



Getting to Tomorrow

Ending the Overdose Crisis

www.gettingtomorrow.ca

Decriminalization and Harm Reduction in African Caribbean and Black Communities

Getting To Tomorrow Dialogue



Getting to Tomorrow: Ending the Overdose Crisis is supported by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.





Getting to Tomorrow

Ending the Overdose Crisis

Overview

On May 10th and May 17th 2022, approximately 70 people gathered to participate in a virtual dialogue focused on how current drug policies impact African, Caribbean, and Black (ACB) communities. Participants discussed their experiences and perceptions of decriminalization and harm reduction policies and practices as they relate to racialized communities. This dialogue was hosted by Canadian Association of People who Use Drugs (CAPUD), Black Coalition for AIDS Prevention, Toronto Harm Reduction Alliance, Zero Gun Violence Movement, DevelopMe Youth Centre, and Canadian Drug Policy Coalition (CDPC). During the dialogue, participants raised several key barriers to public health such as racism, systemic prejudice, social and structural stigma, lack of access to public resources, police profiling, lack of awareness and education campaigns on the realities of drug use, and more. A wide array of participants took part in the conversation, including People with Lived and Living Expertise (PWLLE), harm reduction workers, social workers, first responders and health care providers. This report highlights the perspectives and views participants shared and highlights five recommendations for action that emerged through the dialogue.



Systemic barriers lead to compounding exclusions for Black, Indigenous, and racialized people who use drugs in harm reduction and beyond: “The system is built to hold people down.”

Systemic discrimination embedded in current drug policies leads to marginalization and exclusion of Black, Indigenous and racialized people. This systemic discrimination includes racism, increased surveillance, criminalization of drug use, negative interactions with police, and barriers to accessing public services. Many participants highlighted that PWLLE in Black, racialized, and immigrant communities are overrepresented in the criminal justice system. Participants also spoke to how excessive surveillance and criminalization impacts their ability to access public services such as health care and safe consumption sites. A participant expressed frustration about how people who use drugs cannot access safe consumption sites because of their skin colour: “[I have] yet to see a Black person at a safe injection site ... injection sites are not common or available to Black and Indigenous people as they are to white people.” It was suggested that safe consumption sites should expand their services to include people with children and LGBTQ+ groups: “Mothers and parents don't feel safe in those spaces (consumption sites). I use drugs to feel well, not inebriated.” Additionally, participants pointed out that over-surveillance results in underuse of these facilities by people in racialized communities due to fear of police involvement. As noted by one participant, there is no incentive to access services when the threats of surveillance and child apprehension are prevalent. Many individuals at the dialogue expressed their concerns about police officers profiling racialized people outside harm reduction services, such as safe consumption sites.

Participants also spoke to the impacts of surveillance in low-income housing. In these living environments, Naloxone and supervised consumption sites are not allowed, and the people living and frequenting these spaces are under increased scrutiny. This results in inequitable access to harm reduction and barriers to safer use for tenants living in low-income housing.



Racial and drug use profiling from police: “The police love that word ‘unpredictable’ – I don’t think it’s necessary to bring in six police just for me, just because I am a known drug user.”

Many participants referred to the profiling and incarceration of racialized people on the basis of prohibitionist drug laws. Participants noted that people of colour are more likely to get arrested, wrongly accused, and convicted in drug raids. Referring to their personal experience, one participant shared: “The police antagonize because the moment I snap they have the right to do what they want to do to you.” Police surveillance and criminalization produce social stigma in ACB communities, limiting their access to housing and employment opportunities, as well as access to primary and emergency healthcare services. In this way, the criminalization of drugs privileges certain groups while maintaining barriers for others based on their race, ethnicity, and perceived drug use. Echoing this concern, participants also discussed how people are surveilled and profiled as criminals because of their tattoos and other personal characteristics. A female participant with personal experience stated: “For a female to have a full face of tattoos and many tattoos in general, I am automatically stalked in every store I go into ... I know I am not safe because there is a good chance I will be taken to jail.... I am stalked the moment I leave the line.”

Prohibition creates stigma, which prevents people from seeking and receiving support

It is crucial for all levels of government to implement decriminalization in order to reduce and break the social stigma surrounding drug use. Discussing the experience of racialized drug users, a participant stated: “...Our race has been stigmatized for centuries, and that needs to change, whether [the stigma is coming from] internalized racism or stigma based on usage.”

Discussing systemic prejudice, another participant revealed that as a white female, she is never worried about being arrested for carrying drugs. This contrasts strongly with Black community members, who expressed high rates of surveillance and engagement with police. Structural stigma is a result of drug use being criminalized. This stigma gets reproduced at the community level. Children and youth are exposed to stigmatizing attitudes in various settings, including churches and schools. As a result, children and youth’s understanding of drug use is obscured and prevents them from seeking support when needed. Safer drug use education for youth could provide a space for youth to discuss their life experiences as they relate to systemic issues associated with drugs and criminalization. This education could include harm reduction principles and practices, supporting youth safety and well-being.



Stigma and Racism – Impacts in Healthcare: “I’m automatically treated as a secondary citizen.”

The intertwined experiences of racism and stigma surrounding drug use within healthcare settings was another issue discussed during the dialogue. Participants highlighted healthcare providers’ differential treatment of people based on their culture, and other personal characteristics such as tattoos and mannerisms. As noted by one participant, “In the hospital, or anything basically, I notice as soon as I go in, they look at my skin and ask if I’m a needle user. I am automatically treated as a secondary citizen or lower class, and it is really frustrating.” As reported by participants, this kind of stigma and poor treatment is a barrier to receiving adequate and dignified healthcare. Documentation of a history of drug use in a person’s file should not result in ongoing negative impacts on the level of care they receive, as this kind of discrimination poses human rights violations. These experiences point to a need for more harm reduction education and anti-racism initiatives within health care, decolonizing advocacy and reform, and increased accessibility to health services without stigma towards people based on race or perceived drug use.

Decriminalization: Importance and Options

The importance of drug decriminalization was one of the major themes that surfaced during the dialogue. Many participants revealed that the criminalization of drug use only increases the harms experienced by those in the community. Instead of criminalizing people who use drugs, all levels of government, prosecutors, healthcare providers, social services, community organizations, community members, and faith groups must consider the reasons for drug use and offer the appropriate social services and supports needed, such as affordable and adequate housing, employment support, childcare, food security, and more.

ACB communities must be given meaningful opportunities to provide input on how decriminalization can best be implemented to specifically support ACB communities. Decriminalization will likely result in differing impacts on different demographic groups, and as ACB communities experience disproportionate impacts from criminalization, those experiences must inform decriminalization. Further, within ACB communities, there are heterogeneous values, attitudes, and experiences, requiring unique programs and approaches to reform based on each community’s needs. Racialized communities constitute a diverse group of people. Given the heterogeneity of people and their experiences, a safe and supportive space must be provided where many perspectives are taken into consideration, as well as opportunities to provide meaningful input in policy discussions about reform to drug laws. Participants suggested that community-level grassroots conversations about criminalization and drug use are important data for government and other decision-makers: “Everybody needs to see eye to eye.”



Getting to Tomorrow

Ending the Overdose Crisis

Regarding possibilities for how decriminalization will be implemented, participants indicated their preference for no personal possession thresholds, given that everyone's tolerance is different (a threshold indicates the amount of a drug one can carry without receiving criminal penalties). All participants agreed that police interaction with people who use drugs should be minimized in all areas. Widespread racism and systemic discrimination within police institutions were described as central reasons for implementing decriminalization and minimizing police presence in ACB communities as a crucial need. Reports of discrimination are also documented in publications such as the Toronto Police Service's June 2022 report on use of force and race- and identity-based data.

Lack of accurate statistics for ACB communities

While discussing decriminalization, participants expressed concern about the lack of accurate statistics and data on drug use in ACB communities. Credible data plays a significant role in designing effective harm reduction practices and community education programs. In most cases, the general public is not aware of the number of deaths caused by overdose due to drug toxicity in the unregulated market, and the unique impacts on ACB communities. In fact, dialogue participants stated that overdose data based on race, gender, sexual orientation and type of drug was a top priority for ACB communities requiring funding from all levels of government. Meanwhile, participants believed a project-based approach to addressing harms associated with prohibition and associated reporting activities does not effectively target the source of the problem, as compared to changing federal policies that impact community members: "We are doing so much on the ground at the expense of our friends and family we need to start looking at when policies impact health as opposed to funders needing data."

Community-based Drug Education and Awareness Programs

The lack of harm reduction education geared towards ACB communities is a serious issue that requires adequate funding and a holistic response. As noted by one participant, "The drug education I received as a youth fucked me up, made me terrified, it was damaging." Many participants suggested that harm reduction education is crucial for teenagers, youth, and adults to disseminate accurate information about drug use, minimize any harms, and discuss the social impacts resulting from stigma associated with drug use. Dialogue participants recommended that harm reduction education initiatives such as teaching about the racist and colonial roots of prohibition and how to use person-first language be implemented on social media, and in schools, churches, and community centers. This initiative would help address stigma and maintain social support for people who use drugs, while sharing information about available resources and services. One example of ACB-focused harm reduction education is the Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) out of the Centre of Addiction and Mental Health is an initiative to support ACB youth.



Collaboration Among Community Organizations: “People need to be having these conversations and sharing their experiences as people don’t know what they don’t know.”

Addressing the harms of criminalization requires collaboration between all levels of government and civil society organizations. Participants expressed that a lack of collaboration directly impacts the outcomes and effectiveness of harm reduction programs. It was noted that opportunities for meaningful engagement from grassroots actors in harm reduction and PWLLE is a necessary step in developing effective harm reduction policies and practices, and drug policy in general. According to one of the participants, “People need to be having these conversations and sharing their experiences as people don’t know what they don’t know. Until we create safe spaces for these conversations, we won’t get there.” Centering the voices and needs of grassroots actors and PWLLE at decision-making tables is fundamental for programs’ acceptance and effectiveness in ACB communities. Many participants believed that those in decision-making positions should be from the community and have lived experience of drug use, so they can design and lead programs based on their community’s needs.

Steps Towards Action

Access to low-barrier and accessible services such as safe consumption sites, gender-inclusive spaces, and leadership and education training were discussed throughout the dialogue. In general, participants emphasized inclusive harm reduction initiatives that are designed based on the needs of ACB communities, including people with children and LGBTQ2S+ communities. In addition to inclusive services, participants suggested that leadership training was another critical step toward community-based action. They indicated that community members should be trained to lead grassroots initiatives by identifying the issues and designing solutions based on their community's context and available resources.



Recommendations:

1. All levels of government should implement full drug decriminalization.
2. All levels of government should work together to collect and distribute disaggregated overdose data based on race, gender, sexual orientation and type of drug.
3. Municipalities, public health units and community health organizations should fund opportunities for collaboration between youth and community service providers for community-based youth education programs to deepen community engagement on decriminalization and harm reduction in ACB communities. These programs can provide space for youth to discuss their life experiences as they relate to systemic issues associated with drugs and criminalization, and share information on harm reduction principles and practices, and the racist and colonial roots of prohibition.
4. All levels of government, public health units and community health organizations should implement processes that seek meaningful engagement from ACB PWLLE, including youth, parents and LGBTQ+ people, in the development of drug policy and harm reduction policies and practices. These should be in accordance with best practices for engagement with PWLLE to foster empowerment and leadership.
5. Municipalities, community health organizations and other community organizations should fund and implement community engagement and education programs for ACB parents who have been arrested, incarcerated, or have had contact with the child protection/surveillance system. These programs should include information on understanding your basic rights and responsibilities when interacting with CAS/CCAS, preparing for kinship and plan of care meetings and home visits, drug testing, and providing resources for parenting programs and counseling.