

COMMUNITIES FOR DRUG POISONING PREVENTION

Working together to take action on drug poisonings

Engagement Report
What We Heard From The Public
October 4, 2022



TOPENT
Tannis Topolnisky, CP3
Creating What Matters

REACH
EDMONTON
Council for Safe Communities

COMMUNITIES FOR DRUG POISONING PREVENTION

Working together to take action on drug poisonings

What We Heard From The Public

October 4, 2022

Table of Contents

Executive Summary	4
Communities for Drug Poisoning Prevention	6
Engagement Overview.....	7
Findings.....	9
Experiences.....	9
Education and Awareness	10
Community Supports and Services	18
Community Resources	24
Evaluation of the Engagement Process.....	26
Recommendations.....	27

EXECUTIVE SUMMARY

In November 2021, REACH Edmonton Council for Safe Communities held the first of its kind neighbourhood-based conversation about drug poisonings in the McCauley community. Much was heard about people's experiences with drug poisonings, impacts and areas of interest. Overwhelmingly what was heard was the need for less conversations and drug poisonings and more action.

In the spirit of taking action, a number of community partners came together to apply for funding from Health Canada's Substance Use and Addictions Program (SUAP). Led by the Royal Alexandra Hospitals Foundation, they formed Communities For Drug Poisoning Prevention. Funding is to be used to identify and implement actions to address these challenges and achieve positive change through:

- Development of a public education and awareness campaign on drug poisoning and
- Funding community-level interventions to equip business owners, community members, and service providers in high-risk neighbourhoods with the tools necessary that allow them to identify and intervene more effectively during drug poisoning events

Communities For Drug Poisoning Prevention undertook this engagement process to hear from community members, businesses, frontline workers, Indigenous communities and those with lived/living experience to help inform future opportunities for action around awareness, education, services and resources. Between August 18 - September 12, 2022, we heard from 102 participants.

Participant Experiences With Drug Poisonings

Almost all participants felt the situation described in 2021 is similar to today, with a few differences:

- 40% of responses received indicated that participants felt there was an increase in drug poisonings from last year
- 15% indicated no change, and one participant felt drug poisonings had gone down
- Increase in burnout, anger and frustration in general and towards all levels of government for lack of resources to address the issues
- Increased awareness and use of naloxone kits
- Longer response times

Education And Awareness Campaign

- Information participants suggested including in an education and awareness campaign:
- The story of drugs
- Safety
- The human story and stigma
- Mental health and trauma
- Harm prevention, harm reduction, treatment + support
- Intervening a drug poisoning event

Ideas to inspire and connect with people included:

- Make it personal
- Explain the urgency of the problem
- There is something people can do

What was identified for a successful education and awareness campaign:

- Include those with lived experience
- Start early and educate kids in schools
- Reduce the stigma of drug use
- Broad + frequent reach
- Partner with others
- Be different and use multiple formats
- Consider and tailor to your audiences
- Consider a non-colonial approach to education

Community Supports + Services

Ideas for improvements to existing supports and services included:

- Funding to support more of existing services
- Safety: consumption sites and safe supply
- Increase hours of access to services
- Housing
- Treatment support
- More response teams less police
- Indigenous-based services

What is currently missing included:

- Inhalation at safe consumption sites
- Drug testing
- Coordination of services

Community Resources

- Ideas for improvements to existing resources included:
- Sharps containers + safe needle cleanup
- Naloxone kits + training

What is currently missing included:

- Nasal naloxone kits
- Drug test kits

RECOMMENDATIONS

Recommendations based on input received from this engagement process include:

- #1 - Advocacy
- #2 - Include those with lived/living experience
- #3 - Be visible
- #4 - Target all city residents, youth and those who use drugs
- #5 - Tell the story of what's working
- #6 - Messaging of personalization, urgency and action
- #7 - Improving supports and services
- #8 - New supports and services
- #8 - Increase the number of sharps containers and safe needle cleanup
- #10 - Nasal naloxone and drug test kits
- #11 - Communicate back
- #12 - Engage on action

More detailed recommendations can be found on page 27

"Nobody wants to overdose, they don't know what else to do except do drugs to be able to breathe"
- Person with lived experience

"The things that are talked about here have to start to happen, they don't have to be finished"
- Person with lived/living experience

COMMUNITIES FOR DRUG POISONING PREVENTION

In November 2021, REACH Edmonton Council for Safe Communities held the first of its kind neighbourhood-based conversation about drug poisonings in the McCauley community. Much was heard about people's experiences with drug poisonings, impacts and areas of interest. Overwhelmingly what was heard was the need for less conversations and drug poisonings and more action.

In the spirit of taking action, a number of community partners came together to apply for funding from Health Canada's Substance Use and Addictions Program (SUAP). Led by the Royal Alexandra Hospitals Foundation, they formed Communities For Drug Poisoning Prevention. Funding is to be used to identify and implement actions to address these challenges and achieve positive change through:

- Development of a public education and awareness campaign on drug poisoning and
- Funding community-level interventions to equip business owners, community members, and service providers in high-risk neighbourhoods with the tools necessary that allow them to identify and intervene more effectively during drug poisoning events

Communities For Drug Poisoning Prevention undertook this engagement process to hear from community members, businesses, frontline workers, Indigenous communities and those with lived/living experience to help inform future opportunities for action around awareness, education, services and resources.

The SUAP Project Partners includes:

- Alberta Alliance Who Educates and Advocates Responsibly (AAWEAR)
- City of Edmonton
- REACH Edmonton
- Royal Alexandra Hospital Foundation
- School of Public Health, and the Design + Health Research and Innovation Lab
- University of Alberta, including the Department of Emergency Medicine
- Alberta Health Services (AHS)
- George Spady Society
- Boyle Street Community Services

NOTE OF THANKS

We thank all participants who took the time to contribute their thoughts and ideas to this engagement process. Your words matter on this important issue as we continue to work towards taking action on drug poisonings. Thank you.

ENGAGEMENT OVERVIEW

The findings in this report is from engagement that took place between August 18 - September 12, 2022. There were several opportunities for participation:

- 3 - Live, online facilitated workshops open to the general public
- 1 - In-person facilitated workshop open to the general public
- Online survey open to the general public
- 1 - Workshop targeted to frontline workers
- Interviews with those with lived/living experiences

We intended to hear from:

- **Residents** - to hear from those living in communities experiencing drug poisonings.
- **Businesses** - to understand the business community needs and ideas.
- **Frontline workers** - to hear from those who are on the streets daily interacting with those who are using drugs and dealing with drug poisonings.
- **Indigenous Community** - to understand Indigenous needs.
- **Those with lived experience** - to hear the needs and ideas first hand of those whose lives have been impacted by drug use and drug poisoning.

Promotion included:

- Word of mouth through Communities For Drug Poisoning Prevention partners.
- Postcard direct mail campaign targeting Downtown, Oliver, McCauley, Central McDougall, Boyle Street, and Alberta Avenue.
- Paid promotion social media campaign.



