



Halifax Regional Municipality / Nova Scotia Criminal Justice Association Drug Policy Consultation

Project Report

Contents

Executive Summary	3
Introduction	14
Methodology – what we did	16
Results – What we heard	23
Recommendations	37
APPENDIX ‘A’	45
APPENDIX ‘B’	49
APPENDIX ‘C’	51
APPENDIX ‘D’	52

Executive Summary - HRM Drug Policy Consultation

Municipalities across Canada are being challenged to address the harms associated with opiate and stimulant use.

The need to identify alternatives to current policies governing the response to substance use in the Halifax Regional Municipality (HRM) has been documented in several recent reports, including the Defund the Police Report and the 2023-2026 HRM Public Safety Strategy. The Nova Scotia Criminal Justice Association (NSCJA) submitted a proposal to the HRM Public Safety Office in August 2022 to assist in the development of a municipal drug policy by building community understanding of the issues related to current drug policy and by obtaining the views of key stakeholders regarding issues related to current drug policies, programs, and services.

Key outputs of the project consisted of:

- a summary report on the consultations which includes key findings and recommendations for HRM, and
- recommendations on the development of a municipal drug policy and establishment of a governance structure to inform this policy.

A working group, composed of representatives from the NSCJA Board and the HRM Public Safety Office, was formed to provide project oversight. The working group was constituted with a representative from the 7th Step Society - an organization that assists those involved in the criminal justice system (many of whom are experiencing or have experienced problems related to substance use).

On January 19, 2023, the working group hosted a Launch Event

- a panel presentation designed in partnership with representatives and individuals who have lived experience with drug use, policies, and services. The event was followed by facilitated community consultations held throughout the Halifax region to canvas residents regarding the impact that drugs were having in their neighbourhoods and to solicit their input regarding steps that might be taken to address the issues they were experiencing.

Three focus groups were held to obtain input from individuals with lived experience, with the assistance of Direction 180, CAPUD (Canadian Association of People Who Use Drugs), and the 7th Step Society.

A series of consultations with government agencies and community organizations was held (in person and via Zoom) during the months of February and March.

The consultations yielded consensus regarding many key issues, sufficient to serve as directional signposts for subsequent work in the development of a municipal drug strategy:

- The stigma that people who use substances (PWUS) carry is a barrier to their receiving respectful and effective services.
- Many PWUS have experienced trauma in their lives, prior to and as a result of their drug use and this must be acknowledged in all interventions. Trauma-informed approaches for African Nova Scotian PWUS must be responsive to the trauma resulting from 400 years of enslavement, oppression, and racism.
- Addictions and mental health issues are closely aligned with other social problems such as poverty, food insecurity and homelessness. Effective responses will require ‘upstream’, holistic and culturally appropriate approaches forged from partnerships between health, social services and justice agencies, as well as those with lived experience and community members.
- There is an over-reliance on criminal justice agencies to address problems arising from substance use.

- Criminalizing individuals for substance use disorders is an inappropriate public policy.
- There is a need for a more responsive health care system, with a continuum of services from prevention/harm reduction through to treatment and aftercare supports.
- There are concerns regarding the treatment provided to PWUS who are incarcerated in correctional facilities and the lack of resources for those transitioning from the institution to the community.
- Navigation among various ‘siloed’ services is critical in ensuring people get the help they need when they need it. Peer Support Workers are key to providing the navigation.
- There is an imbalance in the distribution of support services in rural and urban communities. Rural communities experience the same multiple health inequities as urban areas, but these are further aggravated by complex factors such as lack of transportation and access to high-speed internet-based services that would facilitate addictions treatment.
- Homelessness is a key issue. PWUS must have stable and supportive housing to receive the wrap-around services they require.
- PWUS are frequently victims of violence and most do not seek redress through the justice system.
- There is a need for data to empower an informed response to problems related to substance use.
- Additional resources are required to support networks serving those who use drugs
- Complex social issues such as substance use affect people where they live – in their neighbourhoods. Yet many of the interventions needed to address these problems (programs, policies and legislation) fall outside the jurisdiction of the municipalities. Meaningful solutions must engage all levels of government, but must be community-led and driven.

Project participants identified a number of current or planned programs and services that appear to be promising, including:

- Sobering centre planned for HRM
- Dartmouth Wellness Court
- Recovery Support Centre at Alderney Gate
- Pilot project of the Coverdale Courtwork Society and Mobile Outreach Street Health offering a managed alcohol program for women who are chronic substance users
- HRM's engagement of non-law enforcement personnel to address issues related to people experiencing homelessness
- Ongoing positive contributions by Mainline Needle Exchange, Direction 180, North End Community Health Centre, Mental Health Mobile Crisis Team
- Race and Cultural Assessments for the courts
- Peer Support Workers employed by community agencies

There was clear agreement from those consulted that more effective approaches to harms associated with drug use and regulation are required.

Virtually all participants in this project expressed their willingness to be part of the development of a municipal drug and alcohol strategy.

It was acknowledged that the issues to be addressed in the building of the strategy cross jurisdictional boundaries and multiple disciplines. The complexity of the problems must be reflected in the membership of the working group charged with the development and implementation of the strategy.

Key to the relevance and ultimate success of the strategy is the involvement of PWUS throughout the process. Essential, also, is input from the ANS and Indigenous communities, reflecting the very different impact that current policies regarding substance use have had in these communities. A trauma-informed lens must be used in developing the new policy, in recognition of the trauma underlying much substance use and the traumatic impact that current policies

have had on PWUS as well as those attempting to provide supports to them in a very challenging environment.

The development of the strategy must include community input at all stages. Community members have been repeatedly frustrated by well-meaning, but misguided, attempts to locate services in areas where they are not wanted or needed. Trade-offs are obviously inevitable in siting services (caused by multiple, complex factors), but the community must be engaged on an ongoing basis.

Elements of the strategy

It is recommended that the strategy address the following issues:

Prevention

Community safety

Harm reduction

Information and evaluation

Treatment

Peer support

Prevention of the harmful use of substances

- ▶ Minimize risk factors for involvement in drug use; enhance protective factors and build resilience (e.g., programs for youth, low-income housing, food security, access to educational and economic opportunities). Effective ‘upstream’ interventions will require a holistic, culturally relevant approach forged from partnerships between health, social service and justice agencies as well as those with lived experience and community members.
- ▶ Address municipal regulations related to housing distribution, businesses selling/advertising substances
- ▶ Address stigma experienced by PWUS
- ▶ Diversion of PWUS from the justice system

Harm reduction

- ▶ Protect PWUS from the dangerous effects of substances:
 - more resources needed for managed alcohol and needle exchange programs, which are making a significant contribution to the problem of people living with addictions.
 - needle exchange,
 - overdose/ safe consumption sites,
 - build on the model of the planned sobering centre for PWUS in addition to those who consume alcohol
 - mobile clinics,
 - safe supply programs should be expanded and include ongoing supports for PWUS participating in these programs,
 - a more streamlined process for drug testing and more information regarding the type and location of street drugs is required (for example, an improved opioid alert system).
 - non-law enforcement response to non-fatal overdoses,
 - harm reduction supplies should be provided at the hospitals and Emergency department staff provided with training to assist in dealing with the stigma and trauma experienced by persons who use substances.
 - specialized response in hospital emergency departments to PWUS,
 - adoption of harm reduction practices within correctional institutions and in the transition from institution to community (to address withdrawal symptoms and lessen likelihood of overdoses upon release, when drug tolerance is lower)
- ▶ Early resolution of minor breaches of court orders to assist those with addictions issues to receive support in the community and prevent further penetration into the justice system.

