



**Getting to  
Tomorrow**  
Ending the Overdose Crisis

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# ONE DEATH IS TOO MANY: GRAPPLING WITH THE OVERDOSE EPIDEMIC IN THE YUKON

A report from Getting to Tomorrow Yukon: A public health dialogue on the territory's drug toxicity crisis

*Getting to Tomorrow: Ending the Overdose*

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**Canadian Drug  
Policy Coalition**

**Coalition canadienne  
des politiques  
sur les drogues**



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## Getting to Tomorrow Yukon

On June 8 and 10, 2021, more than sixty people in the Yukon gathered online to participate in a dialogue about their experiences and perspectives on drug policy and the overdose crisis. As part of Getting to Tomorrow Yukon, community members raised issues such as **stigma, increasing overdose fatalities, the housing crisis, rural and remote community needs, racism in healthcare, police response to drug-related emergency calls**, and more. A wide array of participants participated in the conversation, including social service workers, first responders, non-elected government representatives, healthcare providers, people with lived or living experiences of substance use, First Nations Peoples, and union members. The following report highlights the comments and perspectives shared at the dialogue.

### A growing sense of urgency: “One death is too many”

Many identified the need to urgently address the increasing numbers of fatal overdoses in the Yukon. People shared personal stories of losing family members and youth in the community. The word “crisis” was repeatedly used to describe the current situation: “I’m getting to the point that I feel like occupying part of Yukon with tents until the issue is recognized as a crisis and not ignored anymore.” Another participant expressed frustration that many in the community do not seem to care about the toxic drug supply or high overdose rates because they feel these issues do not personally affect them, yet what most people do not realize is how close they may be to someone who is suffering from these very issues.

### Community reluctance to call 911 during an overdose because of RCMP response

Many participants expressed the need for less punitive responses by the RCMP (responsible for policing in the Yukon) when responding to overdose emergency calls. There were some who shared personal accounts of poor treatment by officers: “Calling police is scarier than dying from drug poisoning.” According to many participants, officers can be discriminatory and favour criminalization rather than harm reduction. Others echoed a concern that there is a need for better education within the RCMP. One challenge in the Yukon is that many officers are not longstanding community members: they often rotate through every few years, and the high turnover makes it difficult for people to build and improve relationships.

People indicated that they are uncomfortable calling an ambulance when someone is experiencing an overdose out of fear that it will result in drug investigations and arrests: “...recognizing how [the RCMP] respond in one instance can affect how people interact with them...If people see that their friend is getting arrested, people are gonna [sic] be like ‘well...I am not gonna call them.’” Individuals may be charged for trafficking even with a small amount of drugs, because RCMP officers do not demonstrate a good understanding of substance use according to participants. It was noted that criminalization creates a vicious cycle that is difficult to break, and there is an understanding that when people come out of jail, they are vulnerable to overdose or further criminalization, and transitional programs are needed. “The stigma and the unrealistic expectations put in place for criminalized folks





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## Stigma stops people from seeking or receiving support

Speaking with compassion and empathy towards people who use drugs and avoiding stigmatizing language can help reduce stigma. In a rural context where communities are much smaller, stigma from members of the public, healthcare providers, emergency responders, and landlords is a significant barrier to improving the situation for marginalized individuals in the Yukon. “Stigma prohibits access to care, it is just one part of the broader issue of the opioid crisis, and if it’s not given the same urgency...then we won’t get very far,” said one dialogue participant. Community members wanted stigma addressed so that families could openly share the reasons for their loved ones’ deaths. Stigma also deterred people from accessing services. “So many people are worried about the community knowing they’re using drugs...it’s often family or known people working at the health centre,” noted one attendee. “So where do the youth go if their mum [sic] is at the health centre or their aunt?” When stigma is so strong, it becomes internalized and creates shame that discourages people from seeking support, even from harm reduction service providers. “Once you get a label that you are a ‘user,’ you won’t have the proper care you need to function in a good way,” said one participant. Greater education on harm reduction and “meeting people where they are at” are essential in bridging the gap with community members who insist on abstinence. One person noted that “self-medicating is not a crime.” The broad and scientific consensus regards addiction as a chronic health issue, like diabetes, and nobody should be judged for their health status.

## Stigma and racism in healthcare

Systemic racism within hospital and healthcare settings was another central theme that surfaced during the dialogue. People shared stories of Indigenous family and community members not receiving adequate care when going to the emergency room because of prevailing racist and inaccurate stereotypes of Indigenous peoples. This has led to severe health issues remaining undiagnosed and untreated for years, even resulting in death. This is contrary to the rights enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which states that Indigenous peoples have the right to access health and social services without discrimination. These experiences are a testament to the urgency and need for reconciliation in communities across Canada.

## Safer Communities and Neighbourhoods Act (SCAN) legislation targets those in poverty and those with addiction and must be repealed

The Safer Communities and Neighbourhoods Act (SCAN) allows Yukon’s justice department to evict people from their homes based on confidential reports from neighbours related to suspected drug trafficking or sex work on a property. “That specific legislation really encourages stigma and oppression,” said one participant. Individuals from social service organizations expressed a desire to be involved in the decision-making process for legislation such as SCAN to prevent the enactment of harmful and stigmatizing laws.



exclusively or primarily on alcohol, which does not meet the needs of those using other substances, and treatment programs are often limited to 30–35-day stays, which people indicated is not enough time. Further adding to the lack of treatment options, services delivered by non-Indigenous staff are often not appropriate for Indigenous individuals requiring culturally relevant services such as land-based treatment programs. Many underscored the reality that programs must be trauma-informed to heal the trauma often underpinning dependent alcohol and drug use and incorporate mental healthcare and counselling: “Trauma is at the heart of a lot of this.”

### **The housing crisis in the Yukon is affecting people who use drugs**

Dialogue participants also indicated the importance of housing in the Yukon and the barriers to access for people who use drugs, with one person stating, “When I look for housing for people, people put ‘no drugs’ on their postings.” Individuals expressed a need for better support for youth transitioning out of foster care. They also discussed how a lack of stable housing in the territory contributes to drug overdose rates and criminalization, and many noted how SCAN legislation exacerbates the problem of affordable housing and housing insecurity by evicting people who use drugs or live with people who do—leaving them with no place to go.

Comments and stories from dialogue attendees expressed their support for low-barrier shelters that accept people regardless of their substance use and dry shelters for people in recovery. Individuals highlighted the need for safe and affordable housing, increased social services, and supportive housing programs that do not stigmatize drug users.

### **Recommendations for change:**

1. Decriminalize drugs to decrease stigma and the harms experienced by people who use substances.
2. Offer comprehensive safe supply services and options for those at risk of drug poisoning death.
3. Provide more affordable housing and improved housing models so people can add stability to their lives and daily routines. Included as part of that are housing models that offer low-barrier shelters, dry shelters, and permanent affordable housing.
4. Provide more naloxone training.
5. Offer more grassroots education on drugs and harm reduction, including storytelling.
6. Offer more holistic healthcare and trauma-informed healing practices, including land-based treatment.
7. Fund and resource First Nations leadership and First Nations elders.
8. Engage those with lived experience: “nothing about us without us.”
9. Use existing resources and services to maximize harm reduction service delivery.
10. Ensure rural representation in harm reduction and overdose prevention service provision.
11. Offer treatment options for all substances.
12. Provide more counsellors specialized in addiction and trauma.