In total we heard from 102 participants. The following represents the summary of those who participated in this process from those who responded to these questions:

Audience	% of Participants Who Responded * not every participant self-identified, participants could choose more than one identity
Resident	42%
Business owner	4%
Person with lived/ living experience	24%
Social agency worker	12%
Frontline worker (ex. healthcare, outreach, emergency response, enforcement, social worker)	19%
City of Edmonton staff	3%
Elected Official	1%
Other: 12% A Mom, commercial property management, filmmaker, former addict, I lost my son (a welder) to drug related suicide, I am on one of the committees for Living Hope: Edmonton's Suicide Prevention Strategy, Medical personnel, parent who has lost a child to drug poisoning, probation officer, work for a business in Chinatown, work in the area, knows someone with drug addiction, rural harm reduction outreach, Anishnabe/RS survivor/Former homeless	

NOTE: not all participants responded to all the demographic questions.

Communities	% of Participants Who Responded
Boyle Street	4
Central McDougall	14
Downtown	27
McCauley	14
Oliver	32
Queen Mary Park	9
Other: Calder, Calgary, Far South side, Hazeldean, Lethbridge, Millwoods Edmonton, Nanaimo, Northside, Out of town, Outside Edmonton , Parkdale, Prince Charles , Riverdale , rural, Rutherford, Southgate, Spruce Avenue, St. Albert, Sudbury Ontario , SW Edmonton, Vancouver, West end, Work in Alberta Ave/ Boyle St/Downtown/Live in Inglewood	

Self-Identity	% of Participants Who Responded
Female	50
Male	24
Non-binary	9
Prefer not to say	17
Prefer to self-describe: Trans woman	

Indigenous	% of Participants Who Responded
No	80%
Yes	20%

FINDINGS

The following summarizes the themes identified from the discussion questions. Direct quotes from participants provide the bulk of the summary's narrative context. While personal names and/ or organizations are not attached to quotes, an effort was made to honour how participants self-identified. Not all participants chose to self-identify, as indicated by "participant".

3.1 Experiences

The November 2021 McCauley community conversations asked participants to describe their experiences with drug poisonings. They identified:

- Unprecedented increase in evidence of drug-poisonings and houselessness
- Daily witnessing and/or interacting with folks in drug-related distress
- A sense of responsibility as a resident to get involved
- Concerns about gaps in service, funding, capacity, awareness, resources
- Residents needing to play the role of first responders
- Community resilience, increased connectivity, care, concern and appreciation

Using this as the starting point, participants in this engagement process were asked to identify what, if anything, had changed in the last year.

Almost all participants felt the situation described in 2021 is similar to today, with a few differences:

- 40% of responses received indicated that participants felt there was an increase in drug poisonings from last year
- 15% indicated no change, and one participant felt drug poisonings had gone down
- Increase in burnout, anger and frustration in general and towards all levels of government for lack of resources to address the issues
- Increased awareness and use of naloxone kits
- Longer response times

"Prior to the last 18 months, we would see drug poisoning 1x/year, but now it's 1/wk" - Resident, social agency worker

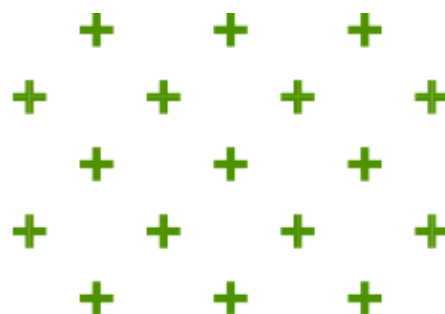
"Noticed people that were addicted to alcohol switched to meth because it's cheaper and more accessible." - Participant

"We worked with lots of agencies to get the drug supply house three doors away shut down - and that has made a world of difference on the number of poisonings on our block. However - we realize that the addicts who got their supply there have just moved elsewhere." - Resident

"There seems to be more pushback from the government in the form of promoting treatment beds to the exclusion of harm reduction initiatives. This takes away the sense of urgency among those not informed." - Resident, frontline worker

"Residents are responding 5-6 times a week. The statistics are not accurate, the real numbers are most likely higher." - Social agency worker

"You notice when a specific drug comes around that has added substance that's dangerous. We won't have an overdose for a period of days and then all of a sudden 4 in one day. When it starts happening back to back it strains resources and it can be physically and emotionally laborious." - Service agency worker



3.2 Education and Awareness

Several participants identified that what is needed more than education is action by local, provincial and federal governments to respond to and prevent drug poisonings.

“I know enough. Action is needed, not education. We need more supports”. - Participant

“I know enough - I lost my kid to this. It's time to DO SOMETHING” - Participant

INFORMATION TO INCLUDE

Participants were asked to identify what kind of information should be included in an education and awareness campaign about drug poisonings. The following were the topics identified:

The Story of Drugs

- What is meant by a “substance” or a “drug” (ex. Coffee, cigarettes, alcohol, cannabis, cocaine) and the different types of drugs.
- Health impacts of different types of drugs.
- Economic impacts and cost-effective ways to address drug poisonings (ex. costs to the health care system).
- Meaning of the language being used (ex. Drug use, drug poisoning, harm reduction).
- Options for larger systemic change to address the drug poisonings (ex. Decriminalization, safe supply, safe consumption).

*“When I was young in my 20's, I had a small group of relatives that were experimenting with hard drugs. We lived outside of the city. But there was a library close to Jasper Avenue that was payed for by the government to give accurate information about all drugs. You could read up, get printed copies about any drug. I took home paper copies about everything I had seen myself and been around, from cigarettes, to coffee, to marijuana to cocaine. This definitely stopped me from trying cocaine and made me aware of all other types of drugs”.
- City Staff*

*“The urgency of the drug poisoning crisis is reason enough for me to want to learn more about this topic.”
- Resident*

“People won't care until it affects them. For those who haven't been directly impacted provide the economic impacts and cost savings, for example the cost of an 18 cent needle will save \$100,000 in health care system, frees up emergency resources. Make a business of fiscal financial benefit to people.” - Participant

Safety

- The realities of safe drug supply: where drugs are acquired, what is poisoning the drug supply, health impacts and safe supply options.
- Best practices for safe use (ex. Never use alone, always have a naloxone kit).

*“People often change their minds when they see first hand. It's hard to translate this, it's seeing infection in arms, scabs in wounds from poisoned vs clear supply, physically seeing the dangerous and scary situation and the human face to it. It's not just someone far away.”
- Frontline worker*

The Human Story + Stigma

- The signs of drug use.
- Who is impacted by drug poisonings compared to who people may assume. That this is everyone's issue.
- What causes and contributes to the stigma of drug use and poisonings, and what can be done to destigmatize substance use.
- How to interact with those who need help in an empathetic, compassionate way that creates a connection on a human level, address fear.
- Stories of those in recovery and who have recovered and the journey to get there (ex. Harm reduction, treatment).
- How to talk to others about this topic.

