date and ending on the following March 31; and

(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on April 1 following the end of the previous Funding Year and ending on the following March 31 or the Expiry Date, whichever is first.

"Funds" means the money the Province provides to the Recipient pursuant to the Agreement.

"Indemnified Parties" means His Majesty the King in right of Ontario, and includes His ministers, agents, appointees, and employees.

"Loss" means any cause of action, liability, loss, cost, damage, or expense (including legal, expert and consultant fees) that anyone incurs or sustains as a result of or in connection with the Project or any other part of the Agreement.

"Maximum Funds" means the maximum set out in Schedule "B".

"Notice" means any communication given or required to be given pursuant to the Agreement.

"Notice Period" means the period of time within which the Recipient is required to remedy an Event of Default pursuant to section A12.3(b), and includes any such period or periods of time by which the Province extends that time pursuant to section A12.4.

"Parties" means the Province and the Recipient.

"Party" means either the Province or the Recipient.

"Proceeding" means any action, claim, demand, lawsuit, or other proceeding that anyone makes, brings or prosecutes as a result of or in connection with the Project or with any other part of the Agreement.

"Project" means the undertaking described in Schedule "C".

"Records Review" means any assessment the Province conducts pursuant to section A7.4.

"Reports" means the reports described in Schedule "F".

A2.0 REPRESENTATIONS, WARRANTIES, AND COVENANTS

A2.1 General. The Recipient represents, warrants, and covenants that:

- (a) it is, and will continue to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;
- (b) it has, and will continue to have, the experience and expertise necessary to carry out the Project;
- (c) it is in compliance with, and will continue to comply with, all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of the Project, the Funds, or both; and
- (d) unless otherwise provided for in the Agreement, any information the Recipient provided to the Province in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be true and complete.

A2.2 Execution of Agreement. The Recipient represents and warrants that it has:

- (a) the full power and capacity to enter into the Agreement; and
- (b) taken all necessary actions to authorize the execution of the Agreement.

A2.3 Governance. The Recipient represents, warrants, and covenants that it has, will maintain in writing, and will follow:

- (a) a code of conduct and ethical responsibilities for all persons at all levels of the Recipient's organization;
- (b) procedures to enable the Recipient's ongoing effective functioning;
- (c) decision-making mechanisms for the Recipient;
- (d) procedures to enable the Recipient to manage Funds prudently and effectively;
- (e) procedures to enable the Recipient to complete the Project successfully;
- (f) procedures to enable the Recipient to identify risks to the completion of the Project and strategies to address the identified risks, all in a timely manner;
- (g) procedures to enable the preparation and submission of all Reports required pursuant to Article A7.0; and
- (h) procedures to enable the Recipient to address such other matters as the Recipient considers necessary to enable the Recipient to carry out its obligations under the Agreement.

A2.4 Supporting Proof. Upon the request of the Province, the Recipient will provide the Province with proof of the matters referred to in Article A2.0.

A3.0 TERM OF THE AGREEMENT

A3.1 Term. The term of the Agreement will commence on the Effective Date and will expire on the Expiry Date unless terminated earlier pursuant to Article A11.0 or Article A12.0.

A4.0 FUNDS AND CARRYING OUT THE PROJECT

A4.1 Funds Provided. The Province will:

- (a) provide the Recipient with Funds up to the Maximum Funds for the purpose of carrying out the Project;
- (b) provide the Funds to the Recipient in accordance with the payment plan attached to the Agreement as Schedule "E"; and
- (c) deposit the Funds into an account the Recipient designates provided that the account:
 - (i) resides at a Canadian financial institution; and
 - (ii) is in the name of the Recipient.

A4.2 Limitation on Payment of Funds. Despite section A4.1:

- (a) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof required pursuant to section A10.2;
- (b) the Province is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project; and
- (c) the Province may adjust the amount of Funds it provides to the Recipient for any Funding Year based upon the Province's assessment of the information the Recipient provides to the Province pursuant to section A7.2.