Harm reduction

- ▶ Reinstatement of the curative discharge provisions of the Criminal Code to facilitate early referral to treatment programs.
- ▶ Safe and supportive housing is essential to permit PWUS to receive the wrap-around services they require
- ▶ Enhance the potential for a positive, safe transition from harm reduction to recovery

Treatment

- ▶ Continuum of treatment options to address the complex and unique needs of individual PWUS (front-end emergency response through to long-term residential treatment)
- ▶ Develop effective treatment for stimulant use disorders
- ▶ Support for community-based treatment options
- ▶ Trauma-informed approaches must be used to reflect the trauma that many PWUS have experienced in their lives. Although significant training has been delivered in recent years to staff of government and community agencies, greater collaboration in offering training opportunities is needed, particularly for organizations that have few training resources. Trauma-informed approaches for ANS and Indigenous persons must reflect the specific traumas suffered by these groups.
- ▶ The serious deficiencies in the treatment response to PWUS within correctional institutions must be brought to the appropriate authorities for immediate action
- ▶ Navigation among different ‘siloed’ services is critical in ensuring people get the help they need. Peer Support Workers are key to providing the navigation. They are trusted and know how to access the needed services.
- ▶ Peer support-based treatment interventions
- ▶ Build capacity in treatment sectors
- ▶ Multiple modalities for delivery of treatment (including improving access to internet-based care for individuals living in remote rural areas)
- ▶ Dialogue with communities when determining location of programs/ services

Community safety

- ▶ Focus on reducing community harms caused by drug use while protecting vulnerable people
- ▶ A connection to social/health supports early in the individual's contact with the criminal justice system is recommended to break the cycle of recidivism.
- ▶ Work is required to repair the relationship between law enforcement agencies and ANS communities
- ▶ Develop a path for decriminalization of substances for personal use (to involve examination of unintended negative consequences, availability of services/supports in the community)

As noted by the Canadian Centre on Substance Use and Addiction “decriminalization is not a single model or approach. Many decriminalization options can be combined and tailored based on problem, context and resources. Substance use is a complex issue, touching public health and safety, social issues and the economy, and it requires a comprehensive approach. There is neither a single nor an immediate solution. Recognizing that substance use is a health rather than a criminal justice issue is a fundamental starting point for reform”.¹

- ▶ Support for and expansion of Wellness Courts
- ▶ Additional resources required for Race and Cultural Assessments for the court
- ▶ Develop non-law enforcement responses to mental health and addictions crises situations that do not require a police presence.
- ▶ Resources for law enforcement initiatives to address high-level trafficking (joint task forces involving multiple law enforcement agencies, CBSA)
- ▶ Provision of effective treatment programs within correctional institutions and in the transition from institutions to the community

¹ R. Jesseman and D. Payer, *Decriminalization: Options and Evidence*. Canadian Centre for Substance Abuse and Addiction. June 2018

Information and evaluation

- ▶ Provide information to communities to build awareness of the nature of the substance use issues affecting their neighbourhoods in order that they can better understand how to address the harms caused. This includes not only data regarding the prevalence of substance consumption/harms, but also information regarding best practices (programs, services, policies).
- ▶ Some have suggested developing a public information campaign to move public attitudes toward PWUS to a more empathetic level.
- ▶ It is essential that impact of actions taken during the implementation be measured to guide future activities and to inform the public through research and evaluation in partnership with the community.

Peer support:

- ▶ Throughout the duration of the project, participants emphasized the importance of peer support, at all junctures of the substance use journey. The supportive relationship between individuals who have a lived experience in common is invaluable to breaking down the barriers of stigma that prevent PWUS from accessing the services they require. Participants noted that peer support networks provided by community organizations can offer a more flexible range of services than those operating within government structures.

Multi-jurisdictional responsibilities:

The Halifax Regional Municipal Charter indicates that the municipality is responsible for ‘maintaining safe and viable communities’.² The Municipality discharges this responsibility through the provision of direct services, programs and policies that enhance protective factors, reduce risk and respond to harms.

Responses to the problems associated with substance use will necessarily require collaboration between municipal, provincial and federal authorities due to the jurisdictional responsibilities; e.g., federal responsibility for the criminal law, prosecution of drug offences and federal penitentiaries; provincial responsibility for administration of justice, health, education, social assistance; municipal responsibility for land use, public gathering places, libraries, housing, public transit, policing, parks and recreation.

² HRM Charter, s. 7A(c)

As noted in the recent report of the Public Safety Office to Regional Council: ***“While the Municipality does not have a mandate to deliver housing, income supplements, addiction and mental health services, it does have a mandate to address safety and well-being concerns that can arise from systemic barriers to accessing these services.”***³

It was further noted that ***“many municipalities across Canada are working toward building their capacity to broaden the spectrum of available response options to fulfill their mandate of maintaining safe and viable communities”***. In addition, the municipal government can have influence over decisions made at the provincial and federal levels as they are the government level closest to the public.

Membership of the working group:

It is suggested that the working group be co-led by the HRM Public Safety Office and a group representing PWUS.

Membership to include **Nova Scotia Health Authority, Department of Community Services, Halifax Regional Police and RCMP**, offender-serving organizations such as **the John Howard Society, Coverdale Courtwork Society and Elizabeth Fry Society**, representatives of the **Indigenous and African Nova Scotia Communities**, justice system representatives (**judiciary, Public Prosecution Services, Nova Scotia Legal Aid, Correctional Services**), **supportive housing organizations**.

The Nova Scotia Criminal Justice Association would be pleased to continue to provide input as this important initiative progresses.

The PSO should perform the secretariat function. The committee will require a significant amount of information (e.g., research on best practices in other jurisdictions, drug use data from justice and health sources) which could be compiled by the PSO.

³ Report to Halifax Regional Council, March 1, 2023

An essential aspect of the operation of the working group is the inclusion of PWUS and neighbourhood representatives. Public Health Ontario has developed a very useful resource to guide the inclusion of community experts/first voice in the development of a drug strategy.⁴ Some of the elements identified are:

- Flexibility regarding roles to be played by the community experts
- Accommodations to support their participation
- Payment to honour their expertise and contributions
- Addressing the power dynamics in the group so that the community experts' contributions are valued and respected
- Sharing knowledge back to the community
- Creating a safe space for the exchange of ideas

⁴ Public Health Ontario COM/CAP. *Collaborating with Community Experts in Evaluation and Research on Substance Use.*

Introduction

Municipalities across Canada are struggling to address the harms associated with opiate and stimulant use. The latest data record that from January to September 2022, 5360 individuals (an average of 20 per day) died of an opioid overdose nationwide.⁵

Although the rate of drug-related deaths in Nova Scotia is lower than that in the western provinces, there is reason for concern here. For example, a recent report from the Public Health Agency of Canada showed a marked increase in apparent stimulant toxicity deaths in this province from 2018-2022 (January-September).⁶ In 2022, 64 Nova Scotians died from apparent opioid overdoses⁷. Wastewater-based epidemiology⁸ showed that, for 2020, among Canadian cities of Halifax, Vancouver, Montreal, Toronto and Edmonton, Halifax ranked first in ecstasy consumption with 54.2g/million people per day in December 2020, double the rate of other cities. Halifax also showed the highest concentrations in amounts of cocaine and benzoylecgonine (the main metabolite found in cocaine) detected in its samples at the end of 2020.

⁵ Public Health Agency of Canada. *Joint Statement from the co-chairs of the Special Advisory Committee for the Epidemic of Overdoses*. March 27, 2023.

⁶ Public Health Agency of Canada, *Opioid and Stimulant-related Harms in Canada*. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/graphs?index=11336>

⁷ Nova Scotia. *Opioid Use and Overdose Strategy*. <https://novascotia.ca/opioid>

⁸ Statistics Canada. *Drug metabolites in wastewater in select Canadian cities, by month*. Table 13-10-0820-01. Release date 2022-03-09

The need to identify alternatives to current policies governing the response to substance use in the Halifax Regional Municipality (HRM) has been documented in several recent reports, including the Defund the Police Report⁹ and the 2023-2026 HRM Public Safety Strategy¹⁰.

In August 2022, the Nova Scotia Criminal Justice Association (NSCJA) submitted a proposal to the HRM Public Safety Office to assist in the development of a municipal drug policy by building community understanding of the issues related to current drug policy and by obtaining the views of key stakeholders regarding issues related to current drug policies, programs and services.

Key outputs of the project consisted of:

- a summary report on the consultations which includes key findings and recommendations for HRM and
- recommendations on the development of a Municipal Drug Policy and establishment of a governance structure to inform this policy.

⁹ HRM Board of Police Commissioner's Subcommittee to Define Defunding Police. *Defunding the Police: Defining the Way Forward for HRM*. January 2022

¹⁰ HRM Public Safety Office. *Public Safety Strategy 2023-2026*. March 2023.