“When someone close to them dies they say ‘if only I would have known’. You could have known. The signs are there if you know what to look for. It often starts with alcohol.” - Person with lived/living experience

“I want to see the stigma and judgment dismantled and the community to be educated on the true causes of poverty and substance use and poisoning” - Person with lived/living experience, social agency worker + frontline worker

“ You see more compassion in the Grandin area from children. I’ve seen a child be curious and more compassionate and the parent tells them to keep going. Compassion fatigue may be learned. How do we unlearn to be less compassionate?” - Person with lived/living experience, + social agency worker

“ For those who don’t have someone who use substances in their lives, they often think ‘just don’t use substances’, they don’t see the human and that it’s just not that easy” - Frontline worker

“ Walk-through experience of people accessing services from different agencies may help agency staff/mgmt to better schedule meetings; “where would I go in a day” for those on the streets to know where to access services given current hours of operation.” - Social agency worker

“ It’s not a health care issue, it’s just a human issue. Putting it entirely as a healthcare issue puts the onus entirely on the health care system that was never meant to hold mental health in the first place. Drug use on a whole is a human issue.” - Person with lived/living experience

Mental Health & Trauma

- The complexity of the issue, connection between mental health, trauma, societal attitudes, homelessness, discrimination that lead to substance use and trauma care approaches.

There were differing opinions found in participant comments. Some felt that drug use is not a choice because of these complexities. Others said it is a choice, with many noting that the pain of these complexities is what drives people to use.

“ The only way to address healing is by addressing pain - mental health is the leading cause of addiction. We need to address that this is about mental health. One low day, too many low days in a row ... and then...” - Person with lived/living experience

Harm Prevention, Harm Reduction, Treatment & Support

- The options available for harm reduction and treatment, what they are, effectiveness, barriers faced to access services and where to find and access treatment, including affordable treatment.
- Supports available specifically for youth and Indigenous people.

“ Often people are turned off by the term harm reduction and are against it before they understand what it means. It’s a continuum. Some people use harm reduction practices (ex. Having a phone while using, only using on weekends). People are using in front of the window at Hope Mission because they hope we’ll help keep them alive if they need help. It’s ok not to agree with all aspects of harm reduction.” - Frontline worker



HOW TO INSPIRE AND CONNECT WITH PEOPLE

Intervening A Drug Poisoning Event

- What the signs look like for different substances to determine how best to safely respond, what to expect, who to contact for timely response and self-care after experiencing an event.
- Naloxone training: where to get naloxone kits, how to administer naloxone, the reality of what to expect if you have to use one and address the fears of administering naloxone.
- Safe needle clean up.

“What to do as a community member seeing people in distress. What can I do as someone who works in the area to contribute to community and support preventative measures.” - Someone who works in the area

“Even as a nurse with training it was hard for me to administer naloxone my first few times. I wish someone had told me it is more important to get it in their body than be precise. Doing anything immediately, getting whatever you can get in them is better than being scientific about it.” - Person with lived/living experience, frontline worker

“You don’t need a special container for sharps, you have existing resources available in our own households for needle pickup. Education on fentanyl exposure - as in, it won’t kill you like the media/EPS tends to think. Needle poke info (including stats on how many people actually have contracted anything - which is low to none)” - Participant

Participants were asked for their ideas about how to inspire people to want to learn more about this topic:

Make It Personal

Help people see that this is an issue that affects anyone, that they could personally know someone (ex. A family member, friend, co-worker) or themselves. Use real stories and hear first hand directly from those with lived experiences. The Addictions Don’t Discriminate exhibit was often referred to as an example where this was done well and to use as a model. Suggestions to improve on this experience included: making the exhibit more available to communities and incorporate classes led by those with lived/living experiences.

“Make people feel like it could be them, make them see they are I choice away. Show them the ache, pain, suffering, humanness. We need to show stories of what humans look like when they are suffering and in pain and doing drugs. When you don’t see the suffering of an addict you can’t empathize with them. You need to see the suffering, make that tangible.” - Person with lived/living experience.

“My inspiration was my son. His addiction forced me to learn about this topic. Not always in a good way.” - Resident, person with lived/living experience, medical personnel

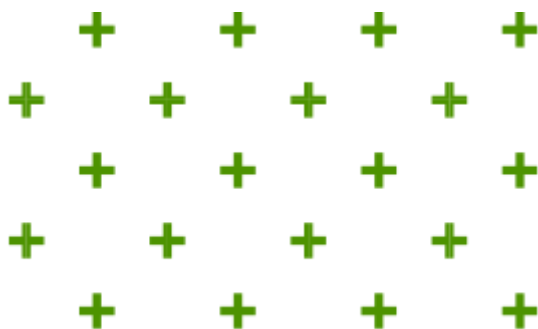
Explain the Urgency Of the Problem

Explain the impact the drug poisoning crisis is having on individual health, communities and our health care system, including economic impacts.

There is Something People Can Do

Educate people about what actions they can take that will make a difference. Share stories of success about: recovery, community initiatives, government action and leadership.

“Seeing how it impacts people in my community specifically and learning there’s something concrete I can do to help.” - Resident



WHAT'S NEEDED FOR SUCCESS

Participants were asked for their ideas about how to make an education and awareness campaign successful:

Include Those With Lived Experience

Have those with lived experience be part of designing the campaign and tell their stories first hand. Reimburse them for their time. Include stories of what's working well and of those who have overcome challenges and are thriving. One participant noted that in the past, bringing in someone from the community who is known and has lived experience has been successful.

"People with lived experience leading, delivering, shaping." - Participant

"Lived experience is a teaching." - Participant

"If community members see success stories of survivors or people with living experience, and peer supporters it may change the way I receive the information and react to it." - Resident

"Community written information is the best!" - Frontline worker, person with lived/living experience

"I think drug poisoning prevention sometimes comes in the form of logical arguments. And logical arguments in an emotional space doesn't work. We need to look for emotional stories" - Person with lived/living experience, social agency worker

Start Early and Educate Kids in School

Provide education in schools about what drugs are and their impacts in order to prevent use in the first place. One participant suggested incorporating empathy building in this training.

"Peer or science based education and awareness, not by police." - Resident

Reduce The Stigma of Drug Use

A successful education and awareness campaign needs to address the stigma around drug use, explain the interconnectivity of trauma, pain, poverty and isolation and incorporate education about unconscious bias. Address fears and educate on how to safely handle situations.