A4.3 Use of Funds and Carry Out the Project. The Recipient will do all of the following:

- (a) carry out the Project in accordance with the Agreement;
- (b) use the Funds only for the purpose of carrying out the Project;

- (c) spend the Funds only in accordance with the Budget;
- (d) not use the Funds to cover any cost that has been or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.

A4.4 Interest-Bearing Account. If the Province provides Funds before the Recipient's immediate need for the Funds, the Recipient will place the Funds in an interest-bearing account in the name of the Recipient at a Canadian financial institution.

A4.5 Interest. If the Recipient earns any interest on the Funds, the Province may do either or both of the following:

- (a) deduct an amount equal to the interest from any further instalments of Funds;
- (b) demand from the Recipient the payment of an amount equal to the interest.

A4.6 Rebates, Credits, and Refunds. The Province will calculate Funds based on the actual costs to the Recipient to carry out the Project, less any costs (including taxes) for which the Recipient has received, will receive, or is eligible to receive, a rebate, credit, or refund.

A5.0 RECIPIENT'S ACQUISITION OF GOODS OR SERVICES, AND DISPOSAL OF ASSETS

A5.1 Acquisition. If the Recipient acquires goods, services, or both with the Funds, it will do so through a process that promotes the best value for money.

A5.2 Disposal. The Recipient will not, without the Province's prior consent, sell, lease, or otherwise dispose of any asset purchased or created with the Funds or for which Funds were provided, the cost of which exceeded the amount as set out in Schedule "B" at the time of purchase.

A6.0 CONFLICT OF INTEREST

A6.1 Conflict of Interest Includes. For the purposes of Article A6.0, a conflict of interest includes any circumstances where:

- (a) the Recipient; or
- (b) any person who has the capacity to influence the Recipient's decisions,

has outside commitments, relationships, or financial interests that could, or could be seen by a reasonable person to, interfere with the Recipient's objective, unbiased, and impartial judgment relating to the Project, the use of the Funds, or both.

A6.2 No Conflict of Interest. The Recipient will carry out the Project and use the Funds without an actual, potential, or perceived conflict of interest unless:

- (a) the Recipient:
 - (i) provides Notice to the Province disclosing the details of the actual, potential, or perceived conflict of interest; and
 - (ii) requests the consent of the Province to carry out the Project with an actual, potential, or perceived conflict of interest;
- (b) the Province provides its consent to the Recipient carrying out the Project with an actual, potential, or perceived conflict of interest; and
- (c) the Recipient complies with any terms and conditions the Province may prescribe in its consent.

A7.0 REPORTS, ACCOUNTING, AND REVIEW

A7.1 Province Includes. For the purposes of sections A7.4, A7.5 and A7.6, "Province" includes any auditor or representative the Province may identify.

A7.2 Preparation and Submission. The Recipient will:

- (a) submit to the Province at the address set out in Schedule "B":
 - (i) all Reports in accordance with the timelines and content requirements set out in Schedule "F";
 - (ii) any other reports in accordance with any timelines and content requirements the Province may specify from time to time;
- (b) ensure that all Reports and other reports are:
 - (i) completed to the satisfaction of the Province; and
 - (ii) signed by an authorized signing officer of the Recipient.

A7.3 Record Maintenance. The Recipient will keep and maintain for a period of seven years from their creation:

- (a) all financial records (including invoices and evidence of payment) relating to the Funds or otherwise to the Project in a manner consistent with either

international financial reporting standards or generally accepted accounting principles or any comparable accounting standards that apply to the Recipient; and

- (b) all non-financial records and documents relating to the Funds or otherwise to the Project.

A7.4 **Records Review.** The Province may, at its own expense, upon twenty-four hours' Notice to the Recipient and during normal business hours enter upon the Recipient's premises to conduct an audit or investigation of the Recipient regarding the Recipient's compliance with the Agreement, including assessing any of the following:

- (a) the truth of any of the Recipient's representations and warranties;
- (b) the progress of the Project;
- (c) the Recipient's allocation and expenditure of the Funds.