Methodology – What we did

Establishment of a working group:


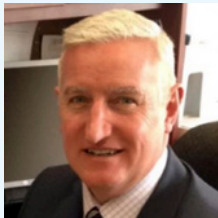
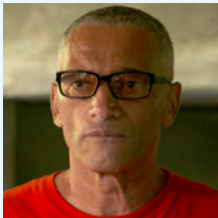
A working group, composed of representatives from the NSCJA Board and the HRM Public Safety Office, was formed to provide project oversight. To ensure meaningful input from individuals with lived experience, the working group was constituted with a representative from the 7th Step Society – an organization that assists those involved in the criminal justice system (many of whom are experiencing or have experienced problems related to substance use).

Launch Event:



To provide a framework for a series of planned community conversations, the working group hosted a Launch Event at the Woodlawn Public Library on January 19, 2023. A panel presentation was designed in partnership with HRM community representatives and individuals who have lived experience with drug use, policies and services. A summary of the issues discussed during the launch event is presented in Appendix 'A'.

Panel membership:

<i>Moderator:</i>	<i>Panelists:</i>				
					
<i>DeRico Symonds</i> Community Activist	<i>Peter Brown</i> Manager, 7th Step Society of Canada	<i>Jill Harnum</i> Substance User Network of the Atlantic Region	<i>Dr. David Martell</i> Physician Lead – Addictions Medicine and President, Canadian Society of Addiction Medicine	<i>Bill Moore</i> Project Manager, Public Safety, Halifax Regional Municipality	<i>Shawn Parker</i> Navigator Street Outreach, North Halifax and Dartmouth

Approximately 70 individuals attended the launch event in person and an additional 91 via livestreaming. Following the event, the YouTube video of the event (<https://youtu.be/3m1L-cwSz0g4>) was uploaded to the NSCJA’s website for ongoing viewing. There have been a total of 194 views to March 31, 2023.

Community consultations:

A series of facilitated community consultations were held throughout HRM to canvas residents regarding the impact that drugs are having in their neighbourhoods and to solicit their input regarding steps that might be taken to address the issues they are experiencing. Further information regarding the community consultations is presented in Appendix ‘A’.



NS Criminal Justice Association

Consultation sessions were held in the following locations, to include both urban and rural areas of HRM.

Delmore Buddy Daye Institute	February 2	6:30-8:00pm
Sackville Library	February 8	6:00-7:30pm
Dartmouth North Library	February 22	6:00-7:30pm
Keshen Goodman Library	February 23	6:00-7:30pm

A total of 42 individuals attended the community consultations. Due to low registrations at events scheduled for St. Margaret’s Community Centre and Cole Harbour Place, these consultations were cancelled.

“I really enjoyed the content of the information provided and was able to connect with some great like minded people. Having a sheet to include contacts for those in attendance may have been a good way to help create wrap around community approaches.”

– Survey response

Focus groups with individuals with lived experience¹¹:

Three focus groups were held to obtain input from individuals with lived experience – those who were currently using, or had previously used, substances.

The project contracted with three organizations that serve these individuals: Direction 180, CAPUD (Canadian Association of People Who Use Drugs) and the 7th Step Society. These organizations assisted in developing the format for the focus groups, provided a safe space and refreshments, recruited participants and reviewed the focus group reports to ensure accuracy. The organizations were compensated for their role and individual participants were provided a stipend.

A total of 19 individuals participated in the focus groups.

Consultations with government agencies and community organizations:

A series of consultations were held (in person and via Zoom) during the months of February and March. The organizations were provided with a summary of the issues raised in the launch and a discussion guide (Appendix ‘B’)

The NSCJA held meetings with 45 individuals employed by the following organizations: NS Department of Health, NS Department of Justice, RCMP Halifax, NS Legal Aid (2 meetings), Public Prosecution Service, John Howard Society of NS, African Nova Scotia Justice Institute, Halifax Regional Police and three municipal councillors who are members of the Halifax Board of Police Commissioners. In addition, a detailed written submission was received from Coverdale Courtwork Society. An interview was conducted with a staff member of the Immigrant Services Association of NS (ISANS)

Since moving to NS in 1981 I have lived in communities where drug use, and gangs have been present. I was an active volunteer in the first Community Policing initiative set up in NS.

Answer to the registration question: ‘Other information I would like to provide about lived/living experience with drug use.’

¹¹ Further information about the focus groups is presented in Appendix ‘A’.

Principles guiding the project:

From the outset, the NSCJA and HRM’s Public Safety Office were committed to conducting engagements for the project in an accessible, safe, equitable and inclusive manner.

Meaningful partnerships:

▶ All project activities were planned and executed in partnership with organizations representing those with lived experience. Participants were compensated for their time and expertise.

Accessible space:

▶ Locations of project events were selected with a view to encouraging and facilitating participation from a broad range of participants. The launch event and community conversations were held in fully accessible spaces: public libraries and community centres. The launch event was livestreamed to reduce barriers to participation for those who were unable to travel to the library.

Inclusive space:

▶ An Indigenous elder was in attendance to provide opening remarks and a blessing at the launch event. American Sign Language (ASL) interpreters and closed captioning were provided to enable those with hearing impairments to participate in the launch event. The importance of offering a variety of accommodations to reduce barriers to participation was acknowledged throughout the project. The registration forms and public announcements regarding the events noted the availability of accommodations. These materials were presented in plain language to facilitate broad understanding of the nature of the project events.

In addition to providing livestreaming and ASL interpretation, it was recognized by the working group that not all potential participants have access to the internet. Accordingly, a telephone number was provided for queries and to assist individuals with the registration process.

Recognition of potential trauma:

▶ The working group and HRM's Public Safety Office understood that the launch presentation and ensuing discussions could cause trauma for some participants. Arrangements were made to have a trauma-informed counsellor on site at all public events to assist participants who might experience distress during the event.

Privacy and confidentiality:

▶ Participants in the consultations were assured of the confidentiality of their input and that views would not be attributed to specific individuals in any reports. Participants in the smaller community conversations provided informed consent at the start of each consultation.

Lessons learned:

The following is an assessment of the successes and shortcomings of the methodology employed.

What worked:

Participation of a representative of a ‘lived experience’ organization in the overall planning and execution of the project was very helpful. The Executive Director of the 7th Step Society provided an invaluable lens for defining the project’s goals and opened doors for conversations with individuals with lived experience.

The planning process and format of the launch event were very successful. Panelists met with representatives of the project working group on a number of occasions to clarify panel objectives and the role of each contributor. Feedback following the event revealed that attendees found the ‘kitchen table’ format for the exchange of views to be very informative and interactive.

Livestreaming the launch event and the subsequent posting of the video to the NSCJA’s website ensured broad, ongoing exposure of the content.

Enlisting the support of ‘first voice’ organizations in the design of the focus groups resulted in the provision of a safe, welcoming environment. This facilitated the active participation of those with lived experience and the provision of important information to the project.

Government agencies and community organizations invited to participate in the project were (with very few exceptions) willing to meet with working group representatives to provide their views.

Issues and obstacles to the achievement of project objectives:

Time constraints for completing the project limited the number of consultations with government and community organizations.

Scheduling of community consultations during the winter months was not ideal, resulting in a less-than-expected turnout and the cancellation of a couple of events. Despite the project using a variety of methods to publicize the community events, attendance was not as high as expected.

The registration form for the launch event was perceived by some as cumbersome. The project had hoped to gather useful information (anonymously) from event attendees, but there was a low response rate. A summary of data collected from participants in the launch event and community conversations is presented in Appendix D.

The project was not able to arrange a detailed consultation with representatives of Indigenous organizations. However, the project was able to obtain some valuable input from focus group members who identified as Indigenous.

The limitations of the data collected during the project must be acknowledged. Although the information gathered is valuable and meaningful, time and other constraints precluded a more comprehensive consultation. The inclusion of first voice participants and the broad range of organizations consulted add weight to the observations contained in this report. Overall, consensus emerged regarding many key issues, sufficient to serve as directional signposts for subsequent work in the development of a municipal drug strategy.

Results – What we heard:

The following issues were identified during the January 19 launch event, the focus groups with individuals with lived experience, public consultations throughout HRM and meetings with government organizations and community agencies.