"People need to understand that drug use isn't about 'getting high' it's about stopping pain. That people aren't 'choosing' drugs over living a healthy life. Addiction is a complex issue, it isn't weakness or making poor choices. 'Bootstrapping' as public policy actually costs taxpayers more money in the long term." - Resident

"A huge focus on destigmatizing substance use, making clear that trauma, isolation, and poverty are big risk factors for people prone to addiction to begin using substances - it is NOT a personal or moral failing." - Resident

"I used to be really biased but now I understand more. Having a primer on addiction and experience pushed me to learn more." - Resident

Broad + Frequent Reach

This is everyone's issue, not just an issue of inner-city neighborhoods, those who are using drugs or those who are experiencing houselessness. The campaign needs to reach all areas of the city. One participant even noted that reaching beyond into Indigenous communities outside of Edmonton would help: "In rural and remote communities it looks different because on reserves they can't talk to health service because it's their Auntie and they need to keep their use down low so they move off reserve and come to the city" - Frontline worker, Indigenous.

Several participants also noted the need to make the campaign as prevalent as possible, having it show up over and over so that people receive the message more than once.

"Are there more ways to do outreach with those not already converted? Maybe Streetworks can do a community league night. Or even in capilano or the east side? Reaching out to folks who are not in the community already served." - Person with lived/living experience, social agency worker

Partner With Others

Several participants noted the opportunity to collaborate with others in developing and implementing the education and awareness campaign. Working with students, emergency medical services, police, fire fighters, transit system and workers, community-based organizations, community leagues and leaders, businesses and religious groups. A number of participants also suggested the opportunity to work with different industries to bring the campaign directly to a variety of workers.

“Willingness of businesses (construction in particular) to acknowledge that their industry has a problem and a willingness to address it. Companies have a duty to accommodate workers struggling with substance use but often fail to do so. Workers need to be educated about their right to seek support without fear that they will lose employment.” - Person with lived/living experience, lost son to a drug-related suicide

“Make a campaign that paints a richer picture not just target those affected by drug poisoning and addiction. I'd love to see why a grandparent in the suburbs is for drug poisoning prevention, or newcomers.” - Person with lived/living experience, social agency worker

“Peer teaching (actors/artists) eg. theatre of the oppressed. Engage people in that way. Change was tangibly seen.” - Participant

“Arts opens people's hearts and minds, people exposed to art become more empathetic.” - Participant

“They've done studies that found people may be less likely to change their mind in a public setting because they feel they lose face but in private they are more willing to do it.” - Resident

Be Different and Use Multiple Formats

A variety of ideas were provided about how to inspire people by using something different:

- Arts-based education and learning (ex. Poetry, arts, storytelling)
- Event-based learning (ex. Include food, celebrities, fitness classes)
- Tie into first-aid training
- Add a component to naloxone training about how to talk to others about drug poisonings
- Bring in diverse perspective (ex. Seniors, newcomers)
- Mail naloxone kits to everyone in Edmonton

Many suggestions were made about needing to use a variety of formats, for example:

- Exhibits or learning stations that are moveable, portable and accessible
- Social media
- Pamphlets
- Presentations
- List of speakers to invite to events
- In-person live and audio recording storytelling
- Booths in public spaces
- Course-based learning

Consider and Tailor To Your Audience

Participants mentioned there are different audiences this campaign needs to consider targeting to. The audiences that came up most frequently in order of priority were:

1. Residents (general public) of all neighbourhoods in Edmonton - inner core and other
2. Youth
3. Those who are using drugs

Other audiences identified included:

- Those who are experiencing homelessness
- Frontline workers
- Medical personnel
- Law enforcement
- Teachers
- Grandparents as they often become caregivers

Within these audiences consider accessibility of language (ex. Literacy levels, English and non-English speakers including Indigenous languages, terms used)

This may also mean that both the content that's delivered to those audiences and the format(s) used may need to be different.

“Users of drugs are autonomous beings and need to be able to make decisions for themselves - put dignity back in their humanity. We can only provide them with education. And messaging of love always needs to be there.” - Frontline worker

“Accessibility of your language ex. Drug poisoning and harm reduction, what does this even mean and how do we have conversations together about this. If we’re not using the same language they may not see themselves - maybe need different education campaigns for different communities (ex. Indigenous community, other cultures) available in different languages - no one size fits all” - Frontline worker, Indigenous

“I would love to see a drug free younger generation. There are many ways to do this, but I feel education is probably the best way to address this topic.” - Participant

“Harm reduction gave me space to get stable and help me recover” - Person with lived/living experience, resident + social agency worker

“Target workers who are most likely to use substances to mitigate pain and to keep one alert while working long hours... with educational resources designed specifically for that workforce.” - Person with lived/living experience, resident + social agency worker

Consider A Non-Colonial Approach to Education

The idea of an education and awareness campaign was noted by a couple of participants as being a very western view to building understanding with those providing the information having power and the “right” information over those they want to educate. This may be a barrier for some to receive the information and further oppress those already experiencing systemic oppression.

“‘Educate’ people can be insulting to some people - rather “give/provide” information. - Resident

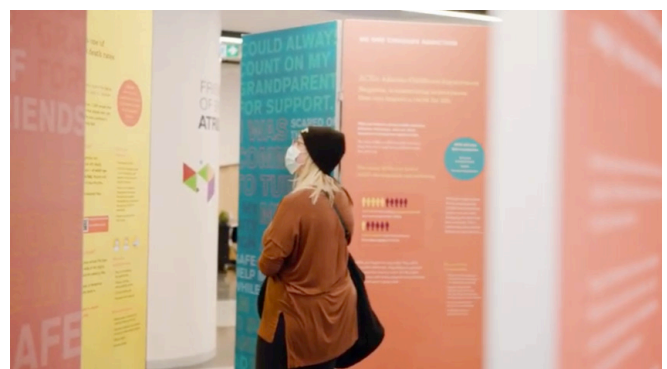
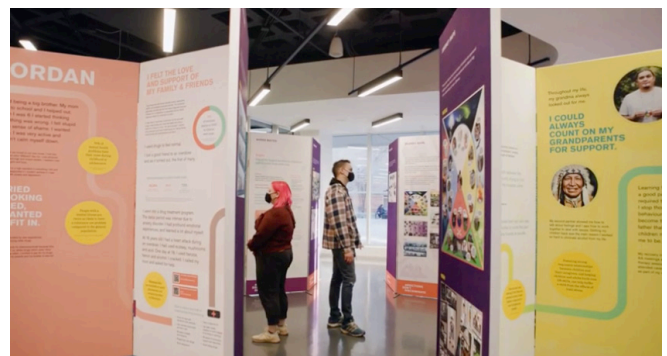
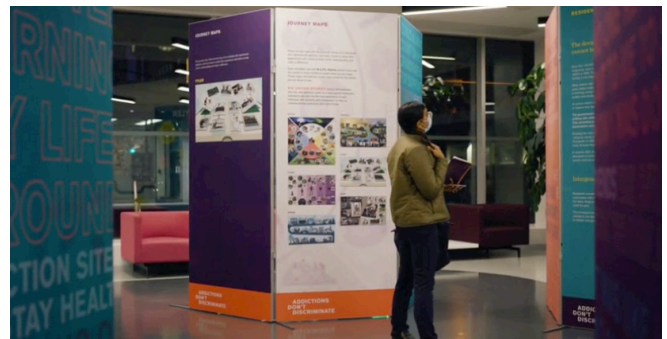