A7.5 **Inspection and Removal.** For the purposes of any Records Review, the Province may take one or both of the following actions:

- (a) inspect and copy any records and documents referred to in section A7.3;
- (b) remove any copies the Province makes pursuant to section A7.5(a).

A7.6 **Cooperation.** To assist the Province in respect of its rights provided for in section A7.5, the Recipient will cooperate with the Province by:

- (a) ensuring that the Province has access to the records and documents wherever they are located;
- (b) assisting the Province to copy records and documents;
- (c) providing to the Province, in the form the Province specifies, any information the Province identifies; and
- (d) carrying out any other activities the Province requests.

A7.7 **No Control of Records.** No provision of the Agreement will be construed to give the Province any control whatsoever over any of the Recipient's records.

A7.8 **Auditor General.** The Province's rights under Article A7.0 are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act*

(Ontario).

A8.0 COMMUNICATIONS REQUIREMENTS

A8.1 Acknowledge Support. Unless the Province directs the Recipient to do otherwise, the Recipient will in each of its Project-related publications, whether written, oral, or visual:

- (a) acknowledge the support of the Province for the Project;
- (b) ensure that any acknowledgement is in a form and manner as the Province directs; and
- (c) indicate that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the Province.

A9.0 INDEMNITY

A9.1 Indemnify. The Recipient will indemnify and hold harmless the Indemnified Parties from and against any Loss and any Proceeding, unless solely caused by the gross negligence or wilful misconduct of the Indemnified Parties.

A10.0 INSURANCE

A10.1 Insurance. The Recipient represents, warrants, and covenants that it has, and will maintain, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out a project similar to the Project would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury, and property damage, to an inclusive limit of not less than the amount set out in Schedule "B" per occurrence, which commercial general liability insurance policy will include the following:

- (a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;
- (b) a cross-liability clause;
- (c) contractual liability coverage; and
- (d) at least 30 days' written notice of cancellation.

A10.2 Proof of Insurance. The Recipient will:

- (a) provide to the Province, either:
 - (i) certificates of insurance that confirm the insurance coverage required by section A10.1; or
 - (ii) other proof that confirms the insurance coverage required by section A10.1; and
- (b) in the event of a Proceeding, and upon the Province's request, the Recipient will provide to the Province a copy of any of the Recipient's insurance policies that relate to the Project or otherwise to the Agreement, or both.

A11.0 TERMINATION ON NOTICE

A11.1 Termination on Notice. The Province may terminate the Agreement at any time without liability, penalty, or costs upon giving 30 days' Notice to the Recipient.

A11.2 Consequences of Termination on Notice by the Province. If the Province terminates the Agreement pursuant to section A11.1, the Province may take one or more of the following actions:

- (a) cancel further instalments of Funds;
- (b) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient; and
- (c) determine the reasonable costs for the Recipient to wind down the Project, and do either or both of the following:
 - (i) permit the Recipient to offset such costs against the amount the Recipient owes pursuant to section A11.2(b); and
 - (ii) subject to section A4.1(a), provide Funds to the Recipient to cover such costs.

A12.0 EVENT OF DEFAULT, CORRECTIVE ACTION, AND TERMINATION FOR DEFAULT

A12.1 Events of Default. Each of the following events will constitute an Event of Default:

- (a) in the opinion of the Province, the Recipient breaches any representation, warranty, covenant, or other term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

- ~~(a)~~ carry out the Project;
 - ~~(i)~~ receive or spend Funds; or
 - ~~(ii)~~ provide, in accordance with section A7.2, Reports or such other reports as the Province may have requested pursuant to section A7.2(a)(ii);
- (b) the Recipient's operations, its financial condition, its organizational structure or its control changes such that it no longer meets one or more of the eligibility requirements of the program under which the Province provides the Funds;
- (c) the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or a creditor makes an application for an order adjudging the Recipient bankrupt, or applies for the appointment of a receiver;
- (d) the Recipient ceases to operate.

