



Getting to Tomorrow

Ending the Overdose Crisis

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Decriminalization: Humanizing our Communities

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Getting to Tomorrow Barrie

The Getting to Tomorrow virtual community dialogue was held in Barrie on October 19 and 21, 2021, to discuss the impacts that policies of criminalization have had on health and human rights, the toxic drug supply, and the drug poisoning crisis. Participants discussed issues such as:

- decriminalization of drugs,
- minimizing police interaction with people who use drugs,
- support and barriers in harm reduction services,
- stigma in healthcare,
- the housing crisis,
- leadership and fair compensation of people who use drugs in harm reduction initiatives,
- the need for permanent services

A wide array of people participated in the discussion, including those with lived or living experiences of substance use, health care providers, social service workers, and union members. This report presents the main issues discussed at the dialogue.

Decriminalization of drug use: “It’s time to move on it”

Many participants of the dialogue expressed the need to decriminalize simple possession of drugs, and to provide access to safe supply and supervised consumption sites. For many participants, decriminalization was a central way to address structural barriers that create stigma in the community and in healthcare and hinder access to health and social services, while supporting safer consumption of drugs. As one of the participants stated, “Decriminalization is central because substance use is a health issue not a criminal justice issue ... it is not a crime to be addicted to a controlled substance.” Similarly, a shelter worker stressed that decriminalization would support reform of harmful policies and practices in social service organizations. The need for reform was demonstrated by one participant: “when youth are found with alcohol or drugs, they are kicked out [of shelters] for a minimum of two weeks, police are called, and they are out on the street again ... If decrim [sic] was enacted, it would change the policies of these organizations.”

Participants stated that decriminalization would address the social stigma associated with using criminalized substances, as well as humanize people with lived and living experience of substance use. According to one source, “stigma dehumanizes people. Bringing back humanness will help push toward public health policy.” Respondents shared their personal stories of experiencing judgment and discrimination due to substance use. One respondent expressed:

“I am a grandmother and a mother; I raised my children and want people to realize we have something to give whether or not we’re high. I want them to open their hearts and their eyes more rather than using the stigma to call us losers – which I have been called a lot – but we are not.”

Dialogue participants shared the difficulties associated with criminalization of substance use, particularly with respect to criminal records and resulting barriers to employment and housing. One participant described their son’s experience: “Having a criminal record, he had a hard time finding a job ... criminalizing makes it harder for people to do it [find a job]; they’re always on edge with extra stress and anxiety.” The calls for decriminalization are supported by other publications such as the Federal Expert Task Force on substance use report and human rights organizations.

Participants also discussed how progress towards decriminalization can be achieved through grassroots advocacy and collaboration to increase community support through education and awareness-raising initiatives. As described by one participant, decriminalization is achieved through “garnering community support, working to speak with a united voice to advocate to the provincial and federal governments.” Further, centering the voices of people who use drugs, and working in collaboration with healthcare workers and politicians were perceived as vital in the campaign for decriminalization.

The Role of Policing in Reform: “Police are not the solution to the problem, nor are they the problem - but we need to look at policies that police need to follow.”

Many participants alluded to the involvement of police and justice systems as a significant harm impacting the lives of people who use drugs in Barrie. To this end, participants supported minimizing police interaction with people who use drugs, a policy and practice supported by the Decriminalization Done Right civil society policy platform. Many participants also expressed concerns about the way in which unhoused people are treated by police. Participants described that fear of arrest and police interaction created a significant barrier to the use of harm reduction services and emergency healthcare services.

In an incident that ultimately resulted in a fatal overdose, one participant stated: “I think of my son who lived three minutes away from the hospital; there were three people with him, and they were afraid to call 911 because they know police are going to be dispatched. Even if they are protected by the drug laws in certain ways [such as the Good Samaritan Act], if they have outstanding warrants, they could be criminalized..” Some respondents thought the nature and outcomes of police involvement were improving. For example, a participant with lived experience explained that with the outbreak of COVID-19, police were taking a step back and not following the “just knock them down” mandate, referring to a practice where local area police removed residents’ tents from parks.

Increasing Community and Political Support for Harm Reduction: “Harm reduction means people are not overdosing.”

For many participants, decriminalization, safe supply, and safe consumption sites were desired policy outcomes that are necessarily integrated. Decriminalization could help to garner community and political support for these lifesaving harm reduction interventions that address the toxic drug supply and poisoning crisis. One participant shared that harm reduction services such as supervised consumption sites had cascading positive effects on their physical and mental health. As described by one individual, “Harm reduction means we all work as a family. If we have safe injection sites, people will use them and no one will get hurt.” According to another, “Harm reduction means people are not overdosing. [They have] a place where they can go to take their drugs safely without harming themselves. They are taking drugs in a safe place instead of somewhere by themselves where nobody knows that they’re in distress.”