Examples of Successful Education & Awareness Campaigns:

- Addictions Don't Discriminate
- Edmonton's Bissell Center's "Cycles & Circles: Stories, poetry and art about addiction"
- Ontario construction industry campaign: <https://www.cbc.ca/news/canada/toronto/construction-opioid-deaths-campaign-1.6046833>
- Building Hope: Men in the Trades and Substance Use, from The Tides of Change South Surrey, Whiterock Overdose Prevention and Response Community Action Team in British Columbia, video series raising awareness about the opioid overdose crisis and the impact of the toxic drug supply on people in the trades
- Tailgate Toolkit aimed at increasing access to harm reduction services for those working in the construction industry <https://thetailgatetoolkit.ca/>

For those who are using drugs:

- Streetworks books in early 2000 was great (vein care handbook was accessible to community + stood the test of time),
- Boyle Street books



Images from the Addictions Don't Discriminate Exhibit

Other Comments Received:

- “ Significant counts of public drug poisonings are a symptom of a much larger systems failure and pressure needs to be put on the governments who have the power and funding to change trajectories.” - Resident, social agency worker, frontline worker*
- “ Cancel the education and awareness programs. Divert funding to lobby for drugs to be decriminalized.”- Resident*
- “ The judgmental neighbours need to understand the reality of addiction and to understand that the help and safety net they think is out there isn't real. We need safe use sites and safe supply, and we need to educate the community about why this will personally benefit all of us.” - Resident*
- “ This - listening to the community to find out where the gaps and needs are.” - Frontline worker*
- “ Some expectation/proof that education and awareness programs reduce drug use/poisoning and increase community safety.” - Resident*



3.3 Community Supports and Services

Community supports and services are run by people and are accessible to anyone during the times they are in operation.

WHAT'S CURRENTLY WORKING WELL

Participants noted that there are currently several things being done that are working well including:

- Supervised consumption sites
- Needle exchange program
- Indigenous led agencies and outreach groups, run by elders and Indigenous people with lived experience
- Use of harm reduction approach
- Foot-patrol overdose prevention and response teams
- Systems navigators
- Long term recovery coaches
- Community-based street teams
- Naloxone training
- Counseling services with sliding-scale fees
- Community outreach transit team

WHAT COULD BE IMPROVED

The top 5 most frequently suggested ideas for improvements included:

Funding To Support More of Existing Services

Many participants noted that the existing services are working well and what's needed is: more of these services, more staff, longer hours of operation to access (ex. 24/7) and more funding to support this. Several participants acknowledged that the need for more funding requires that the government acknowledge this, make it a priority and shift the focus from treatment to harm reduction. Several also noted the need for funding of other initiatives that will help such as housing and meeting basic needs.

"Without a dramatic increase in funding for preventative and interventional processes (e.g. housing, safe supply, harm reduction services, culturally competent coaching and recovery supports, no amount of awareness campaigning is going to make a difference. The onus is on governments to make, expand, and fund supports and services to uplift and improve quality of life and meet drastically impacted quality of life for structurally marginalized Edmontonians. Stigma kills. Homelessness kills. Trauma kills. Starvation kills." - Resident, social agency worker, frontline worker

"We see those who show up at supervised consumption sites in the evenings who don't show up to our agencies during the day so they are missing and unaware of all the services available to them, they're not showing up during the day to these agencies for some reason." - Social agency worker

"There is a need for stable funding and having part of government take ownership of their part of the issue so that there is a sense that we are dealing with a community issue." - Resident

"Increased funding to all drug poisoning prevention (that isn't the police)." - Resident, person with lived/living experience

"Our funding is also related to us working in the downtown core and there is only so much for us to go out into the greater population. We can't at this point travel out to the south side. It would be useful but we can't at the moment because of funding. Government funding is needed to hire more people for those positions." - Social agency worker, frontline worker

"I'm aware that lack of funding and government support is a big challenge here. We need to continue advocating and pushing for change in the areas where there is slow movement." - Resident

Safety: Consumption Sites + Safe Supply

Many participants want to see more of both safe consumption sites and safe drug supply that are easily accessible across all neighbourhoods in the city and open longer hours. Participants felt that both of these services would reduce the number of drug poisonings.

"Where are these sites in Edmonton. In all the years that our family has been dealing with this I have never seen a supervised consumption site" - Frontline worker

"If the government supplies the drugs and the safe zone to do them then overdoses would be fewer. Control the doses and cleanliness of what is in the drugs as buffers." - Resident

"The expertise of those with lived experience should define what is offered for safe supply. For example, OAT (opioid agonist therapy) doesn't work for a lot of people and they should be able to say what they want prescribed. Let them be high rather than on maintenance programs like Methadone and Suboxone, etc. If they want to get high of their script, let them." - Person with lived/living experience, filmmaker

"If you create places where an addict can freely get the drugs they need then they don't worry about the next fix and they can focus on themselves maybe work towards becoming drug free or becoming a functioning addict." - Resident

"Consumption sites - should be more accessible and opened up, advantages for folks using drugs as well as for neighborhoods environmentally and for their safety." - Resident

Increase Hours of Access to Services

Several participants noted the need to access many of the available services 24/7, specifically evening and overnight support for mental health, security and responding to drug poisonings.

Housing

Participants noted the need for more affordable housing and options other than shelters and institutions. Improving safety in shelters and ensuring drug poisonings are reported was also mentioned.

"When I was 19 I was unhoused but was employed. It's incredibly expensive to live on the street. People don't want to go to shelters, and especially if you self-identify as female, it can be hazardous." - Person with lived/living experience, social agency worker

"The lack of a kitchen means all your money goes to food and you can't afford housing. There is so much shame in North America with getting things for free. People want to feel like they have agency in their lives." - Resident, social agency worker

"Moving people outside of their communities into a west side apartment where they are separated and lonely is also an issue." - Social agency worker, frontline worker

"Shelters that allow animals or provide accommodations for animals. Many people became homeless during COVID with their animals and refuse shelters because they will be forced to give up their animals to shelters. Overall, we need MORE of what we have." - Resident, frontline worker

"A designated encampment site for people who do not wish to access the shelters, and an immediate cease of tearing down and disposing of tents and other belongs by EPS." - Resident

Treatment Support

Several participants noted the need for more treatment sites with spaces available 24/7 when people are ready, as often there is a shortage of space and people are turned away. There is also a need for more of a spectrum of support with different options for people to choose the best journey for themselves.