A12.2 Consequences of Events of Default and Corrective Action. If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

- (a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Project;
- (b) provide the Recipient with an opportunity to remedy the Event of Default;
- (c) suspend the payment of Funds for such period as the Province determines appropriate;
- (d) reduce the amount of the Funds;
- (e) cancel further instalments of Funds;
- (f) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient;
- (g) demand from the Recipient the payment of an amount equal to any Funds the Recipient used, but did not use in accordance with the Agreement;
- (h) demand from the Recipient the payment of an amount equal to any Funds the Province provided to the Recipient;
- (i) demand from the Recipient the payment of an amount equal to the costs the Province incurred or incurs to enforce its rights under the Agreement, including the costs of any Records Review and the costs it incurs to collect any amounts the Recipient owes to the Province; and

- (j) upon giving Notice to the Recipient, terminate the Agreement at any time, including immediately, without liability, penalty or costs to the Province.

A12.3 Opportunity to Remedy. If, pursuant to section A12.2(b), the Province provides the Recipient with an opportunity to remedy the Event of Default, the Province will give Notice to the Recipient of:

- (a) the particulars of the Event of Default; and
- (b) the Notice Period.

A12.4 Recipient not Remediating. If the Province provides the Recipient with an opportunity to remedy the Event of Default pursuant to section A12.2(b), and:

- (a) the Recipient does not remedy the Event of Default within the Notice Period;
- (b) it becomes apparent to the Province that the Recipient cannot completely remedy the Event of Default within the Notice Period; or
- (c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections A12.2(a), (c), (d), (e), (f), (g), (h), (i) and (j).

A12.5 When Termination Effective. Termination under Article A12.0 will take effect as provided for in the Notice.

A13.0 FUNDS AT THE END OF A FUNDING YEAR

A13.1 Funds at the End of a Funding Year. Without limiting any rights of the Province under Article A12.0, if, by the end of a Funding Year, the Recipient has not spent all of the Funds allocated for that Funding Year as provided for in the Budget, the Province may take one or both of the following actions:

- (a) demand from the Recipient payment of the unspent Funds;
- (b) adjust the amount of any further instalments of Funds accordingly.

A14.0 FUNDS UPON EXPIRY

A14.1 Funds Upon Expiry. Upon expiry of the Agreement, the Recipient will pay to the Province any Funds remaining in its possession, under its control, or both.

A15.0 DEBT DUE AND PAYMENT

A15.1 Payment of Overpayment. If at any time the Province provides Funds in excess of the amount to which the Recipient is entitled under the Agreement, the Province may:

- (a) deduct an amount equal to the excess Funds from any further instalments of Funds; or
- (b) demand that the Recipient pay to the Province an amount equal to the excess Funds.

A15.2 Debt Due. If, pursuant to the Agreement:

- (a) the Province demands from the Recipient the payment of any Funds, an amount equal to any Funds or any other amounts owing under the Agreement; or
- (b) the Recipient owes to the Province any Funds, an amount equal to any Funds or any other amounts owing under the Agreement, whether or not the Province has demanded their payment, such amounts will be deemed to be debts due and owing to the Province by the Recipient, and the Recipient will pay the amounts to the Province immediately, unless the Province directs otherwise.

A15.3 Interest Rate. The Province may charge the Recipient interest on any money owing to the Province by the Recipient under the Agreement at the then current interest rate charged by the Province of Ontario on accounts receivable.

A15.4 Payment of Money to Province. The Recipient will pay any money owing to the Province by cheque payable to the "Ontario Minister of Finance" and delivered to the Province at the address set out in Schedule "B".

A15.5 Fails to Pay. Without limiting the application of section 43 of the *Financial Administration Act* (Ontario), if the Recipient fails to pay any amount owing under the Agreement, His Majesty the King in right of Ontario may deduct any unpaid amount from any money payable to the Recipient by His Majesty the King in right of Ontario.