Understanding the reasons for drug use – reducing stigma:

The stigma that PWUS¹² carry is the result of the mischaracterization of drug use as a moral failure. The result is that health and other purportedly ‘helping’ systems have not treated drug users in a respectful manner.

Most respondents conceded that stigmatization of PWUS is an issue that transcends individual sectors and agencies. Beyond the need for government agencies to take steps to address this issue with staff responsible for delivering services, there is a need for public education to reinforce the reality that addiction is a health, not a moral, issue. Some suggested a public information campaign underscoring the need for public understanding and empathy for those dealing with substance issues.

All organizations and agencies consulted indicated that they were aware that many PWUS have experienced trauma in their lives, prior to and as a result of their drug use. Significant training in trauma-informed approaches has been delivered in recent years to staff of government and community

agencies. However, some respondents felt that greater collaboration in offering training opportunities would be beneficial, particularly to organizations that have few training resources.

Trauma-informed approaches for African Nova Scotians (ANS) must be responsive to the trauma resulting from 400 years of enslavement, oppression, and racism. Delivery of such an ANS-specific trauma-informed treatment will require specially-trained clinicians who are ANS and are supported by supervisors from the ANS community. It was noted that the expertise to develop such an approach is being built by community organizations without adequate support (resources) from government.

¹² The use of the term PWUS (people who use substances) was recommended by first voice participants in the consultations

The need for ‘upstream’ interventions:

All respondents identified the need for upstream interventions and supports to stem the progression of the pattern of substance abuse.

Addictions and mental health issues are seen as closely aligned with other social problems such as poverty, food insecurity and homelessness. Accordingly, effective responses to the problems were seen as

requiring a holistic, culturally relevant approach forged from partnerships between health, social service and justice agencies as well as those with lived experience and community members.

Criticism of the criminal justice approach:

Substance use needs to be seen as a health issue. The failed ‘war on drugs’¹³ has wasted significant resources which could have been used more effectively through a public health approach.

Respondents were critical of the over-reliance on criminal justice agencies to address problems arising from substance use. Many acknowledged that police cannot effectively address the problem of drug use through arrest. They are concerned, however, that there are not enough health and community-based services to meet the needs and, by default, PWUS become enmeshed in the justice system.

There is frustration with the increasing number of individuals with substance use problems who repeatedly commit crimes (thefts escalating to assaults) in order to satisfy their need for substances. Early intervention at initial stages of the criminal justice process is recommended to address the increasing problem of accumulating petty crime and administration of justice charges.

¹³ The term is thought to have originated in 1971 when then-US President Nixon declared drug abuse to be ‘public enemy number one’ and federal funding was increased to support more stringent law enforcement measures, tougher legislation and mandatory prison sentences.

Criticism of the criminal justice approach:

A connection to social/health supports early in the individual's contact with the criminal justice system is recommended to break the cycle of recidivism. As a society, we cannot 'arrest' our way out of the problem of drug use in our communities.

It was acknowledged by PWUS, government and community agencies that some PWUS resort to more serious crime in their search for substances or as a result of a substance use disorder. Apprehension of those who pose a threat to community safety is clearly necessary, but it is essential that these PWUS receive appropriate treatment and supports to facilitate their safe return to the community.

Concern was expressed that racialized communities were targeted in the original criminalization of substance use and that this remains a factor today. Many respondents indicated that police lack credibility with the ANS community and work is required to repair that relationship. It was noted that the use of police discretion tends to disadvantage the ANS community; incidents

in these communities frequently result in an over-response by police agencies.

Some respondents expressed the view that law enforcement should be part of the response but should not lead it. However, the majority of those with lived experience were highly critical of the police response, indicating that the involvement of police exacerbated the crisis situations experienced by those using drugs.

The police response to charging individuals with small quantities of illicit substances is not consistent. According to persons with lived experience, some officers arrest while others do not. However, all officers seize the drugs which some respondents indicated set them to engage in further illegal activity to obtain more drugs. Conditions imposed when those addicted to drugs are released on recognizance are seen as unreasonable (abstaining from drug use) and set up a cycle of re-arrest and further penetration into the criminal justice system.

Decriminalization:

Most respondents expressed the view that criminalizing individuals for substance use disorders is an inappropriate public policy.

Research has demonstrated significant health, social and economic harms resulting from laws that criminalize PWUS and, in particular, Black, Indigenous and racialized communities.¹⁴ A number of professional bodies have endorsed the decriminalization of personal possession of illicit drugs, including the Canadian Association of Chiefs of Police, Canadian Society of Addiction Medicine, Canadian Mental Health Association, Canadian Public Health Association and the Canadian Drug Policy Coalition.

Many respondents noted that prosecutions for simple possession have rarely occurred in recent years. This is due, in part, to a guideline issued by the federal Director of Public Prosecutions in August 2020 that, in cases of simple possession under s.4(1) of the Controlled Drugs and Substances Act (CDSA), prosecutors are to pursue a criminal prosecution only in the most serious cases that raise public safety concerns. Otherwise, they are to pursue alternative measures and divert cases away from the criminal justice system.¹⁵ The guideline recognizes

that “substance use has a significant health component” and that criminal sanctions are of limited effectiveness as deterrents or “as a means of addressing the public safety concerns when considering the harmful effects of criminal records and short periods of incarceration”.

It was indicated that seizure of drugs can result in individuals engaging in criminal activity to replenish their supply. However, it was acknowledged by some that failure to seize drugs can lead to dangerous substances remaining in circulation. A more streamlined process for drug testing and more information regarding the type and location of street drugs was recommended. It was noted that an ad hoc decriminalization response has already been in effect in HRM for some time regarding small quantities of certain drugs, but some concern was voiced about an increase in drug trafficking and less intelligence about the prevalence of ‘bad drugs’ on the street.

Several respondents expressed concern about the adoption of the British Columbia

¹⁴ Public Health Ontario. *Evidence Scan and Jurisdictional Approaches to the Decriminalization of Drugs*. September 2022.

¹⁵ Public Prosecution Service of Canada. *Deskbook Guidelines of the Director issued under s. 3(3)(c) of the Director of Public Prosecutions Act*. August 17, 2020

model of decriminalization of the possession of small quantities of illegal drugs without first undertaking a careful examination of the HRM context and consideration of potential unintended downstream consequences. They asserted that the impact of decriminalization in other jurisdictions is not yet clear and caution against adopting policies implemented in other jurisdictions due to significant differences in resources, cultural environment and public attitudes. They are of the view that other components of the social network (e.g., availability of harm reduction measures, treatment resources and supportive housing options) must be strengthened before decriminalization should be considered.

Some respondents indicated that decriminalization of small amounts of illegal substances could result in fewer antagonistic police interventions with marginalized communities, but would need to be accompanied by significant investments in improving treatment services (including safe supply programs) and other social supports. Decriminalization is also seen as a means to lessen the stigma that PWUS experience in their interactions with justice, health and other systems.

Respondents noted that the reportedly successful decriminalization approach in Portugal was not due to the change in legal response alone, but because of the availability of support services for people using

substances. The cautionary view expressed by many was that these resources are not widely available in HRM.

Participants voiced concern about the specific nature of the recently adopted British Columbia decriminalization model. Although seen as an important first step, limitations include: the exemption from the federal Controlled Drugs and Substances Act applies only to opioids, crack, Methamphetamine and MDMA and does not apply to commonly-used drugs such as benzodiazepines; concern that the 2.5gram maximum is too low; the definition of trafficking is too broad and does not acknowledge the cultural reality of persons using drugs (i.e., communal aspects of drug consumption).

There is an important, but difficult, distinction to be made between those possessing drugs for their own personal consumption and those profiting from others' usage. PWUS asserted that there is a profound difference between individuals purchasing small quantities of drugs for their own use and for their friends versus those who are involved in a criminal enterprise (organized crime) with a profit motive. Clearly, carving out such a distinction in legislation poses a significant challenge for policy-makers.

Some concerns were expressed regarding the adoption of a 'legalization' approach as opposed to 'decriminalization', in that it would enhance the 'profit' incentive.

A more responsive health care system:

Reasons for drug use are complex – this must be acknowledged by using a public health lens in devising programs to address the issue.