"Easier access to detox. I sent a client to the Alberta hospital for the recovery center and they said they got there a few mins too late + they have to come back the next morning - it's not that easy, they may change their minds by then. When they're ready they're ready." - Social agency worker

"We can see people going through withdraw and it's painful and they have to wait until 10:30 or the next morning and may have to wait another 24 more hours. If message is we want people in treatment but people can't get to detox and have to go through torture it's hard to watch + people won't get there." - Social agency worker

"People don't just need one option for support but a spectrum. There is no spectrum of support right now just one option." - Person with lived experience, social agency worker

"I believe that more attention is focused on obstinacy when it should be focused on managing. Not everybody can quit. Funding should be equally spread out and not just 12 step programs and such we need spiritual healing we need intergenerational knowledge and awareness trauma informed. Stop putting people all in the same basket we are individuals we are not numbers we are not stats." - Resident, person with lived/living experience, frontline worker

More Response Teams Less Police

Some participants noted a need for more response teams, including foot-patrols, and less police presence.

"Is there anyone that's not 911 that will talk you through it. So people don't feel like 'I'm never doing that again'" - Resident

"Edmonton Police Service stepping back from being the first responder to drug poisoning and focusing on crimes." - Participant

"We need more funding and staff for 211. Every time I've called them I've been told to call 911 instead. I am not calling the police on Indigenous folks or people having mental health crises." - Person with lived/living experience, social agency worker, frontline worker

"So, we probably need more ADDICTIONS RESOURCES before we get more LAW ENFORCEMENT." - Resident, works for a business in Chinatown

Indigenous-Based Services

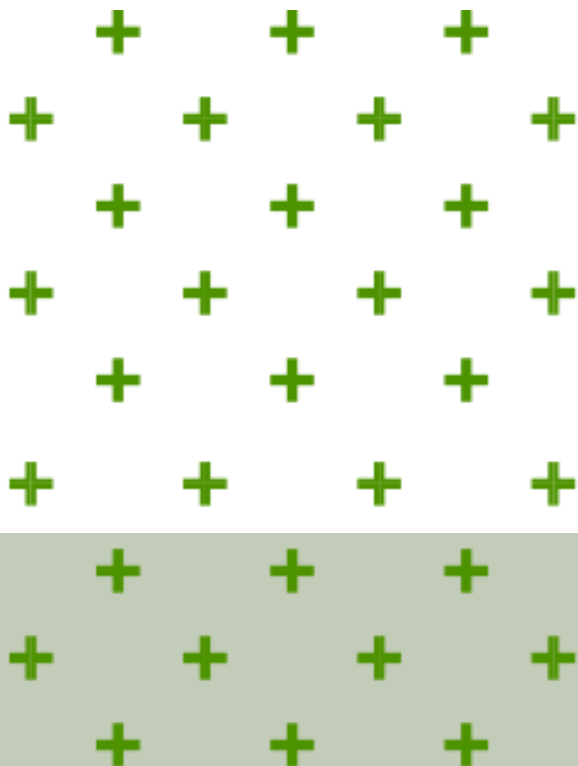
Many participants noted the importance of accessing services that are Indigenous-based, and that incorporate Indigenous culture.

"Resources are specifically needed for the Indigenous community. I didn't know who I was because there's no education for me. Loss of self is the biggest killer, if you don't know who you are, others will tell you who you are. Offering cultural activities - beading, dancing. Resources by way of finding yourself + true identity. Indigenous people have beautiful beliefs about the world. They treat things with dignity and reverence, it's shameful they aren't treated the same. Find other Indigenous leaders + advocates, story tellers and wisdom keepers." - Person with lived/living experience

Other ideas mentioned:

- Increase scope and funding of 211
- Greater awareness of services and supports available
- Address stigma experienced from health care professionals
- Outreach led by Indigenous and Indigenous with lived experience
- More prevention
- More mental health support
- Hire those with lived/living experience at liveable, equitable wages
- More staffed needle exchanges
- Increase number of systems navigators and (long term) recovery coaches
- Resources to clean up communities (ex. Needles, garbage)
- More public washrooms
- Look for successful ideas from other provinces and countries

There were four participants who felt that providing supports and services only encourage drug use and should be stopped, specifically offering needles, legalization and safe consumption sites were mentioned. These participants wanted to see the focus on stopping what's causing drug use in the first place and treatment.



“Scrap recovery coaches and replace with shamans stationed at healing centres with an understanding of trauma and healing energy.” - Person with lived/living experience, filmmaker

“We hired a person who used our site for a long time and it did so much in lifting the spirits of service users employing people with lived and living experience. This person is thriving.” - Social agency worker

“Intentional and proactive services/programs needed rather than reactive services.” - City of Edmonton staff

“Equity between Calgary and Edmonton. 6-storey shelter in Calgary, a variety of community support/ resources inhalation sites; resources/funding allocation gap between Edmonton and Calgary.” - Social agency working, frontline worker

“Require anyone who has experienced drug poisoning to participate in a 30 day recovery and education program which may break the cycle of addiction for a few.” - Person with lived/living experience

“So by legalizing and encouraging uncontrolled drug abuse, you are telling people it is okay to do drugs. Cannot you see how insane that is. A slap on the wrist is not justice. Drug addicts need to be treated the same way as anybody else who breaks the law, and the police need to be there to enforce it. I have spoken with many people about the problem including police officers, and this kinder, gentler way of just letting people do whatever they want even if they are putting themselves or others in danger is the wrong way of handling the problem.” - Resident

“No more supervised consumption sites. Have you been to San Francisco lately. I have. It's a dump.” - Resident, business owner, person with lived/living experience, frontline worker, former addict

WHAT'S MISSING

The top three most common suggestions for what's missing included: allowing inhalation at safe consumption sites, offering drug testing to ensure safe supply and coordination of services.

Inhalation At Safe Consumption Sites

Several participants noted the urgent need for safe consumption sites that allow for the use of inhalants. One participant noted that for those injecting drugs, switching to smoking is a way to gradually reduce use over time. It was recognized that those who are currently inhaling drugs are having to do it on the streets where they are then exposed to injectable drugs and increased risk of drug poisonings.

Drug Testing

Several participants noted the need to have drugs tested to ensure safety before using, and the need for quick and easy access to testing while balancing privacy.

"The community is small and privacy is an issue. If you are not a known user you wouldn't want to go to a test site. Private distribution of test kits at community centre or pharmacies. Or mailed to people. Ready to use if everyone had one, more accessible, less stigma."
- Participant

Coordination Of Services

When those who are using drugs are ready for support, they are provided with information and direct contacts to access to a variety of other supports needed for success (ex. Housing, mental health, harm reduction or treatment, medical, counseling, job placement). Some mentioned the idea of a hub or center with comprehensive wrap around services.