A16.0 NOTICE

A16.1 Notice in Writing and Addressed. Notice will be:

- (a) in writing;
- (b) delivered by email, postage-prepaid mail, personal delivery, courier or fax; and

- (c) addressed to the Province or the Recipient as set out in Schedule "B", or as either Party later designates to the other by Notice.

A16.2 Notice Given. Notice will be deemed to have been given:

- (a) in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or
- (b) in the case of fax, one Business Day after the Notice is delivered; and
- (c) in the case of email, personal delivery or courier on the date on which the Notice is delivered.

A16.3 Postal Disruption. Despite section A16.2(a), in the event of a postal disruption:

- (a) Notice by postage-prepaid mail will not be deemed to be given; and
- (b) the Party giving Notice will give Notice by email, personal delivery, courier or fax.

A17.0 CONSENT BY PROVINCE AND COMPLIANCE BY RECIPIENT

A17.1 Consent. When the Province provides its consent pursuant to the Agreement:

- (a) it will do so by Notice;
- (b) it may attach any terms and conditions to the consent; and
- (c) the Recipient may rely on the consent only if the Recipient complies with any terms and conditions the Province may have attached to the consent.

A18.0 SEVERABILITY OF PROVISIONS

A18.1 Invalidity or Unenforceability of Any Provision. The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement.

A19.0 WAIVER

A19.1 Condonation not a waiver. Failure or delay by the either Party to exercise any of its rights, powers or remedies under the Agreement will not constitute a waiver of those rights, powers or remedies and the obligations of the Parties with respect to such rights, powers or remedies will continue in full force and effect.

A19.2 Waiver. Either Party may waive any of its rights, powers or remedies under the Agreement by providing Notice to the other Party. A waiver will apply only to the specific rights, powers or remedies identified in the Notice and the Party providing the waiver may attach terms and conditions to the waiver.

A20.0 INDEPENDENT PARTIES

A20.1 Parties Independent. The Recipient is not an agent, joint venturer, partner, or employee of the Province, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is or take any actions that could establish or imply such a relationship.

A21.0 ASSIGNMENT OF AGREEMENT OR FUNDS

A21.1 No Assignment. The Recipient will not, without the prior written consent of the Province, assign any of its rights or obligations under the Agreement.

A21.2 Agreement Binding. All rights and obligations contained in the Agreement will extend to and be binding on:

- (a) the Recipient's heirs, executors, administrators, successors, and permitted assigns; and
- (b) the successors to His Majesty the King in right of Ontario.

A22.0 GOVERNING LAW

A22.1 Governing Law. The Agreement and the rights, obligations, and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement will be conducted in the courts of Ontario, which will have exclusive jurisdiction over such proceedings.

A23.0 FURTHER ASSURANCES

A23.1 Agreement into Effect. The Recipient will:

- (a) provide such further assurances as the Province may request from time to time with respect to any matter to which the Agreement pertains; and
- (b) do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to their full extent.

A24.0 JOINT AND SEVERAL LIABILITY

A24.1 Joint and Several Liability. Where the Recipient comprises more than one entity, each entity will be jointly and severally liable to the Province for the fulfillment of the obligations of the Recipient under the Agreement.

A25.0 RIGHTS AND REMEDIES CUMULATIVE

A25.1 Rights and Remedies Cumulative. The rights and remedies of the Province under the Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

A26.0 FAILURE TO COMPLY WITH OTHER AGREEMENTS

A26.1 Other Agreements. If the Recipient:

- (a) has failed to comply with any term, condition, or obligation under any other agreement with His Majesty the King in right of Ontario or one of His agencies (a "Failure");
- (b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;
- (c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and
- (d) such Failure is continuing,

the Province may suspend the payment of Funds for such period as the Province determines appropriate.