The response to drug use must be seen as a continuum from prevention/harm reduction through to treatment and aftercare supports. The individual must be placed at the centre, where their specific needs can be identified. The trauma which drives many to use drugs as a coping mechanism must be acknowledged and addressed.

Many issues were identified by persons with lived experience in their contacts with Emergency Departments of hospitals in HRM, so much so that some indicated they would not visit again, even in a life-threatening situation. It was recommended that harm reduction supplies be provided at the hospitals and further that Emergency Department staff be provided with training to assist in dealing with the stigma and trauma experienced by persons who use substances.

It was indicated that some ANS communities do not access the public health, mental health or addiction treatment systems that are available as they are not viewed as aligning with the needs of ANS communities or individuals. ANS may access services later than other communities because they try alternate means of addressing their needs first. This increases

the difficulty of accessing the formal systems at a later point in time.

The importance of safe supply programs was noted by many PWUS as an effective approach to addressing the number of drug poisonings due to the increasingly dangerous nature of street drugs, including fentanyl. However, many individuals underscored the need for additional supports to be available in conjunction with safe supply programs.

Opioid agonist therapy is well-documented as an effective treatment approach for those with an opioid addiction. However, many respondents were critical of the lack of effective treatment for stimulant use disorders and the very dangerous impact of using benzodiazepines in conjunction with opioids.

There is a significant lack of an array of treatment options for substance addiction in Nova Scotia: services are not equitably distributed; waitlists are long; and residential treatment can be very costly. There is a lack of understanding of harm reduction principles: much treatment is detox and abstinence-oriented and does not reflect the reality of the journey that many PWUS take in addressing their desire to lead a stable, satisfying life.

Issues encountered in the correctional systems:

Most persons who had spent time in the provincial correctional system were highly critical of the lack of medical attention;

specifically, the lack of appropriate pharmaceutical and other supports as they experienced withdrawal symptoms upon admission to the facility. Concerns were expressed that dosages of methadone and suboxone are changed unilaterally by health practitioners in correctional facilities¹⁶ and those without prior methadone/suboxone prescriptions suffer significant withdrawal symptoms. The risk of overdoses upon release from correctional institutions is seen as greatly increased.

The lack of alcohol and drug programs (for those in custody and under community supervision) to assist those wishing to overcome their addiction was strongly noted.

Concern was expressed regarding treatment for PWUS who are incarcerated in correctional facilities and the lack of resources for those transitioning from the institution to the community. This problem has been particularly acute over the past three years, when COVID restrictions prevented community groups from providing programming.

Navigating access to services:

Access to treatment and support is critical – it must be available when an individual is ready to address their issues.

Access to treatment and support is critical – it must be available when an individual is ready to address their issues. Different modalities must be available, including access to treatment without abstinence restrictions. PWUS need a person-centered approach that prioritizes their individual needs.

Long-term housing with support services/programs is required without the prohibitive costs that put them out of reach as an option for many people with substance abuse issues.

Navigation among different ‘siloes’ services is critical in ensuring people get the help they need. Peer Support Workers are key to

¹⁶ All health practitioners employed within NS provincial correctional facilities are employees of the NSHA, Mental Health and Addictions program or the IWK Health Centre.

providing the navigation. They are trusted and know how to access the needed services.

Problems associated with substance use are distributed widely throughout the province. Many services are available only in urban

centres. For many people, leaving their home communities to seek treatment represents a loss of important supports. Virtual assistance can be helpful, but some rural communities lack necessary broadband coverage.

Location of services:

Respondents noted the imbalance in urban and rural support services.

Rural communities experience the same multiple health inequities as urban areas, but these inequities are further aggravated by complex factors such as lack of transportation and access to high-speed internet-based services that would facilitate addictions treatment. A number of respondents voiced support for a decentralized support system – more mobile treatment options and improved internet access.

Some HRM communities are concerned about service saturation – that they have been called upon to address a great proportion of the city's social problems. Some residents noted that their neighbourhoods have been badly damaged by years of neglect and require resources to build capacity to respond to issues such as drug use. It is essential that communities be consulted when locating programs/services – to respect what the community members bring to the table. Public education is essential, to build understanding and empathy for PWUS

who are members of the community and to develop greater acceptance for support services located in the community. Consultation with residents and businesses must be ongoing, not just when a new service/program is being contemplated.

Some PWUS expressed concern about the impact that centralized services have had on their lives. The requirement to visit a specific neighbourhood to receive services can expose them to individuals and environments that are counterproductive for a successful recovery. Services and supports for PWUS must be person-centred, prioritized and organized according to the individual's specific needs.

Homelessness – a key issue:

In order for people to heal, they need a sense of belonging – a connection to community.

In order for people to heal, they need a sense of belonging – a connection to community. Every individual consulted during this project identified homelessness as a critical social problem facing HRM. For PWUS to receive the wrap-around services they require to address their substance use, they must have

stable and supportive housing. This stability is essential for those who are transitioning back to the community following treatment. Low-income housing and long-term second stage housing are essential. Housing must be viewed as an essential human right.

Violence:

Several accounts were received regarding the prevalence of gender-based violence associated with substance use.

An agency working with women noted that violence is normalized for their clients. Those who use drugs are frequently victims of violence, and most do not seek redress through the justice system as they lack confidence in the police. Additional responsibility is placed on that organization to provide after-care and victim services – which are unfunded. It was also noted that women often experience violence from traumatic interactions with the justice system.

PWUS spoke of the violence they had experienced in their search for substances

– assaults which occur in disputes over substances and the violence they have experienced as a byproduct of engaging in risky behaviours in order to purchase substances.

The project solicited information about guns and gangs, but little was forthcoming. Further targeted inquiries would be required to determine the nature of this activity in HRM currently. Several respondents did note that violence is heavily associated with the drug trade. They indicated that the gang situation is very fluid, with groups working together or against each other, depending on the circumstances.

Drug use is inextricably linked to violence where people who are dependent on substances both perpetrate violence in order to get substances or experience violence perpetrated by others. The relationship between violence and drug use shows up in community, for example, through theft against people or businesses in order to get money, domestic violence against family members who stand in the way of substance use, exploitation of individuals who are dependent on substances, and violence in public spaces among community members who are reliant on substances and are trying to gain access.

Steve Deveau – 7th Step Society

Some interventions are working well:

Many respondents spoke favourably of the planned sobering centre and believe that this model could be effective in the response to PWUS in addition to those who consume alcohol.

They are of the view that it will be important to create formalized processes, whereby a community agency will assume responsibility from the police for the appropriate care of these individuals.

The Dartmouth Wellness Court has expanded to include individuals with substance use issues. The court is considered to have had a positive impact, but resources have not kept pace with the increase in workload.

The recently established Recovery Support Centre at Alderney Gate is viewed as an effective program for individuals with addiction issues to receive daily support

while they are on waitlists to receive treatment.

In 2022, Coverdale Courtwork Society (via the Northpine Foundation) funded Mobile Outreach Street Health (MOSH) to pilot a justice health project, which bridges health needs of persons reintegrating from correctional institutions to Caitlan's Place (operated by Coverdale) and Holly House (operated by the Elizabeth Fry Society). This program offers a managed alcohol program to chronic substance users. This is an example of bridging medication and healthcare between correctional institutions and the community for PWUS.

Several respondents pointed to some promising practices developed by HRM in engaging non-law enforcement personnel to address social problems. They noted the change in response to unhoused individuals using the municipal 311 number instead of 911 which triggers a response by Parks and Recreation staff instead of police. Staff are able to connect the homeless individual to a street navigator who can then attempt to secure appropriate resources to meet their needs.

Respondents pointed to several effective partnerships working to enhance harm reduction, for example Mainline Needle Exchange (partnership with Public Health). The North End Community Health Centre has engaged in partnerships to deliver programs such as MOSH, Housing First and, more recently, a managed alcohol program.

There was general agreement that community-based agencies offering managed alcohol and needle exchange programs are making a significant contribution to the problem of people living with addictions. However, it is generally felt that many of these programs lack sufficient resources to meet demands.

Some internet-based mental health treatment is available, but there are concerns about accessibility for those who do not have access to the internet.

Respondents were virtually unanimous in their positive assessment of the contribution made by Peer Support Workers. There were concerns, however, that the community agencies who employ these workers are precariously funded.

The Race and Cultural Assessments for the court are building a profile of the typical life story of ANS individuals in conflict with the law which may prove useful in illustrating their needs. The Race and Cultural Assessments are funded but not the forensic treatment required to respond to the report findings and address root causes. Additional funding is required.

Many positive comments were made regarding the leadership shown by staff of the HRM Public Safety Office in their readiness to reach out to marginalized communities and individuals with lived experience in the development of the new Public Safety Strategy.

Approaches that could make a difference:

Many respondents stated that services that divert people from the justice system are needed.

A Judicial Referral Hearing Working Group (composed of representatives of the judiciary, prosecution services, correctional services and community agencies) is developing mechanisms to divert individuals from the justice system to culturally appropriate community supports. The early resolution of minor breaches of court orders could assist those with addictions issues to receive support in the community and prevent further penetration into the justice system.

Reinstatement of the curative discharge provisions of the Criminal Code would also facilitate early referral to treatment programs.

Many respondents stated that services that divert people from the justice system are needed. These include adequate and safe housing, access to harm reduction supplies and accessible and free healthcare, substance use services that exist on a spectrum from abstinence to safe use, mental health services including crisis intervention that is decoupled from the police. HRM needs more alternatives to police and more funding and public support for the alternatives that do exist but continue to be marginalized in public support and funding.

There was general agreement that HRM needs non-police crisis intervention services, warming centers and drop-in centres and public education around substance use. The justice system needs to operate separately and apart from interventions that seek to support people who use drugs but should work collaboratively across departments and with community-based services. This requires a conceptual shift to decouple addictions and substance use with criminality and criminal justice responses.

Many respondents indicated it is necessary to support people holistically (i.e., addiction treatment with income, food, housing, and employment supports) in order to enable success. The newly established Overlook facility in Dartmouth is based on this model. Although it is too early to evaluate the impact of this new program, many respondents were optimistic about its potential.

The Mental Health Mobile Crisis Team (a police-civilian partnership between HRP, NSHA and IWK) provides crisis support to those experiencing a mental health crisis. Some respondents were of the view that civilian-only teams could be effective in

responding to non-fatal substance overdoses or other crisis events involving PWUS.

The need for data to empower an informed response to problems related to substance use:

There is a lack of data to focus interventions where there is the greatest need. More comprehensive information is required to gain an understanding of the dimensions

of the problem in order that resources and supports can be more effectively targeted. It was suggested that specific analyses are key to understanding how drug use, trafficking, and interdiction have been manifested in ANS populations versus other communities. A number of respondents commented that the “war on drugs” narrative is still in place and continues to disproportionately impact ANS communities.

Support for networks serving those who use drugs:

A number of respondents supported increased involvement of peer support networks to deliver programs in schools.

Peer mentorship provided by organizations like 7th Step is effective because it meets people wherever they are at in their journeys to offer relatable support from someone who understands the experience. 7th Step peer support comes from people from all walks – those from “good and from broken homes”, people that have been incarcerated or haven’t because they were able to get support, people who have and haven’t perpetrated violence. Peers can help and encourage people experiences challenges to take the honest self-appraisal needed to figure out what is going on with the self when feeling unwell, challenging the thinking to get at the root of why substance dependence is happening.

Steve Deveau, 7th Step Society

Funding is needed to support networks such as 7th Step Society, CAPUD, SUNAR and Direction 180. They have built trust amongst

the user community and are knowledgeable about the supports available.

Need for a multi-jurisdictional response:

Complex social issues such as substance use affects people where they live – in their neighbourhoods.

Complex social issues such as substance use affects people where they live – in their neighbourhoods. And yet, many of the interventions needed to address these problems (programs, policies and

legislation) fall outside the jurisdiction of the municipalities. Meaningful solutions must engage all levels of government, but must be community-led and driven.

Recommendations:

There was clear agreement from those consulted that more effective approaches to harms associated with drug use and regulation are required.

Virtually all participants in this project expressed their willingness to be part of the development of a municipal drug and alcohol strategy.

It was acknowledged that the issues to be addressed in the building of the strategy cross jurisdictional boundaries and multiple disciplines. The complexity of the problems must be reflected in the membership of the working group charged with the development and implementation of the strategy.

Key to the relevance and ultimate success of the strategy is the involvement of PWUS throughout the process. Essential, also, is input from the ANS and Indigenous communities, reflecting the very different impact that current policies regarding substance use have had in these communities. A trauma-informed lens must be used in developing the new policy, in recognition of the trauma underlying much substance use and the traumatic impact that current policies have had on PWUS as well as those attempting to provide supports to them in a very challenging environment.

The development of the strategy must include community input at all stages. Community members have been repeatedly frustrated by well-meaning, but misguided, attempts to locate services in areas where they are not wanted or needed. Trade-offs are obviously inevitable in siting services (caused by multiple, complex factors), but the community must be engaged on an ongoing basis.

Elements of the strategy:

It is recommended that the strategy address the following issues:

- Prevention
- Harm reduction
- Treatment
- Community safety
- Information and evaluation
- Peer support

Prevention of the harmful use of substances:

- ▶ Minimize risk factors to involvement in drug use; enhance protective factors and build resilience (e.g., programs for youth, low-income housing, food security, access to educational and economic opportunities). Effective ‘upstream’ interventions will require a holistic, culturally relevant approach forged from partnerships between health, social service and justice agencies as well as those with lived experience and community members.
- ▶ Address municipal regulations related to housing distribution, businesses selling/advertising substances
- ▶ Address stigma experienced by PWUS
- ▶ Diversion of PWUS from the justice system

Harm reduction:

- ▶ Protect PWUS from the dangerous effects of substances:
 - more resources needed for managed alcohol and needle exchange programs, which are making a significant contribution to the problem of people living with addictions.
 - needle exchange,
 - overdose/ safe consumption sites,
 - build on the model of the planned sobering centre for PWUS in addition to those who consume alcohol
 - mobile clinics,
 - safe supply programs should be expanded and include ongoing supports for PWUS participating in these programs,

Harm reduction:

- a more streamlined process for drug testing and more information regarding the type and location of street drugs is required (for example, an improved opioid alert system).
 - non-law enforcement response to non-fatal overdoses,
 - harm reduction supplies should be provided at the hospitals and Emergency department staff be provided with training to assist in dealing with the stigma and trauma experienced by persons who use substances.
 - specialized response in hospital emergency departments to PWUS,
 - adoption of harm reduction practices within correctional institutions and in the transition from institution to community (to address withdrawal symptoms and lessen likelihood of overdoses upon release, when drug tolerance is lower)
- ▶ Early resolution of minor breaches of court orders to assist those with addictions issues to receive support in the community and prevent further penetration into the justice system.
- ▶ Reinstatement of the curative discharge provisions of the Criminal Code to facilitate early referral to treatment programs.
- ▶ Safe and supportive housing is essential to permit PWUS to receive the wrap-around services they require
- ▶ Enhance the potential for a positive, safe transition from harm reduction to recovery

Treatment:

- ▶ Continuum of treatment options to address the complex and unique needs of individual PWUS (front-end emergency response through to long-term residential treatment)
- ▶ Develop effective treatment for stimulant use disorders
- ▶ Support for community-based treatment options

Treatment:

- ▶ Trauma-informed approaches must be used to reflect the trauma that many PWUS have experienced in their lives. Although significant training has been delivered in recent years to staff of government and community agencies, greater collaboration in offering training opportunities is needed, particularly for organizations that have few training resources. Trauma-informed approaches for ANS and Indigenous persons must reflect the specific traumas suffered by these groups.
- ▶ The serious deficiencies in the treatment response to PWUS within correctional institutions must be brought to the appropriate authorities for immediate action
- ▶ Navigation among different ‘siloed’ services is critical in ensuring people get the help they need. Peer Support Workers are key to providing the navigation. They are trusted and know how to access the needed services.
- ▶ Peer support-based treatment interventions
- ▶ Build capacity in treatment sectors
- ▶ Multiple modalities for delivery of treatment (including improving access to internet-based care for individuals living in remote rural areas)
- ▶ Dialogue with communities when determining location of programs/ services

Community safety:

- ▶ Focus on reducing community harms caused by drug use while protecting vulnerable people
- ▶ A connection to social/health supports early in the individual’s contact with the criminal justice system is recommended to break the cycle of recidivism.
- ▶ Work is required to repair the relationship between law enforcement agencies and ANS communities
- ▶ Develop a path for decriminalization of substances for personal use (to involve examination of unintended negative consequences, availability of services/supports in the community)

**Community
safety:**

- ▶ *As noted by the Canadian Centre on Substance Use and Addiction “decriminalization is not a single model or approach. Many decriminalization options can be combined and tailored based on problem, context and resources. Substance use is a complex issue, touching public health and safety, social issues and the economy, and it requires a comprehensive approach. There is neither a single nor an immediate solution. Recognizing that substance use is a health rather than a criminal justice issue is a fundamental starting point for reform”¹⁷.*
- ▶ Support for and expansion of Wellness Courts
- ▶ Additional resources required for Race and Cultural Assessments for the court
- ▶ Develop non-law enforcement response to mental health and addictions crises that do not require a police presence
- ▶ Resources for law enforcement initiatives to address high-level trafficking (joint task forces involving multiple law enforcement agencies, CBSA)
- ▶ Provision of effective treatment programs within correctional institutions and in the transition from institutions to the community

**Information
and
evaluation:**

- ▶ Provide information to communities to build awareness of the nature of the substance use issues affecting their neighbourhoods in order that they can better understand how to address the harms caused. This includes not only data regarding the prevalence of substance consumption/harms, but also information regarding best practices (programs, services, policies).
- ▶ Some have suggested developing a public information campaign to move public attitudes toward PWUS to a more empathetic level.
- ▶ It is essential that impact of actions taken during the implementation be measured to guide future activities and to inform the public through research and evaluation in partnership with the community.

¹⁷ R. Jesseman and D. Payer, *Decriminalization: Options and Evidence*. Canadian Centre for Substance Abuse and Addiction. June 2018

Peer support:

Throughout the duration of the project, participants emphasized the importance of peer support, at all junctures of the substance use journey. The supportive relationship between individuals who have a lived experience in common is invaluable to breaking down the barriers of stigma that prevent PWUS from accessing the services they require. Participants noted that peer support networks provided by community organizations can offer a more flexible range of services than those operating within government structures.

Multi-jurisdictional responsibilities:

The Halifax Regional Municipal Charter indicates that the municipality is responsible for ‘maintaining safe and viable communities’¹⁸. The Municipality discharges this responsibility through the provision of direct services, programs and policies that enhance protective factors, reduce risk and respond to harms.

Responses to the problems associated with substance use will necessarily require collaboration between municipal, provincial and federal authorities due to the jurisdictional responsibilities; e.g., federal responsibility for the criminal law, prosecution of drug offences and federal penitentiaries; provincial responsibility for administration of justice, health, education, social assistance; municipal responsibility for land use, public gathering places, libraries, housing, public transit, policing, parks and recreation.

As noted in the recent report of the Public Safety Office to Regional Council: ***“While the Municipality does not have a mandate to deliver housing, income supplements, addiction and mental health services, it does have a mandate to address safety and well-being concerns that can arise from systemic barriers to accessing these services.”***¹⁹

It was further noted that ***“many municipalities across Canada are working toward building their capacity to broaden the spectrum of available response options to fulfill their mandate of maintaining safe and viable communities”***. In addition, the municipal government can have influence over decisions made at the provincial and federal levels as they are the government level closest to the public.

¹⁸ HRM Charter, s. 7A(c)

¹⁹ Report to Halifax Regional Council, March 1, 2023

Membership of the working group:

It is suggested that the working group be co-led by the HRM Public Safety Office and a group representing PWUS.

Membership to include **Nova Scotia Health Authority, Department of Community Services, Halifax Regional Police** and **RCMP**, offender-serving organizations such as **the John Howard Society, Coverdale** and **Elizabeth Fry Society**, representatives of the **Indigenous and African Nova Scotia Communities**, justice system representatives (**judiciary, Public Prosecution Services, Nova Scotia Legal Aid, Correctional Services**), **supportive housing organizations**.

The Nova Scotia Criminal Justice Association would be pleased to continue to provide input as this important initiative progresses.

The PSO should perform the secretariat function. The committee will require a significant amount of information (e.g., research on best practices in other jurisdictions, drug use data from justice and health sources) which could be compiled by the PSO.

An essential aspect of the operation of the working group is the inclusion of PWUS and neighbourhood representatives. Public Health Ontario has developed a very useful resource to guide the inclusion of community experts/first voice in the development of a drug strategy.²⁰ Some of the elements identified are:

- Flexibility regarding roles to be played by the community experts
- Accommodations to support their participation
- Payment to honour their expertise and contributions
- Addressing the power dynamics in the group so that the community experts' contributions are valued and respected
- Sharing knowledge back to the community
- Creating a safe space for the exchange of ideas

²⁰ Public Health Ontario COM/CAP. *Collaborating with Community Experts in Evaluation and Research on Substance Use*.

Acknowledgements:

The project team wishes to acknowledge the contributions made by PWUS – their brave stories and broad knowledge were invaluable in developing a comprehensive picture of the issues that must be addressed in responding to problems associated with substance use.

We are also indebted to the many government organizations and community agencies who gave freely of their time and expertise.

And, finally, many thanks to ***Dr. Amy Siciliano*** and her team at the ***HRM Public Safety Office*** for their support and encouragement.

APPENDIX ‘A’

Notes on the Project Methodology

The Launch Event – January 19, 2023

Intended audience: members of the public (residents), non-governmental organizations (NGOs) assisting individuals dealing with issues related to drug dependency, government agency representatives (e.g., Health, Justice) and individuals with lived experience. Although it was anticipated that some individuals with lived experience might attend, separate small focus groups were also held for these individuals.

Goal: The goal of the launch event was to enhance understanding of the key issues related to current drug policy:

- Impact of current policies on individuals, communities and organizations
- Relationship between current drug policy and violence
- Opportunities/barriers to drug decriminalization
- Lessons learned from other jurisdictions
- Ancillary services required to support policy change

Specific issues addressed at the launch event:

Terminology:

- What is addiction?
- When does drug use become addiction?
- What is stigma?
- What is harm reduction?
- What is meant by drug decriminalization/safe supply?

**Specific issues addressed
at the launch event:**

Nature of the problem:

- What are the dimensions of the problem: globally, in Canada and Nova Scotia?
- Various views regarding the cause of the problem?
- How is the problem experienced differently by different populations (gender, ethnicity, SES, urban/rural, sexual orientation)?
- What is the relationship between drug use disorders and homelessness?
- What is the relationship between drug use and gun/gang violence?
- What is the impact of substance use on families and communities?

**Impact of the current
legal system:**

Policing and the justice system?

- Individuals who are caught up in the justice system due to their substance use?
- Public health system?
- Social services and family law systems?
- Organizations assisting those dealing with substance use disorders?

Societal responses:

What is working/not working?

Community consultations:

Specific questions posed during the consultations:

- What effects are drugs having in your community?
- What are your views regarding the supports/resources available in your community to address issues experienced by those using drugs? What are the opportunities/challenges?
- What are your views regarding the decriminalization of small quantities of illicit drugs?
- How do you think problems associated with drug use should be addressed? What are the opportunities/challenges?

Note-takers, including student volunteers from the 7th Step Society, captured the content of the discussions. Professional development opportunities were provided to HRM Youth Advocate Program staff to assist with facilitating and supporting the community meetings. A Peer Support Counsellor from the 7th Step Society attended each session to address potential negative reactions caused by the discussion content. In each location, light refreshments were served, provided by local caterers.

The President of the NSCJA sent emails with Public Service Announcements (PSAs) detailing the Community Conversation locations and times to several HRM area media outlets, as well as to MLAs who had some portion of HRM in their ridings, and to all Halifax municipal councillors. The PSAs were also sent to Halifax libraries, various social and criminal justice agencies, the NS Health Authority, Halifax Regional and Royal Canadian Mounted Police services, provincial government departments of Health and Wellness and Justice, as well as the federal and provincial Public Prosecution Services. The consultation sessions were advertised via the NSCJA website. Prospective participants were advised that supports would be provided, if needed, to facilitate their participation. The registration form referenced the availability of these supports.

Focus Groups:

A light lunch was provided, organized by the organizations. Two members of the project working group attended the sessions, to facilitate the conversation and take notes. Permission was sought from participants to allow unattributed note-taking and the completed notes were submitted to the organizations for verification of the content.

Prior to the meetings, the organizations were provided with a summary of the issues discussed in the launch event and a discussion guide to provide some structure for the discussions (Appendix C)

Communications:

A Communications Committee was established to ensure the information regarding project events was widely available to the public. The Committee prepared and reviewed the Launch Event logistics and contracted with a media company for its livestreaming. It worked closely with a web design company to establish a separate website for this project and to establish an online registration process for the Launch Event and the Community Conversations. In addition, the Committee designed the graphics for use in the advertising, prepared the Public Service Announcement, the email content and mailing lists for recipients of the PSA and arranging the advertising.

Advertising was purchased from Haligoniac.ca and Saltwire Network Inc. and was primarily focused on Instagram and Facebook posts. The graphics used for the post were updated through February to keep them current. In addition, posts on the NSCJA website and special site established for this project were made to NSCJA's media accounts.

APPENDIX ‘B’

HRM/NSCJA Drug Policy Consultations Discussion Guide – Government organizations and community agencies

Purpose of the consultation:

HRM Public Safety Office is developing a municipal drug policy as part of their public safety strategy. They received funding from Public Safety Canada and asked the Nova Scotia Criminal Justice Association to conduct some consultations to obtain input from a broad sector of the community. We presented a public symposium on January 19 at the Woodlawn Library (which can be viewed using this link <https://www.nscja.ca/be-part-of-the-conversation-launch-event>)

and we held a series of public conversations in libraries throughout HRM. We have also conducted focus groups with people with lived experience. And finally, we are meeting with a number of government agencies and community organizations.

From the issues raised at these meetings, we will be preparing a report for HRM to be used as input as they develop their municipal drug policy.

Questions for discussion:

- ▶ Where do you see gaps in the current response to problems associated with drug use? How do these gaps impact individuals in different ways based on their race, gender and other social identities?
- ▶ What is working well in the response to problems associated with drug use in HRM? How can those successes be amplified?
- ▶ What partnerships currently exist to address the problem? Are these effective? What is needed to enhance the effectiveness of these collaborations?
- ▶ What new tools or resources (legislation, policies, funding, partnerships, coordinating tables) would assist your organization in its response to the problems associated with drug use?
- ▶ As you know, British Columbia has decriminalized small amounts of certain drugs for individual consumption by adults. What do you see as the advantages/disadvantages of this response? Would you like to see this approach adopted here? Why/why not? What steps would this Province need to take to prepare for decriminalization?

- ▶ We heard from many of those we consulted about the underlying trauma associated with problematic drug use. Has your organization taken any steps to assist front-line staff to better support individuals who have experienced trauma?
- ▶ Many respondents with lived experience noted that they are highly stigmatized and that this negatively impacts their involvement with the health, justice and other systems. In your view, what can be done to lessen harm resulting from stigma?
- ▶ What do you see as opportunities for the Municipality to support individuals and organizations involved in responding to problems associated with drug use?
- ▶ What role do guns and gangs play in the drug problem in HRM?
- ▶ Can you identify any promising practices in other jurisdictions that might be effective in HRM?
- ▶ We would like to know if your organization is doing any work related to this topic. Would you be prepared to share what you are learning from that work (where relevant)?

APPENDIX ‘C’

Discussion guide - focus group meetings

Introductions:

Purpose of the consultation:

HRM Public Safety Office is developing a municipal drug policy as part of their public safety strategy. They received funding from Public Safety Canada and asked the NSCJA to conduct some consultations. This meeting is an important part of the project. We held a public symposium on Jan. 19 at the Woodlawn library and we will be holding a series of public conversations in libraries throughout HRM. We will be doing 2 more focus groups – with the folks from XXX and the XXX Society. And finally, we will be speaking to some government agencies and community organizations.

Some important notes:

The personal identity of people participating in the focus groups will not be revealed to anyone. We will be taking notes to capture the information that is shared during the meeting. This information will be included in a report to the Public Safety Office. In order to make sure our notes are accurate, we will be asking (representative of first voice organization) to review them.

What do we want to talk about?

Want to hear about your experiences with the justice system and the health system and other organizations people have had contact with. Negative and positive experiences.

Opinions about current laws – how have they impacted you? What changes would you like to see? If decriminalization is considered, what do you think it should look like? What impact do you think decriminalization would have? Views re legalization?

What are the major issues that are having a negative impact on your life right now, as a person using or has used drugs?

Have you or people you know experienced violence resulting from your/their use of drugs?

What support services are required in the community to assist individuals using drugs? Are there programs and services which have been a benefit to you, currently or in the past?

What advice would you like to give to the government officials who are developing drug policy?

APPENDIX ‘D’

Launch event and community conversation data

Questions	n	%
Registrants Launch Event In-person Registrants	70	45.2%
Launch Event On-line Registrants	43	27.7%
Community Conversations Registrants	42	27.1%
Total	155	100.0%
Inclusion Supports Requests for Inclusion Supports (All requests met.)	10	100.0%
Ages Registrants Ages 18 - 24	5	5.3%
Registrants Ages 25 - 34	23	24.2%
Registrants Ages 35-44	27	28.4%
Registrants Ages 45-54	19	20.0%
Registrants Ages 55 -64	14	14.7%
Registrants Ages 65- 74 & 75 and over 75	7	7.4%
Total	95	100.0%
Community Halifax - Peninsula North, Halifax - Peninsular South/Downtown, Halifax West/Armdale, and Halifax - Bedford Basin West	40	
Subtotal	40	44.4%
Darmouth East/Burnside, Darmouth Centre/ Downtown, Dartmouth South/Eastern Passage, and Cole Harbour/Westphal	14	
Subtotal	14	15.6%

Questions		n	%
Community	Spryfield/Sambro/Prospect, Timberlea/Beechville/ Clayton Park/Wedgewood, Bedford/Wentworth, Lower Sackville and Middle & Upper Sackville	15	
	Subtotal	15	16.7%
	Preston/Chezzetcook/Eastern Shore and Waverley/ Fall River/Elmsdale/Enfield/Musquodoboit Valley	6	
	Subtotal	6	6.7%
	Outside HRM but in Nova Scotia	10	11.1%
	Elsewhere in Canada	5	5.6%
		15	16.7%
	Total	90	100.0%
Ethnicity	White/European Descent	62	74.7%
	African Canadian/African Nova Scotian	8	9.6%
	Indigenous (status and non-status, Métis, Inuk, Inuit, Other)	7	8.4%
	Mixed race and other races	6	7.2%
	Total	83	100.0%
Gender	Woman	66	69.5%
	Man	24	25.3%
	Non-binary, gender-fluid, gender non-con- forming, gender-queer, two-spirited	5	5.3%
	Total	95	100.0%

Questions		n	%
Sexual Orientation	Heterosexual	46	74.2%
	Bi-sexual/Pansexual	11	17.7%
	Gay/Lesbian/Queer	5	8.1%
	Total	62	100.0%
I currently use drugs that are illegal today	Yes	12	13.2%
	No	79	86.8%
	Total	91	0.0%
I have previously used drugs that are illegal today.	Yes	42	48.3%
	No	45	51.7%
	Total	87	100.0%
I have a family member/close friend who previously used drugs that are illegal today.	Yes	54	63.5%
	No	31	36.5%
	Total	85	100.0%
Have you been arrested/convicted for illegal drug use?	Yes	10	11.0%
	No	81	89.0%
	Total	91	100.0%

Questions		n	%
Have you experienced gun or gang violence because of illegal drug use?	Yes	9	10.3%
	No	78	89.7%
		Total	87 100.0%
Has a family member/close friend been arrested/convicted for illegal drug use?	Yes	37	41.1%
	No	53	58.9%
		Total	90 100.0%
Has a family member/close friend experienced gun or gang violence because of illegal drug use?	Yes	26	28.9%
	No	64	71.1%
		Total	90 100.0%

Notes:

All values less than 5 are combined with others to ensure no one can be identified Registrants only answered the questions they wish to answer.



NS Criminal Justice  **Association**

**In collaboration with
Halifax Regional Municipality**

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