"Maybe something like coordinated access is for housing, but instead you can get on the list to be matched to peer support/recovery coaches/addictions counselor."
- Frontline worker

"People assume illegal substances are used in a negative way instead of coping with not having basic needs met"
- Person with lived/living experience, frontline worker

"I dream of a 2-spirit, Indigenous queer trans health hub. A plot of land with a sweat lodge and culture camps. Inside the building people have access to social workers + psychologists who are all Indigenous or have Indigenous ways of being and knowing, a day shelter, maybe a safe consumption site or harm reduction space to access support." - Indigenous, 2SLGBTQ+

"Jobs are so important to many people - because you have something to do and then you skip one use and then another, things to untangle your life; or hobbies (recreation)." - Person with lived/living experience

"My daughter has never been told about safe consumption sites, nor residential treatment programs she could attend in all the years she has been in and out of hospitals for opioid overdoses including the opioid agonist therapy clinics and offering different medications for the addiction. I am absolutely abhorred at AHS for their complete lack of regard and dignity and treatment of my daughter." - Frontline worker

Decriminalization

There were mixed perspectives about decriminalization of drugs. Some felt this is needed, while others felt this would further increase drug use and the risk of drug poisonings.

"I agree that small amounts should be decriminalized. Addicts need treatment not be thrown in jail where they can still obtain illegal drugs. But increase penalties for the mfg and sale of these potent and deadly drugs. If enough evidence is available charge dealers with manslaughter or attempted manslaughter." - Resident, person with lived/living experience

"Media says the province might let small quantities allowed for possession, don't let it happen, it is not the same as allowing alcohol, tobacco and cannabis in our society, opioids, crack and meth are completely different when addressing addiction issues." - Resident

"Younger people don't have phone plans, so if they don't have wifi or it's restricted they're at risk. They're using at parties or hiding it from families and stuck in a terrible situations." - Indigenous, 2SLGBTQ+

"Use of naloxone sessions at community leagues." - Resident

"A common question I receive doing Naloxone training is that when someone wakes up from an overdose, they will be very angry and try and fight you. This is a very common misconception. Something else I hear frequently is that people are often afraid to get close to someone in fear of touching the substance and accidentally overdosing. These things are mainly related to the misconceptions shared in the media as well as lack of knowing. More frequent training/educations sessions around the city would help this." - Participant

Other Ideas

- Conduct research studies to determine the effectiveness of these services
- Offer daytime programming outside of service agencies: library, recreational and art, music and culturally-based activities for those using drugs to build community, sense of purpose and re-build health
- Youth and female navigators
- Use the term navigators vs recovery coach (negative term)
- Include alcohol at safe consumption sites
- Offer needle exchanges in location other than designed sites (ex. pharmacies)
- Indigenous-led safety patrols in all neighbourhoods
- Methadone trucks driving around neighbourhoods
- Support workers to build I:I relationships with individuals and offer ongoing, regular check-ins
- Community workers that provide drug testing

"Speaking notes for front-line staff, re: Trauma acknowledgement, as part of harm-reduction education." - Frontline worker

"There are a lot of street teams that are effective but what works really well is when there is someone who they trust. Have someone who checks up on them, if they have questions someone to call over and over again. I would like someone I could call to come to Hope Mission. I:I relationship building is really effective." - Service agency worker

3.4 Community Resources

Community resources are tools that are available to anyone at any time to use in responding to issues.

WHAT'S CURRENTLY WORKING WELL

Participants noted that there are currently several things being done that are working well including:

- Sharps containers
- Naloxone kits

There were also several participants who felt that the existing resources as evidence of the increase in drug use and poisonings, noting that policy change and action is needed over resources. A couple of participants noted that if stigma around drug use is reduced, that people will more readily use the resources available. Also noted was the need for more funding to existing resources.

WHAT COULD BE IMPROVED

The top two resources that could be improved included:

Sharps Containers + Safe Needle Clean Up

Participants would like to have more sharps containers in neighbourhoods, making it easier to drop them off and placing them in areas where needles are most frequently used. It was noted that an education campaign around safe needle pickup is needed for this to be effective.

“Community sharps containers have its benefits + drawbacks. In time of need that's money on the street, that's the dark side of these kits. It should be an exchange site so you don't loose the dirty ones to the streets for money.” - Person with lived/living experience

Naloxone Kits + Training

Participants would like to see naloxone kits become commonplace in public spaces, buildings and schools, similar to first aid kits, AED machines or fire extinguishers. There's also a need to make them more easily available and for education on how to use them. Reducing stigma around asking for naloxone kits was specifically noted.

“I don't carry a naloxone kit with me on my work break walks, but if there was a person in need and a kit nearby, I'd use it.” - Participant

Other ideas included:

- Access to clean needles
- Bus tickets
- Public amenities such as washrooms, showers, laundry facilities, storage
- Information be available in different languages
- Direct phone line, drug reporting phone line
- App connected to a check in service for safe consumption rather than having to go to a site

Some participants noted that they weren't aware of what resources were available.

WHAT'S MISSING

Two priority themes were identified by participants:

Nasal Naloxone

Traditional naloxone kits include a syringe. Several participants noted that the syringe may be a barrier for some to use the kit. A more user friendly option is a nasal spray, which participants indicated they would like to see also made available to potentially increase the use of delivering naloxone.

Drug Test Kits

Many participants suggested making drug test kits available where anyone could test their own drugs for safety. They would like to see these kits made available throughout the city.

"Some safe spaces where people can just "be" without trespassing or seeming like a nuisance. Especially west of 101 st by the hospital and Victoria school. There are little camps set up and people hanging around (in the school yard, behind Tim Hortons). They don't have a place to be and belong in the neighbourhood." - Participant

"Avenues for political activism. Where is my letter, my phone call, my conversation best directed? who in authority to make changes would benefit from the moral support I would give them to make those changes?" - Resident

"A well designed toolkit that could be made available for safety meetings at construction sites, fabrication shops etc." - Person with lived/living experience



4. Evaluation of the Engagement Process

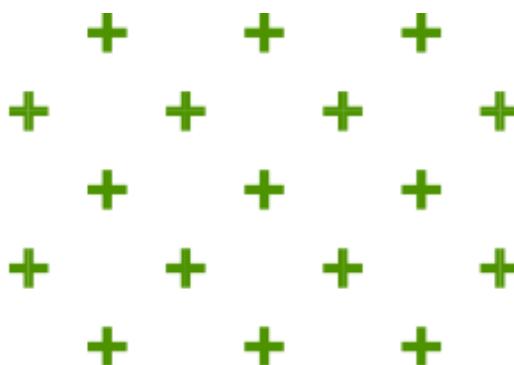
Evaluation of the engagement process was completed for those who participated in the online and in-person workshops only.

	I had an opportunity provide my concerns, experiences and ideas	I feel like I was listened to	I feel that this was a meaningful opportunity	I feel that this was a respectful process	I felt safe participating	I learned something new about drug poisoning
Strongly agree	50%	50%	20%	60%	40%	20%
Agree	40%	30%	50%	40%	50%	20%
Neutral	10%	20%	30%	0%	10%	30%
Disagree	0%	0%	0%	0%	0%	30%
Strongly disagree	0%	0%	0%	0%	0%	0%

"I'm leaving hopeful, this was cathartic, therapeutic. It makes me feel less lonely in this work. There is so much work that needs to be done. But sometimes it's relieving knowing that others also know there is lots of work to be done and want to do it." - Person with lived/living experience, frontline worker

"I wish more people could hear the perspectives we shared today" - Resident

"As frustrating as all this is, please keep up the good work." - Resident, works for a business in Chinatown



5. Recommendations

Recommendation #1

Advocacy

The Communities For Drug Poisoning Prevention should continue to build out their partnership, reach out to others to join and, using the areas highlighted in this report, identify opportunities to advocate for increased funding for existing, improved and new services, and policy change that will make the biggest impact. For example: increase in safe consumption sites, harm reduction, safe drug supply, 24/7 service access.

EDUCATION & AWARENESS CAMPAIGN

Recommendation #2

Include those with lived/living experience

In order to make the issue of drug poisonings real, bring in people with lived/living experience, build understanding, empathy and reduce stigma.

Recommendation #3

Be visible

Make the campaign be visible in multiple places in every neighbourhood in the city to normalize drug use and reduce stigma.

Recommendation #4

Target all city residents, youth and those who use drugs

While all audiences are important to reach, pay particular attention to reaching residents broadly across the city beyond the inner core, youth to prevent drug use in the first place and those who use drugs so that they are aware of the services and supports available to them and how to access.

Recommendation #5

Tell the story of what's working

Tell the story of the work that is being done, the impacts and successes that are being achieved and what is possible.

Recommendation #6

Messaging of personalization, urgency and action

Key messages should be built around the three areas identified to be most impactful: 1) personalizing that this is everyone's issue we're just impacted in different ways; 2) the urgent need to address it; 3) and actions that anyone can take from talking about it to supporting someone going through it to seeking support.

COMMUNITY SUPPORTS & SERVICES

Recommendation #7

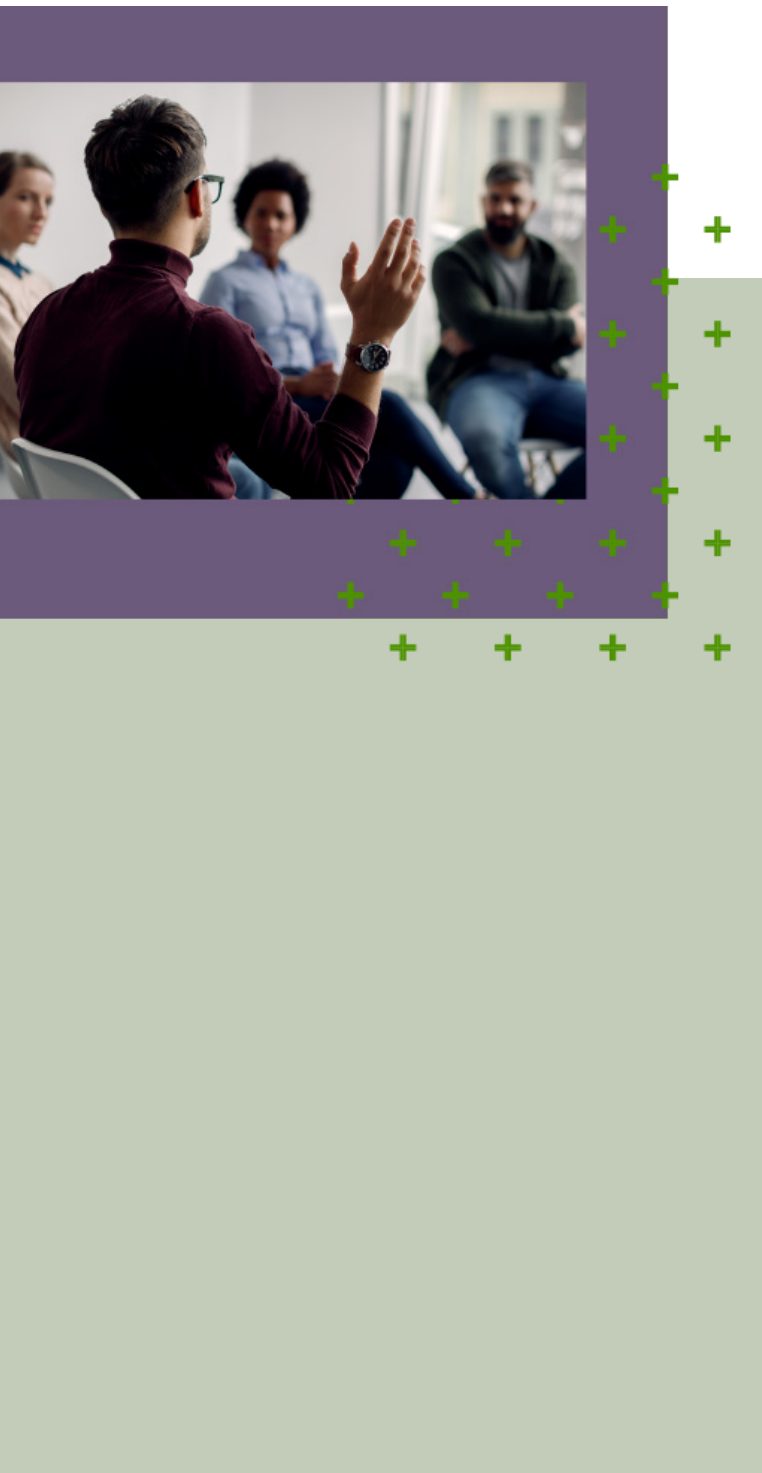
Improving supports and services

The Communities For Drug Poisoning Prevention should review and prioritize the suggestion for improvements to existing supports and services and identify a path forward to advance change.

Recommendation #8

New supports and services

Look at how to address what's currently missing: inhalation at safe consumption sites, drug testing and coordination of services.



COMMUNITY RESOURCES

Recommendation #9

Increase the number of sharps containers and safe needle cleanup

Work to increasing the number of sharps containers and safe needle cleanup resources in communities, including providing education and training around them.

Recommendation #10

Nasal naloxone and drug test kits

Make nasal naloxone kits and drug test kits available.

FUTURE ENGAGEMENT

Recommendation #11

Communicate back

Report back in the short term to those who participated in this process and let them know what was heard, what actions are being taken and what cannot be done and why. Consider reporting back in the longer term on progress and success of those actions.

Recommendation #12

Engage on action

This engagement is a moment in time and is not the end of this complex issue. Any future discussions with these audiences without seeing action will only lead to further frustration. Engage in the future when funding and commitment is received to take action on specific initiatives, to ask your audiences how to shape, implement and evaluate initiatives. Consider establishing a Community Working Group to provide guidance on engagement as well as direction on action.