A27.0 SURVIVAL

A27.1 Survival. The following Articles and sections, and all applicable cross-referenced Articles, sections and schedules, will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement: Article 1.0, Article 2.0, Article A1.0 and any other applicable definitions, section A2.1(a), sections A4.4, A4.5, A4.6, section A5.2, section A7.1, section A7.2 (to the extent that the Recipient has not provided the Reports or other reports as the Province may have requested and to the satisfaction of the Province), sections A7.3, A7.4, A7.5, A7.6, A7.7, A7.8, Article A8.0, Article A9.0, section A11.2, section A12.1, sections A12.2(d), (e), (f), (g), (h), (i) and (j), Article A13.0, Article A14.0, Article A15.0, Article A16.0, Article A18.0, section A21.2, Article A22.0, Article A24.0, Article A25.0 and Article A27.0.

END OF GENERAL TERMS AND CONDITIONS

SCHEDULE "B"
PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS

Maximum Funds	\$32,968.38
Project Expiry Date	November 28, 2025
Amount for the purposes of section A5.2 (Disposal) of Schedule "A"	\$25,000
Certificate of Insurance	\$ 2,000,000
Contact information for the purposes of Notice to the Province	Priscilla McKenzie Senior Manager Design and Implementation Unit, Emergency Management Ontario Treasury Board Secretariat Address: Emergency Management Ontario 25 Morton Shulman Avenue Toronto, Ontario, M3M 0B1 Email: EMOcommunitygrants@ontario.ca
Contact information for the purposes of Notice to the Recipient	Name: Pascale Gamache Position: Administrative Assistant Address: 23 Rue des Pins, Dubreuilville, ON, P0S1B0 Phone: 7058842340129 Email: pgamache@dubreuilville.ca
Contact information for the senior financial person in the Recipient organization (e.g., CFO, CAO) – to respond as required to requests from the Province related to the Agreement	Name: Brigitte Tremblay Position: Treasurer Address: 23 Rue des Pins, Dubreuilville, ON, P0S1B0 Phone: 7058842340129 Email: btremblay@dubreuilville.ca

Additional Provisions:

B1.0 ADDITIONAL COMMUNICATIONS REQUIREMENTS

B1.1 Communications Details. The Recipient agrees that:

- (a) Any of the Province's Project-related communications shall be at the discretion of

the Province.

- (b) The Province may acknowledge the Project in any of its communications.
- (c) The Province may request that the Recipient participate in an announcement or media event with government officials.
- (d) The Recipient shall share any proposed public-facing Project-related communications with the Province for review prior to public release.
- (e) The Province may also request a summary of any of the Recipient's planned communication activities about the Project.
- (f) Any of the Recipient's Project-related public communications about the Project shall be made in accordance with the timing specified by the Province, including the timing of any official Project launch announcement.
Visual identity and branding for any Project-related products, materials, equipment, and other assets used by the Recipient shall be in accordance with direction provided by the Province

SCHEDULE "C" PROJECT

Our organization aims to enhance emergency preparedness by purchasing a new two-way radio communication system for our fire department. This project specifically addresses the challenge posed by extreme cold weather event, which can significantly impact response times and operational effectiveness during emergencies. Extreme cold can lead to hazardous situations, such as increased fires due to heating equipment failures, frostbite, and hypothermia. During these events, effective communication is crucial for coordinating response efforts, ensuring personnel safety, and delivering timely assistance to affected communities. Current communication methods have proven unreliable in severe weather, highlighting the need for a robust system. The grant funding will facilitate the acquisition of a state-of-the-art two-way radio system that offers enhanced signal strength in extreme conditions, ensuring reliable communication between emergency responders.

This new radio system is designed to withstand harsh weather, reducing the risk of equipment failure during critical operations. Funds will also support staff training on the new system, maximizing its effectiveness and ensuring that all team members are well-versed in its use. By investing in this technology, our organization will strengthen our emergency response capabilities, improve coordination among team members, and ultimately public safety during extreme cold events.

The project is essential for several reasons: Efficient communication can save lives and reduce injuries by ensuring quick response times, modern equipment will streamline operations allowing for more effective coordination among multiple agencies during emergencies and by addressing the specific risks posed by extreme cold, we can better prepare our community and reduce potential damages.