Barriers to use of harm reduction services in Barrie as described by participants were fear of arrest and stigma associated with the use of criminalized substances. Lack of adequate funding for safe consumption sites was also raised as a barrier, but securing approval for the location and city council endorsement for the supervised consumption site were described as signs of progress. Many respondents expressed their optimism about decriminalization and increasing harm reduction services in the city due to community and grassroots efforts.

Deadly stigma in healthcare: People who use drugs are “red-flagged.”

Accessible and empathetic healthcare was another important need that was raised. Many respondents reported that a significant barrier to healthcare for people who use drugs is discriminatory behavior from healthcare workers. A participant with lived experience shared their experience of going to hospital for back pain and being denied proper care due to stigma and a lack of trust from healthcare staff. The participant revealed that he eventually went into a coma due to an abscess on his spine. Stigma creates a barrier where treatable medical conditions are not found until advanced stages, increasing the healthcare burden to the city and a missed opportunity to address preventable health concerns. Participants also shared that

stigmatizing and discriminatory behaviour from healthcare workers was also a barrier to calling for emergency services. Respondents suggested that training programs and improved policies within the healthcare system, in addition to decriminalization of substance use would help address stigma.

Safe and affordable housing: “Supportive housing is a moral and social crisis in the intersection of addictions, mental health, and housing. We need spaces without barriers.”

Safe and affordable housing was consistently raised throughout the dialogue. Many stated that access to affordable housing is a vital component to any policy interventions intended to uphold the human rights of people who use drugs, a notion supported by the Decriminalization Done Right policy platform. Discussing opportunities for effective action, many participants stressed the importance of access to permanent housing for people who use drugs and people leaving incarceration, noting that shelters are temporary solutions. One of the participants stated: “supportive housing is a moral and social crisis in the intersection of addictions, mental health, and housing. We need spaces without barriers.” The harms associated with a lack of housing were raised by participants in Barrie, and documented in other publications.

Participants suggested that unoccupied hotels, buildings, and houses in the city could be used as homes and shelters, particularly during the wintertime when risk of death due to exposure is high. Many reiterated that housing is a fundamental human right needing to be urgently addressed and resourced by all levels of government.

Leadership and fair compensation of people who use drugs in harm reduction initiatives - “People with lived experience are the ones on the front lines.”

Many participants stated that hiring people with lived experience for paid positions in harm reduction program planning, policy advisory, media engagement, and service delivery is vital to the success of these interventions. As stated by one respondent: “People with lived experience are the ones on the front lines. They’re the ones responding to the overdoses the most – it’s a labour of love and ought to be compensated as such.” These recommendations to fairly compensate the expertise and labour of people with lived and living experience are supported by the Canadian Association of People who Use Drugs as best practice in policy development.

Hiring people with lived and living experience has immediate positive impacts on service delivery, as described by one participant:

“We deliberately implemented workers with lived experience which immediately impacted the way people came in for help. We need to move towards working with peer navigators and shifting how we value an individual and their experience as qualifications.”



Pilot projects: “No more funding pilot projects – we need consistency”

Many participants in the dialogue stressed that the inconsistency and time limitations inherent in pilot projects result in poor uptake of services and become barriers to improving health outcomes and addressing human rights concerns. Participants insisted on the importance of consistency when considering strategies and services to address community needs. Emphasizing the need for permanent services, one participant stated:

“Instead of band-aids and pilot projects, work on trauma-informed responses, and take a long-haul approach. This is a generational problem and will take multiple generations to overcome and solve.”

Recommendations:

- Request sustainable funding from the City of Barrie or other viable source to fund a task group lead by people with lived experience of substance use in partnership with a supportive community partner to address the current toxic drug crisis being experienced
- Explore the possibility of applying for a CDSA exemption requesting decriminalization of simple possession and necessity trafficking in the City of Barrie
- Immediately increase access to deeply affordable housing based in principles of safety, accessibility, and sustainability, including rent geared to income models and low-barrier shelters
- Implement training protocols in human rights- and health-centered models for drug policy development for staff in municipal governments and municipally-funded social service agencies that include meaningful and paid consultation with people who use drugs
- Implement training protocols in harm reduction philosophy and practices for staff in municipal governments and municipally-funded social service agencies
- Introduce collaborative, multi-sectoral decision-making tables in municipal policy development processes