In summary, this project is a vital step forward improving our organization's emergency preparedness, enhancing the safety and resilience of the community.

Project Timelines

Project Start Date	Effective Date of the Transfer Payment Agreement
Completion Date	August 29, 2025

Performance Metrics

KPI	Description/Calculation	Target
Increasing emergency preparedness in this community as a result of this project	Rate of emergency preparedness increase in this community as a result of this project (scale: 1 (not prepared), 2 (minimally prepared), 3 (partially	4

	prepared), 4 (mostly prepared), 5 (fully prepared))	
Increase number of volunteers in the community as a result of this project	Number of volunteers recruited for the organization/project	0
Increase number of people trained for emergency preparedness as a result of this project	Number of people trained	8

SCHEDULE "D"
BUDGET

Expense Category	Total
Supplies	\$0.00
Capital Equipment	\$32,968.38
Services	\$0.00
Training	\$0.00
Other	\$0.00
Total Funding Request	\$32,968.38

SCHEDULE "E"
PAYMENT PLAN

The payment of Funds will be made by electronic fund transfer by the Province. The Recipient is required to have a profile on the Integrated Financial Information System (IFIS) system and is responsible for keeping it up to date with appropriate banking and contact information.

	Payment Amount	Payment Date
Payment	\$32,968.38	Up to 15 Business Days after all the following occur: <ul style="list-style-type: none">• the Agreement is signed by both parties;• the Province receives the following from the Recipient the Certificate of Insurance

SCHEDULE "F" REPORTS

The following documents will be required before completion of report back:

- Confirmation of signing authority; and
- Copy of notification to elected official/head for awareness

Final Report. The Recipient shall include the following in the Final Report:

- (a) Final expense summary, including a reconciliation of actual payments made by the Province and actual expenses incurred by the Recipient in accordance with the Budget.
- (b) An explanation of variances between the Budget and actual expenses incurred by the Recipient.
- (c) Itemized list of all capital and operating equipment purchased.
- (d) Supporting documents substantiating the Recipient's completion of Project activities.
- (e) Summary of Project and performance measures results demonstrating how the Project has enhanced capabilities.
- (f) Final Report to be completed on TPON by the Recipient's Finance Contact or equivalent in accordance".

A failure to meet any of the reporting requirements described above may impact the Recipient's ability to return Funds under this Agreement, as well as the Recipient's eligibility to receive funding that may be available through **future iterations of the program**.

Unless the Province specifies otherwise, all Reports must be completed in Transfer Payment Ontario.

Project reporting deadline	September 12, 2025
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COUNCIL RESOLUTION



Moved By: Helene
Seconded By: Krystal

DATE: March 12, 2025
Resolution No. 25-060

Whereas that we adjourn to go in closed session at 7:30 p.m.

11.1 The meeting is held for the purpose of a proposed or pending acquisition or disposition of land by the municipality or local board; (Municipal Act, 2001, S.O. 2001, c. 25, s. 239 (2) (c)).

✓	_____	_____	_____
Carried	Defeated	Deferred	

RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

COUNCIL RESOLUTION



Moved By: Krystal
Seconded By: Helene

DATE: March 12, 2025
Resolution No. 25-061

Whereas that we reconvene in regular municipal council meeting at 8:26 p.m.

✓

<u>Carried</u>	<u>Defeated</u>	<u>Deferred</u>
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RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:

COUNCIL RESOLUTION



Moved By: Julila
Seconded By: Krystal

DATE: March 12, 2025
Resolution No. 25-062

Whereas that this regular municipal council meeting dated March 12, 2025 hereby adjourn at 8:20p.m.

✓

<hr/> Carried	<hr/> Defeated	<hr/> Deferred
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RECORDED VOTE:	YES	NO
Councillor Hélène Perth	_____	_____
Councillor Krystal Lévesque	_____	_____
Councillor Julila Hemphill	_____	_____
Councillor Jr. Vallières	_____	_____
Mayor Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof: