GETTING TO TOMORROW

Seven Actions to End the Unregulated Drug Crisis

Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

www.drugpolicy.ca

More than 40,000 people across Canada have died due to unregulated drug toxicity since 2016. This report is written and shared in their memory, and in honour of all those who grieve their loss.

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

we carry our lost ones in us

by Celeste Inez Mathilda

we carry our lost ones in us.

not only in the brain, in thoughts and memories,
and not only in the soft, heavy centres of our hearts

but in our gentle, nimble hands, as they rest one sitting inside the other
in the quiet, solid support of our own bones, gently holding us up
in the relaxing of our bodies as we settle into our seats
in the grief that sometimes sits in our throats
but also in the way our chest flutters when we find the world beautiful

to carry a beloved means to lament, but also to show them your joy.
to carry a beloved means to honour them, but also to trust them, to let them see you in your weakness.

we carry our loved ones in us, ancestors, beloveds, stretching back into the dark distance like strings of pearls.
future beloveds also, many who we'll never meet.
living beloveds, also, the living we hold in our hearts.
behind us, a web of lights.
ahead of us, a web of lights
and around us, here, today
a web of lights

we will feel our loved ones in ourselves
and we'll feel our loved ones in each other

sometimes it will be difficult.
sometimes it will be an inherited fear or a wound passed down, curled along the spine like a snake. there will be the work of recognising, naming, detangling, releasing.
but sometimes it will be the power and trust of fear healed, warm hands resting on your shoulders, the wisdom of others lighting the way.
sometimes it will be warnings, reminders, a tightening chest, a tingle at the back of the neck,
but we can learn to host those fears, build them a small nest, let them know they're heard,
and tuck them into their right sized place, instead of letting them run wild, or running wild to escape them.
sometimes it will be a lifting up, a holding, an arm linked through your arm, a hand in your hand.
often it will be this. an opening. an expanding. a heart within your heart. the feeling of being carried through life in a gentle, sturdy container.
a web of lights is like a woven basket.

sometimes it will be a reminder to rest,
to show up but to leave space,
to remember to trust the web, a release from having to be at the center.

sometimes it will be a key to unlock the trap of frantic doing
to unlock the trap of needing to be the one to do everything
to unlock the trap of being frozen and unable to do anything at all

that key will be the leaf that flies by your window,
or the laugh of kids after school,
or the friend that asks how you are
or just the right song coming on the radio
it will look or sound like a bit of light or beauty but it will feel like invitation to trust.

lean in.
learn to see how much is being offered.
we live in a web of hands reaching out to hold us, as we hold each other.
it's a web built and sustained by both giving and receiving

and if sometimes you don't see it, practice going towards it,
bring some small offering,
name your difficulty,
ask for witness, holding, a hand.
ask your ancestors, ask your neighbours, ask your future beloveds.

Celeste Inez Mathilda (they/them) is an animist printmaker, farmer and writer living in the Aspen Parkland bioregion.

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

Executive Summary

In dialogue sessions about the impacts of current laws and policies related to prohibited drugs in 13 communities across Canada, **five key themes** emerged:

- The unregulated illegal drug market is increasingly unpredictable and toxic, resulting in a multitude of deaths, injuries and trauma.
- People who use drugs face stigma and discrimination, leading to poor access to healthcare and housing.
- People who use drugs – particularly those who are unhoused – face experiences of harm and negative interactions with police and other local law enforcement and private security.
- Rural and remote communities require improved access to healthcare, treatment and harm reduction services within their home communities.
- African, Caribbean and Black communities experience compounding effects of racial profiling, police surveillance, discrimination and criminalization.

The recommendations from 13 communities across Canada, representing **seven key opportunities for action** to address the drug toxicity crisis, are as follows:

1. **Right to Know** - Collect and disseminate disaggregated statistics on toxic drug fatalities and hospitalizations.
2. **Make it Grow** - Expand access to harm reduction supports and services.
3. **Criminalizing People is No Solution** - Decriminalize all currently illegal drugs.
4. **Preserving Life** – Displace the unregulated toxic supply with responsible increased access to a safe supply of drugs of known content and dosage.
5. **Nothing About Us Without Us** - Meaningfully consult people who use drugs and implement collaborative processes when developing drug policy, harm reduction and healthcare services, and housing.
6. **Housing for All** - Increase the availability and accessibility of adequate and affordable housing.
7. **Make Housing Programs and Shelters Harm-Free** - Expand the implementation of harm reduction best practices in housing and shelter settings.

See Appendix I for a compiled list of detailed recommendations for action.

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

Introduction

The Getting to Tomorrow (GTT) national dialogues project is hosted by the Canadian Drug Policy Coalition (CDPC) in collaboration with organizations providing harm reduction[1] services and advocacy for the human rights of People Who Use Drugs (PWUD). The Getting to Tomorrow dialogues project is an initiative to engage communities across Canada to discuss local impacts of drug prohibition[2] and criminalization[3], share perspectives on community needs and discuss opportunities for policy change that address the harms associated with current drug policy[4].

Conducting outreach across Canada, CDPC organized dialogues in 13 communities, the majority of which were location-based (municipal, provincial, or territorial in scope), with two key dialogues focused on reaching target populations. The first population-focused dialogue focused on African, Caribbean and Black (ACB) community members primarily in the Greater Toronto Area. The second was developed in partnership with the BC Health Coalition for its members, a community of individuals and organizations in British Columbia advocating for evidence-based improvements to the provincial health care system.

Nearly 800 individuals participated in 13 two-day community dialogue sessions that took place from August 2020 to November 2022 (see Appendix II). Participants included

---

[1] Harm reduction refers to policies, programs and practices that provide evidence-based education, encourage safer drug use practices and are grounded in dignity, relationship-building, informed choice and non-punitive orientations to drug use. Harm reduction is also a social justice movement for the human rights of PWUD. Importantly, harm reduction does not have a fundamental goal of eliminating drug use.

[2] Prohibition in the current context in Canada refers to the criminalization of drugs under the *Controlled Drugs and Substances Act* (CDSA) which was enacted in 1996. Under the CDSA, it is illegal to possess, obtain, sell, share, import, export or produce drugs without specific approvals from the federal government. There have been various laws criminalizing drug and alcohol use in Canada since the late 1800s. The *Dunkin Act* in 1864 and the *Canada Temperance Act*, also known as the *Scott Act,* in 1878 allowed for provincial governments to enact bans on alcohol sales, leading to alcohol prohibition in most provinces in the early 1910s, with many provinces later repealing these laws in the 1920s after World War I. The *Indian Act* in 1876 and its subsequent amendment in 1884 prohibited Indigenous people from purchasing and consuming alcohol and entering licensed establishments. The *Opium Act* in 1908 prohibited opium, and the *Opium and Drug Act* in 1911 was expanded to prohibit morphine and cocaine, both of which were used to criminalize Chinese men in particular. These latter two Acts in addition to the *Indian Act* make clear the motivations for racial control behind some of the earliest examples of prohibition in Canada. Prohibition also refers to policies and bylaws that criminalize or penalize drug possession, use and selling, which are legitimized by the federal criminalization of drugs under the CDSA. For instance, many municipalities prohibit drug use or possession through bylaws, while healthcare and social service providers may also prohibit drug use as a requirement for accessing services.

[3] Criminalization refers to criminal penalties for activities that are deemed illegal, for instance under the *Controlled Drugs and Substances Act.* Criminalization includes formal penalties such as arrest, charges and incarceration, and other punitive measures such as police and private security surveillance, harassment and confiscation of drugs. Under prohibition, the label "criminal" is imposed onto PWUD, especially those who also bear other stigmatizing labels such as "poor" or "homeless", and those at the intersection of systemic racism. One of the purposes of criminal law is to create stigma to reduce the frequency of behaviour. Prohibition has successfully increased stigma against PWUD, to devastating effect, while being ineffective in reducing drug use and availability.

[4] See footnote for "prohibition". Drug policy refers to the laws and policies related to drugs, particularly the criminalization of the possession, use, selling and sharing of certain drugs. Drug policy can also refer to the laws and policies that address the harms associated with the criminalization of drugs, such as regulations around safe supply and harm reduction services such as overdose prevention sites. Drug policy also refers to laws and policies that regulate the production and sale of drugs, such as in the *Cannabis Act* (2018).

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

PWUD, healthcare providers, social service providers, medical health officers, municipal and federal government representatives, municipal staff, community leaders and policy experts. The dialogues consisted of education on the local community context, national developments in policy, and the history and impacts of prohibition, followed by small breakout groups for discussion on the impacts of drug policy and possible solutions to address harms. Organizing committees for the dialogues were made up of health and social service organizations, drug user groups, and organizations engaged in law and policy reform. The organizing committee for each dialogue identified topics for discussion in small groups. Examples of community-identified discussion topics include access to safe supply[5], harm reduction practices, and policy interventions such as drug decriminalization[6] and legal regulation.

In discussion about the localized impacts of prohibition and criminalization, there were consistent themes that emerged in dialogue communities which are explored further below. Rural and remote community needs and African Caribbean and Black (ACB) community needs emerged in select dialogue communities with a rural population (Manitoba, Nelson, New Brunswick, Yukon) and in the population-focused ACB dialogue, respectively. Given the intensified impacts of drug criminalization in these communities, they have been included in the thematic analysis. Themes have been organized as follows: toxicity of the unregulated drug market[7]; stigma, discrimination and limited access to healthcare and housing; experiences of harm and negative interactions with police and other local law enforcement and private security; rural and remote community needs; and ACB community needs. Current research on these themes is also integrated and noted in the discussion below.

In each dialogue, the community shared recommendations to improve conditions in their region. In the ACB dialogue, one key recommendation was to collect and disseminate disaggregated statistics on toxic drug fatalities and hospitalizations. Consistent recommendations across multiple dialogue communities include: expand access to harm reduction; decriminalize drugs; increase access to a safe supply of substances of known content and dosage; meaningfully consult people who use drugs

[5] Safe supply refers to a regulated, pharmaceutical grade supply of drugs of known composition and dosage. Safe supply may be shared amongst community members to provide access to safer drugs as a harm reduction strategy.
[6] Decriminalization is the removal of criminal and administrative penalties for certain charges under the *Controlled Drugs and Substances Act*. Most models that exist refer to the decriminalization of possession charges, however the CDPC supports the full decriminalization of both possession and certain trafficking charges, as discussed in the footnote on "necessity trafficking" and the recommendation for decriminalization below.
[7] The unregulated drug market is also known as the illicit or illegal drug market. There is no central mechanism for quality control for drugs acquired on the unregulated market. Lack of regulation has resulted in a drug supply that is highly variable in terms of potency and frequently contaminated with unknown substances.

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

and implement collaborative processes when developing drug policy, harm reduction and healthcare services, and housing; increase the availability and accessibility of adequate and affordable housing; and expand the implementation of harm reduction best practices in housing and shelter settings. These recommendations are expanded upon in this report with related research and evidence. Specific detail on how the recommendation may be implemented from a public health, human rights and evidence-based perspective is also included. For instance, a recommendation for decriminalization from the community dialogues is expanded upon by noting that all kinds of sanctions for simple possession and necessity trafficking[8] must be removed, in accordance with the public health and human rights-based[9] *Decriminalization Done Right* policy platform. Where indicated, other research and sources providing additional context are referenced. CDPC is grateful to all the community members who generously shared their lived experiences and reflections in the discussions.

Themes

An increasingly unpredictable and toxic drug market

In every community in which dialogues took place, individuals and organizations were grappling with the effects of an increasingly unpredictable drug market and the attendant drug poisonings[10], both fatal and non-fatal. Many dialogue participants spoke of experiencing unintentional overdose, responding to overdose, and grieving the deaths of friends and family due to accidental overdose. In one community, a participant described losing 30 people in four months, while in another, a person stated they

[8] Necessity trafficking is the sharing and selling of drugs for subsistence, to support personal drug use costs, and/or to provide a safe supply. In addition to necessity trafficking, the CDPC supports the decriminalization of other trafficking-related offences with a shift to appropriate and responsible product safety regulation instead.

[9] A human rights-based approach begins from the foundational understanding that people who use drugs have rights, such as the right to autonomy, dignity, an adequate standard of living, life, liberty and security of the person, and that duty bearers such as governments and service providers have an obligation to uphold these rights. A rights-based approach also recognizes that inequality and marginalization deny people their human rights and contributes to cycles of harm such as poverty. In contrast, a criminalizing approach starts from the premise that people who are deemed "deviant" do not have basic rights and must prove entitlement to any rights protections, while a charitable approach treats people who are systemically marginalized as objects of charity who must accept services deemed appropriate for them by others. A criminalizing approach may identify behaviour such as drug use as deviant, and from that perspective, any alternative to arrest or incarceration is seen as a desirable and appropriate outcome. A charitable approach may respond to a person's drug use with a prescribed intervention that does not respect that individual's autonomy and therefore may not be appropriate for that person. A rights-based approach starts from the foundational premise that a person has basic human rights, and as a rights-holder, a person has the right to take action to protect their own rights particularly in the absence of those rights being fulfilled. It is essential under a rights-based approach that duty bearers such as government and service providers must first consider how they can empower a person to claim and fulfill their rights.

[10] The terms "drug poisoning", "drug toxicity event", and "drug overdose" may be used interchangeably to refer to the unintended adverse effects caused by unknown contaminants in the increasingly unpredictable and toxic unregulated drug market. However, "drug poisoning" and "drug toxicity event" more accurately identify the source of the harm as the unregulated toxic drug supply, rather than "overdose" which tends to suggest the issue is one of individual overconsumption.

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

stopped counting after 28 deaths. The magnitude of the devastating losses experienced by participants was clear. Family members, friends and other community members described the ripple effects from these preventable deaths and the cycles of traumatization. Participants shared how the toll of repeatedly responding to drug poisonings leave many PWUD and frontline service providers burned out. Despite differences in the geographic location, population and demographic makeup of the dialogue communities, participants consistently used the word "crisis" to describe the persistent and intensifying loss of life due to drug toxicity.

"How many people have to die before we do something?"
- Gatineau, Quebec

"One death is too many."
- Yukon

"I've stopped crying because there's been too many way 2 young (...) friends that have passed due 2 overdose."
- Hamilton, Ontario

The data demonstrates that drug toxicity deaths have continued to increase over the past decade in Canada. Prohibitionist drug policy has incentivized the development of an increasingly unpredictable, potent and volatile unregulated drug market, resulting in the fastest growing national rate of drug poisoning mortality in the world and representing a devastating and preventable loss of life. Between January 2016 and June 2023, there were 40,642 deaths resulting from drug toxicity. Opioid-related death rates have more than doubled since national monitoring began in 2016, from 8 deaths per day to 22 deaths per day. This is a public health emergency affecting a range of communities, appearing in every jurisdiction.

Toxicity deaths occur in all demographics, socioeconomic statuses, occupations and in those with varied histories of drug use. However, most toxicity deaths are occurring in men. Indigenous communities are also disproportionately impacted by drug toxicity deaths. In British Columbia, data from 2022 shows that Indigenous people have a risk of toxicity death that is nearly six times greater than the general public. In Ontario, data from 2016 demonstrates that toxicity deaths amongst Indigenous people occur at a rate

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

approximately four times greater than the general public. Some Indigenous communities, including Carcross/Tagish First Nation, Na-cho Nyäk Dun First Nation, and God's Lake First Nation, have declared a state of emergency due to drug toxicity deaths. All provinces and territories do not currently collect race-based data for drug toxicity deaths. Further, in some jurisdictions, drug toxicity is a leading cause of death for unhoused people and people living in poverty. Data from September 2023 in Toronto shows that nearly half of all deaths of unhoused people are a result of drug toxicity, and provincial data from Ontario show that unhoused people account for one in six fatal opioid-related overdoses, a number that increases to one in three when criteria is expanded to consider fatal overdoses occurring within one year of experiencing homelessness and housing precarity. This crisis is deeply impacting the most marginalized sectors of the population.

Central factors driving toxicity deaths are a lack of knowledge of the composition of the drugs being consumed and the variability of the supply. Factors that increase susceptibility to drug poisoning from the unregulated and toxic drug supply include unmet pain management needs and structural inequities such as poverty, disproportionate involvement with the child welfare system, the impacts of systemic racism and colonization, and inadequate access to healthcare, education and other social supports.

Stigma, discrimination and limited access to healthcare and housing

Stigma[11] was cited in several dialogue communities as a particularly damaging effect of prohibitionist policy. The conditions of stigma and the resulting discrimination[12] were described in such dire terms that the need to "humanize" was repeatedly noted by participants, referring to the overarching failure of policymakers to respect the lives and dignity of PWUD through the implementation of effective government intervention to address the clear, persistent and worsening health disparities between PWUD and the general public. Though stigma was also described in interpersonal terms, stigma and acts of discrimination resulting in structural barriers to accessing healthcare and housing were consistently raised as significant issues in most regions, effectively resulting in broad and systemic human rights violations.

[11] Stigma refers to negative attitudes, perceptions and beliefs about a person or group of people based on a particular characteristic. In this context, stigma refers to the negative attitudes, perceptions or beliefs about drug use and people who use drugs.
[12] Discrimination refers to the poor and unequal treatment of a person based on a characteristic such as race, age, religion, or more. In this context, discrimination refers to poor and unequal treatment of a person based on their (perceived) drug use.

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

Participants in a range of communities frequently described a lack of dignified healthcare for PWUD. People spoke to the impacts of stigma being compounded by racism for PWUD who are Indigenous or racialized, for instance through missed diagnoses and lack of prompt care in emergency rooms due to discrimination from healthcare providers. Within smaller, tight-knit communities and rural contexts where anonymity may not be possible, accessing health and harm reduction services was described as particularly difficult and leading to increased social isolation for PWUD, a significant risk factor in the context of a toxic drug crisis.

Further, participants described barriers to accessing housing and shelter for PWUD due to rental and emergency shelter policies that prohibit drug use, which both compromise the fundamental right to housing and worsen health inequities amongst PWUD. In one community, a social support worker described how advertisements for rental housing frequently state that drugs are not allowed on the rental property, discouraging PWUD from applying for and securing stable housing given the risks of illegal eviction. In the territory-wide dialogue for the Yukon, participants raised that the *Safer Communities and Neighbourhoods Act*, SY 2006, c 7 (SCAN) jeopardizes housing for people who use drugs due to the way in which this legislation facilitates evictions and police investigations on the basis of suspected drug use and trafficking, along with other criminalized activities such as sex work. Laws similar to SCAN exist in other jurisdictions including Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador, Nova Scotia, and New Brunswick. As an integral aspect of the fundamental right to housing for PWUD, several communities called for decriminalization, increased stability and affordability in housing options, and low-barrier shelters rooted in harm reduction practice.

"Stigma dehumanizes people."
- Barrie, Ontario

"Many [people who use drugs] will refuse to go to the hospital for fear of the stigma. In the emergency room, not every staff member, but a lot treat people on methadone like second-class citizens."
- New Brunswick

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

"[I] can't have an honest conversation with my provider. I use drugs, have chronic pain and can't get any pain meds as I am flagged with drug seeking behaviors. I have to self medicate... [it's a] total cycle."
- Greater Toronto Area, Ontario

"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."
- Barrie, Ontario

"When I look for housing for people, people put 'no drugs' on their postings."
- Yukon

The impacts of stigma resulting in lack of access to healthcare services is well documented in research, which demonstrates that stigma due to drug use is so harmful that PWUD use healthcare services less frequently. In acute care settings in particular, data shows that PWUD report a hesitancy to use emergency room services due to experiences of stigmatization, discrimination and neglect. In other healthcare settings, PWUD describe being devalued, excluded, and even blamed for health issues, all of which hinder access to necessary healthcare services. Other PWUD report an inability to access medications required for pain management while in hospital. The perpetuation of stigma and discrimination against PWUD in healthcare settings is reinforced and even legitimized under a policy of prohibition, and constitutes significant barriers for a population already coping with poor health outcomes due to the toxic drug crisis and the impacts of criminalization and housing insecurity. Respect, dignity, autonomy, informed consent and other aspects of harm reduction practice in healthcare service delivery are vitally necessary to better ensure equitable healthcare service access for PWUD. Further, culturally safer[13] care to support healthcare access for PWUD with intersecting identities who experience compounded discrimination due to race, gender, class, disability and other factors is also needed.

In addition to barriers to healthcare, data shows that PWUD are more likely to experience barriers to accessing housing and emergency shelter due to discriminatory

[13] While it is impossible to guarantee safety, culturally safer refers to care that is grounded in safety and respect, particularly for people with marginalized identities. Culturally safer care acknowledges that power imbalances exist, and seeks to remedy those differences.

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

housing policies and unlawful evictions[14] that result in becoming unhoused. Further, the ubiquity of mandated abstinence policies frequently lead to the refusal of emergency shelter to PWUD. Refusal of emergency shelter on the grounds of suspected drug use disregards the unique challenges associated with being unhoused, including the need to use stimulants as a way to stay awake to protect one's belongings and person, and to cope with the difficulties of being evicted. The criminalization of drugs also serves to further hinder access to housing for PWUD in the case of incarceration for drug-related charges, as data demonstrates that people who have experienced incarceration are more likely to experience unstable housing, and release from prison is strongly associated with an increased risk for housing precarity. Prohibitionist policy structurally perpetuates cycles of housing instability for PWUD through incarceration and criminal legal system involvement for drug-related charges, and also through exclusionary housing policies and targeted evictions on the grounds of drug use.

Experiences of harm and negative interactions with police and other local law enforcement and private security

Participants frequently reported negative interactions and harmful experiences with police and other local law enforcement and private security. PWUD described their relationship to law enforcement as based in fear, police violence, profiling, arrests, harassment, humiliation, antagonism, misunderstanding and mistrust. Some participants conceded that interactions with law enforcement have improved in certain circumstances, such as in one community where a temporary change in directive to cease the practice of clearing tent encampments due to the coronavirus pandemic led to decreased police violence. However, in most communities, participants spoke to the violence of police in evacuating tents and encampments in which people were living, suggesting that such experiences of harassment are commonplace.

Though in some communities police attest to practicing harm reduction approaches, many PWUD reflected that their experiences indicated the opposite. PWUD relayed harmful experiences of being surveilled and searched by police[15]. The lack of trust and fear of child apprehension and criminalization were described as especially detrimental in the relationship between PWUD and police. In more than one dialogue community,

[14] Some sources, such as this one, regrettably are not open access. It may be possible to access closed access academic journal items as a cardholder through your public library.
[15] From a criminalizing approach, police surveillance, searches and even drug seizure may be seen as a desirable outcome when compared to criminal charges, arrest or incarceration. However, from a rights-based approach, police surveillance, searches and drug seizure impede a person's right to privacy, autonomy, and dignity.

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

participants spoke to a hesitation or an outright refusal to call for emergency services during drug poisonings to avoid engaging with police. This was described by one dialogue participant as a tendency for police to arrive on the scene of an overdose with a desire to investigate and incriminate rather than offer support in the midst of a life-threatening situation. Participants shared that police tend to respond punitively towards PWUD and exacerbate difficulties related to navigating drug toxicity, in particular for PWUD who are unhoused. Overwhelmingly, most participants at the dialogue characterized the relationship between PWUD and police as one steeped in harm.

"People who use drugs run away from the police and are scared of them. They are scared of getting a criminal record, scared to be judged."
- Gatineau, Quebec

"Calling police is scarier than dying from drug poisoning."
- Yukon

"Whether or not you've personally been criminalized, there is a lingering fear, which makes police not an ally or a resource, even when necessary."
- Nelson, British Columbia

Studies demonstrate that PWUD experience negative interactions with police, including harassment and fears of arrest and displacement. Profiling due to suspected substance use is proven to result in frequent and routinized harassment of PWUD by police, which can result in physical, verbal, and sexual violence, and the confiscation of harm reduction supplies. In rural communities, research has shown that due to a lack of anonymity, police surveillance may be intensified for PWUD, and the violence, criminalization, and confiscation of drugs and harm reduction equipment that PWUD experience by police in rural areas may be heightened in comparison to urban settings. It has been demonstrated that police are less likely to use discretion or alternative measures to laying charges for drug possession when police hold stigmatizing attitudes towards PWUD. Stigma and punitive orientations towards drug use and PWUD may be causally related. Given the long lasting, deleterious health and social impacts of experiencing criminalization, it is particularly damaging when police hold stigmatizing attitudes towards drug use and PWUD.

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

Expanding on some of the perspectives shared at the dialogues, studies have shown that police presence can indeed run counter to harm reduction practice. Data shows that police presence and surveillance of PWUD results in decreased use of harm reduction services and increased vulnerability to drug-related harms due to risky or rushed consumption practices. For instance, researchers have found that police surveillance in surrounding areas of some supervised consumption sites[16] and harm reduction organizations has been shown to decrease uptake of these vital services. Research has also shown that the behaviour of police towards PWUD and the degree of gentrification in a neighbourhood are also factors in determining the extent in which police surveillance results in harassment of PWUD and decreased utilization of supervised consumption sites. As noted by dialogue participants, research also confirms that PWUD generally hesitate to call emergency services in the event of a toxic drug poisoning, and this is particularly the case when there is a context of previous harassment and frequent negative interactions with police. This remains consistent even despite the passing of the federal *Good Samaritan Drug Overdose Act*, 2017 SC c 4, in 2017.

Rural and remote community needs

There are distinct considerations when developing drug policy, harm reduction services, and healthcare within rural and remote communities. Dialogue participants in rural areas expressed the need for greater availability of healthcare and harm reduction services in their regions. Those living in rural communities noted that harm reduction supplies, treatment centres, and safe supply programs are not readily available. Limited hours of operation was also described as impacting accessibility to harm reduction supplies such as Naloxone. Participants shared that waitlists for treatment are lengthy and people are not able to access services in a timely manner, resulting in unmet healthcare needs. Others indicated that lacking access to public transportation or a vehicle is a key barrier to service access in remote areas. Dialogue participants described the difficulty of accessing harm reduction, safe supply, or treatment services in other communities due to long travel times and transportation expenses. It was also noted that completing a course of treatment in another town may not have lasting impacts because people may lack follow up support within their home community.

[16] Supervised consumption sites are places where harm reduction services such as overdose prevention and distribution of harm reduction equipment such as sterile needles are offered. Supervised consumption sites may also offer access to other supports such as healthcare and social services.

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

Rural dialogue participants relayed that in smaller communities, stigma associated with drug use can be especially damaging. In one region, it was suggested that the conservative attitudes dominant in the community mean that prescribers are less willing to facilitate access to safe supply. Lack of anonymity and concerns with confidentiality were described as significant barriers when accessing services and harm reduction supplies in a rural context. In addition, rather than simply offering harm reduction supplies in remote communities, the importance of relationship-building as a key aspect of harm reduction was described as especially important. There is a need for sustainable and consistent networks of care through harm reduction practice in rural and remote communities, as well as innovative, context-specific solutions with the appropriate resource investment into their development and sustainment.

"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."
- Yukon

"For youth support, having to wait 18 months – that is a lifetime for a kid."
- Manitoba

Research confirms perspectives shared at the dialogues that harm reduction services, safer supply programs, and treatment centres are few in rural settings. It has been found that distribution of harm reduction supplies and Naloxone is less readily available in rural settings. Lack of anonymity and confidentiality concerns were also highlighted in research as significant for rural PWUD when accessing healthcare. Data also indicates that lack of transportation is a key barrier to accessing safe supply and other services in rural contexts, particularly for PWUD residing outside of supportive living environments, and when daily witnessing for safe supply programs is required. Wait times, long distances, and restrictive policies for accessing treatment have all been identified in research as barriers to accessing treatment.

Despite the notion that conservative attitudes in rural areas are negatively impacting prescribers' willingness to facilitate access to safe supply, research suggests that there is majority public support for safe supply in rural communities. However, research also suggests that there is a lack of healthcare providers in rural communities generally, and even fewer providers who are authorized to prescribe safer supply. Studies note that due

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

to the effects of widespread stigma and resulting social exclusion, the distribution of harm reduction supplies or safe supply alone is not sufficient – programs that are community-focused and foster respectful social connection, dignified care, and relationship-building are also integral pieces of harm reduction and support for people who use drugs.

African, Caribbean, and Black community needs

In a dedicated dialogue that brought together African, Caribbean and Black (ACB) community members and allies in the Greater Toronto Area, dialogue participants noted the distinct and intensified harms experienced by ACB people due to drug criminalization. Systemic discrimination, profiling, excessive surveillance, disproportionate arrests and incarceration, and barriers to healthcare and other services were all raised as impacts of drug criminalization in ACB communities. Participants suggested that interactions between ACB PWUD and police should be minimized in all areas, and many called for police presence to be minimized in ACB communities overall. Dialogue participants spoke frequently of the impacts of stigma towards drug use and PWUD in ACB communities, with some pointing to faith communities and school settings as particular sites of stigmatization. The compounding impacts of racism and stigma in healthcare were also emphasized in the dialogues.

Dialogue participants also shared that national statistics on ACB drug toxicity deaths are lacking, offering inadequate insight into how the toxic drug poisoning crisis is impacting ACB communities and limiting the effectiveness of responses from the healthcare system and in policy. Participants suggested that thorough data collection on toxic drug poisonings with respect to race, gender, sexual orientation, and type of substance is necessary to better support the policy response in ACB communities.

"[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."
- Greater Toronto Area, Ontario

"It's so sad because people who use drugs are treated as perpetrators, folks are taught they need to fix themselves as if they are the ones who the problem, but it's the result of the system built to hold people down, [it's] racism, inequity, etcetera."
- Greater Toronto Area, Ontario

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

Prohibitionist drug policies and related enforcement have disproportionately harmed ACB communities, and research confirms that ACB communities experience higher rates of criminalization compared to the wider population. Enforcement of drug laws from the 1980s to present has resulted in a massive increase in incarceration of Black people, in large part due to racist and ideologically motivated policing practices in neighbourhoods and schools. Reports of discrimination are documented in publications such as the Toronto Police Service's June 2022 report on use of force and race- and identity-based data. Data also shows that police surveillance nationally is significantly higher for Black people and particularly for Black men, pointing to the persistence of racial profiling in policing practices. Research has also shown that in Toronto, police stops of Black youth have increased while those of white youth have decreased. To begin to address the racial harms due to policing practices, several racial justice organizations and communities across Canada have called for the immediate decriminalization of criminalized drugs, immediate expungement of criminal records and a safe supply of drugs.

Studies demonstrate that ACB communities in Canada experience inadequate healthcare access due to racism, discrimination and a lack of culturally competent care in their primary healthcare provider. Further, research has shown that ACB communities are less likely to use harm reduction services, and there is a lack of services that are culturally appropriate or reflective of ACB community needs. Disaggregated data indicating national drug toxicity overdoses, hospitalizations, and deaths in ACB communities are lacking, limiting the capacity of policy responses to address the ways in which the toxic drug crisis may be impacting different demographics varyingly.

Policy Recommendations

Drug acquisition and consumption are, at their core, non-violent, consensual activities. Most drug use is episodic or recreational, and research overwhelmingly demonstrates that spontaneous recovery[17], or recovery without formalized medical intervention, is the norm for those whose use becomes problematic. Further, the vast majority of the social and health-related harms that people attribute to drug use, including crime, social disorder, disease transmission, and fatal and non-fatal overdose, are derived from prohibitionist drug policies and related systems of exclusion, not the chemical properties

[17] Recovery is not limited to abstinence from drugs, but rather defined by self-identified improvements in health, well-being, social connections, and purpose in life.

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

of drugs themselves. Those experiencing the greatest harms from prohibitionist drug policy are also navigating the cumulative effects of poor public policy in associated intersecting systems, such as lack of livable income, increasingly unaffordable housing, limited access to public space, lack of culturally competent healthcare, involuntary family separation, inability to acquire citizenship, and lack of access to necessary medications. Taken together, these constitute a system of institutionalized stigma and discrimination of which prohibitionist policy is one part. The prohibition of drugs under the *Controlled Drugs and Substances Act* (CDSA) is a policy that is rooted in racism, colonialism, and classism. This policy has resulted in significant detrimental health and social impacts for PWUD and the wider community while also failing to curtail drug use or availability. Prohibitionist policy environments have driven secrecy, shame, isolated use, stigma and social exclusion for over a century. With the introduction of fentanyl, benzodiazepines, tranquilizers and other adulterants into the unregulated drug supply, prohibition has become an urgent public health crisis.

People who use drugs and civil society organizations have repeatedly called upon the federal government to repeal drug prohibition legislation, replacing it with drug policies that promote public health and human rights. These policies must be developed in collaboration with people who have lived and living experience of criminalized drug use, through processes that foreground experiential expertise and offer participants appropriate compensation and support. A diverse participant group at the dialogues called on the federal government to enact several key recommendations in order to address the drug toxicity crisis: 1) Collect and disseminate disaggregated statistics on toxic drug fatalities and hospitalizations; 2) Expand access to harm reduction; 3) Decriminalize drugs; 4) Increase access to a safe supply of substances of known content and dosage, and; 5) Meaningfully consult people who use drugs and implement collaborative processes when developing drug policy, harm reduction and healthcare services, and housing. These recommendations also appear in Health Canada's Expert Task Force on Substance Use which found in 2021 that racially disaggregated overdose data, harm reduction, decriminalization, expansion of safe supply, legal regulation and the close collaboration of people who use drugs and the organizations that represent them are necessary elements in a federal substance use strategy.

The drug toxicity crisis is compounded by a lack of access to affordable housing, causing significant harm to people who use drugs. People who use drugs require access to housing as a fundamental human right, and all people have the right to an adequate standard of living and to live in peace, security and dignity. Federal action is urgently

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

needed to uphold the basic human rights of PWUD and to address health disparities between PWUD and the general population, particularly within the context of the toxic unregulated drug market. People who use drugs and other community members at the dialogues resoundingly called on the federal government to address these dual crises of drug toxicity and housing through swiftly enacting the following recommendations: 6) Increase the availability and accessibility of adequate and affordable housing; 7) Expand the implementation of harm reduction best practices in housing and shelter settings. The right to housing has been recognized in international law and by the federal government in the *National Housing Strategy Act*, which affirms housing as an essential right and commits the federal government to furthering the progressive realization of the right to adequate housing.

1.) Collect and disseminate disaggregated statistics on toxic drug fatalities and hospitalizations.

The collection and dissemination of disaggregated statistics on toxic drug fatalities and hospitalizations to better understand variances in overdose rates among different demographics, namely race, gender, sexual orientation, and type of substance, emerged from a need to better understand how the toxic drug crisis is impacting ACB people. The recommendation for racially disaggregated data also appears in the federal expert task force on substance use report as a way to center equity, anti-racism, and anti-colonialism in a federal substance use strategy. In order to better formulate policy responses, accurate and improved data collection in greater detail is needed. Data collection and dissemination must be grounded in human rights-based approaches that center affected communities, and imperatively, should also serve to further progressive action that meets community-identified needs.

Recommendations to collect and distribute improved demographic data on overdose rates to better formulate policy and programs requires that all levels of government:

a. work together to collect and distribute disaggregated overdose data identifying race, gender, sexual orientation, occupation and type of drug;
b. adopt human rights-based approaches to demographic data collection and dissemination that centers the priorities and self-determination of equity-denied communities;
c. commit to transparent data-sharing with affected communities;
d. collaborate with NGOs and other relevant bodies; and
e. use this data to further progressive action in line with community-identified priorities.

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

2.) Expand access to harm reduction.

Communities across Canada resoundingly expressed the vital need for harm reduction policies, programs and practices. Dialogue participants emphasized that harm reduction encompasses not only the distribution of supplies or the provision of emergency overdose response, but also the integral aspects of relationship-building, education and mutual support. Harm reduction policies, programs, and practices are essential in improving health outcomes and de-stigmatizing drug use and people who use drugs by providing evidence-based[18] education and encouraging safer drug use practices. Importantly, harm reduction does not have a fundamental goal of eliminating drug use. Rather, harm reduction practice is guided by the principle to "meet people where they are at." Dialogue participants report that while many community service agencies claim to provide harm reduction services, often this is limited to the distribution of harm reduction supplies without encompassing the entire ethos of what harm reduction truly is, namely its grounding in the human rights and dignity of all people, and the elements of relationship-building, informed choice and non-punitive orientations to drug use. Adopting a harm reduction ethos transcends services and care specific to drug use, as harm reduction can and should inform all aspects of healthcare. Participants noted that the leadership of PWUD in the development and provision of harm reduction services is unequivocally necessary to ensure programs are adapted to local contexts and accessible to a diverse range of PWUD to help support program uptake.

While harm reduction practices are evidence-based and constitute a public health approach to drug use, access to harm reduction services, programming and supplies is not consistent nationally. Ideological differences across various jurisdictions may lead to disparate adoption of harm reduction programming, which creates urgent gaps in healthcare that require swift redress. For example, in 2018 the provincial government in Ontario indicated it would implement a cap to the number of approvals for supervised consumption sites to 21 for a province with a population of over 14 million, and since 2020 the provincial government in Alberta has moved to close a number of high-volume

[18] Evidence-based is most often used in the sense of Western notions of evidence, which include linear causality, replicability, experimentation, and the Western scientific method. However, to flatten hierarchies of knowledge that uphold Western supremacy, we wish to expand the definition of evidence-based to also include practice-based evidence, community-identified evidence and Indigenous knowledge. Evidence that is based in Indigenous cultural perspectives must be evaluated within their own context, within their own Indigenous cultural paradigms, and do not have to adhere to Western constructs of evidence and knowledge-making in order to be legitimate.

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

supervised consumption sites previously in operation. Lack of funding, resources, and political support results in gaps in harm reduction service provision. For instance, harm reduction programming tends to be less readily available in rural and remote areas, and culturally competent programming for underserved demographic groups may be lacking as well. In rural and remote areas with small populations, PWUD face unique barriers related to confidentiality that could be met with more anonymous distribution methods, such as mail-order naloxone or automated harm reduction supply dispensing machines. PWUD from specific demographic groups such as ACB communities, Indigenous communities, women, non-binary people, parents, immigrants, migrants, people with disabilities, and those experiencing gender-based and intimate partner violence must have access to culturally appropriate harm reduction and healthcare services. These should be developed in collaboration with advisory bodies composed of PWUD from the relevant demographic groups, with adequate and consistent funding in place for capacity building in PWUD groups.

Recommendations to better support harm reduction policies, programs, and practices across Canada require that:

1. All levels of government prioritize the establishment and continued operation of supervised consumption and drug checking services, i.e:
    a. The federal government issue a federal level class exemption for the provision of supervised consumption and drug checking services;
    b. The federal government introduce a low-barrier process by which community organizations can request to be included in the federal class exemption including support for community organizations seeking to be added to the exemption. This process should require only information sufficient to establish the:
        i. organization's administrative structure in place to support the program, and
        ii. resources available to support the maintenance of service;
    c. Provincial and territorial governments provide required data to expedite regulatory approvals including location and operational funding;
    d. Municipalities ensure that zoning and other relevant bylaws, licensing and municipal processes, policies and practices prioritize support for supervised consumption services and act as vocal knowledge translators to increase public understanding and support for these services.

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

2. The federal government ensure robust funding for harm reduction programming and harm reduction supplies distribution to ensure equitable access throughout the country, including for Indigenous, rural and equity-seeking communities.
    a. The federal government recognize harm reduction services, programming and supplies distribution as an integral aspect of Canada's publicly funded health care system.
    b. The federal and provincial/territorial governments develop best practices for the provision of harm reduction services grounded in principles of public health, human rights, and equitable access that reflect demographic and geographic diversity and need.
        i. These should be developed in collaboration with PWUD and frontline harm reduction workers.
        ii. These best practices must be reviewed and updated annually.
    c. The federal and provincial/territorial governments make the disbursal of funding to provinces/territories and/or municipalities for harm reduction services contingent upon adherence to federal and provincial/territorial best practices.
    d. The provincial/territorial and municipal governments adequately fund harm reduction programming and harm reduction supplies distribution relative to the population of people who use drugs within the relevant jurisdiction.
    e. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing, shelters and healthcare build capacity to better support the development and implementation of harm reduction policies within those sectors.
    f. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing, shelters and healthcare ultimately implement harm reduction policies in keeping with federal and provincial/territorial best practices.
        i. These policies should include review and accountability mechanisms that are transparent and accessible to clients.
        ii. These harm reduction policies should be developed in collaboration with PWUD and organizations that represent PWUD.
    g. All levels of government, NGOs and other relevant bodies adequately fund and provide support for PWUD leadership and capacity building in the planning, delivery, implementation and evaluation of harm reduction programming and the establishment of federal and provincial/territorial best practices for harm reduction service delivery.

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

3.) Decriminalize drugs.

Calls for decriminalization were echoed loudly in the community dialogues across Canada. Public opinion research shows that the majority of Canadians (59%) support the decriminalization of simple drug possession, indicating that public education efforts on decriminalization are somewhat effective. Decriminalization has also received significant support globally, notably from the Global Commission of Drug Policy, UNAIDS, the United Nations common system position, and the United Nations Office of the High Commissioner for Human Rights. Many countries have adopted some form of drug decriminalization, including Argentina, Armenia, Chile, Colombia, Costa Rica, Croatia, Czech Republic, Estonia, Germany, Italy, Kyrgyzstan, Mexico, Paraguay, Peru, Poland, Portugal, Slovenia, Spain, Switzerland, and Uruguay.

"Criminalizing people is the worst way to help with this."
- Ottawa, Ontario

"People who use drugs should not be perceived as criminals."
- Gatineau, Quebec

As of January 31, 2023, possession of small amounts of certain drugs was decriminalized in British Columbia, Canada as part of a three-year pilot project. Despite its seeming forward progress, the limitations of the pilot have raised concerns that the project may have detrimental impacts on people in rural and remote communities. Specifically, the low cumulative threshold of 2.5 grams poses significant challenges for people who typically purchase larger quantities due to geographic distance, lack of transportation, and accessibility. Civil society organizations have recommended personal use threshold amounts be increased, particularly in rural and remote community contexts. This call for increased thresholds in the decriminalization pilot was echoed by dialogue participants in Nelson who recommended a personal use threshold amount of up to one week's supply.

If implemented nationally and with the appropriate measures in place, decriminalization would minimize interactions between people who use drugs, particularly those who are

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

structurally marginalized on the bases of race, class, and culture, and street-level enforcement. It is a socially and fiscally responsible policy that would reduce engagement with the criminal justice system, which is strongly associated with detrimental impacts such as loss of employment and housing, increased risk of overdose upon release in the case of incarceration, and ministry involvement for parents leading to child apprehension. Moreover, anti-stigma campaigns to date have been only marginally effective, and may even further entrench divisions between PWUD and others. Brief anti-stigma interventions and campaigns may have limited impact that wanes over time, and are uniquely challenging in the context of criminalized behaviours given the structural and intentional stigma associated with criminal sanction based on the sentencing principles of denunciation and deterrence. It is difficult or impossible to destigmatize criminalized behaviours. Decriminalization would improve safety for communities, promote open and honest communication about drug use in healthcare and other contexts, support family reunification, and permit public resources to be invested in health-promoting, community-building initiatives.

Acting on both public and expert support for decriminalization, in December 2021, the Canadian Drug Policy Coalition convened an expert working group of civil society organizations and people who use drugs to collaboratively develop a robust, equity-focused framework for decriminalization. Contributors approached decriminalization as a fiscally responsible policy alternative to prohibition, one that will conserve public resources, facilitate full and meaningful societal participation for people who use drugs, and promote public health, human rights, and safer communities. Further, contributors to the civil society decriminalization platform emphasized that any processes to refer PWUD to health and social supports, including addiction-related services, must be completely voluntary and culturally appropriate. The resulting platform, Decriminalization Done Right: a Rights Based Path to Drug Policy, has since been endorsed by more than 100 organizations. Recommendations to implement a public health and human rights approach to decriminalization are drawn from the

Decriminalization Done Right civil society platform, and require that:

a. The federal government fully repeal section 4 of the *Controlled Drugs and Substances Act* and section 8 of the *Cannabis Act*.
b. The federal government amend section 5 of the *Controlled Drugs and Substances Act* to permit the sharing and selling of drugs for subsistence, to support personal

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

drug use costs, and/or to provide a safe supply, in keeping with common practices of cooperation and care amongst drug using communities.

c. The federal and provincial/territorial governments remove and prohibit all sanctions and interventions associated with simple drug possession and necessity trafficking including: administrative penalties such as fines, health assessments or dissuasion commissions; confiscation of substances, paraphernalia or medical supplies; drug treatment courts; and other coerced or involuntary treatment or health and social service interventions and referrals.
d. The federal government introduce mechanisms for immediate automatic expungement for previous convictions for simple possession and applications-based expungement for some trafficking convictions, as well as immediate expungement of previous convictions for breaches of associated police undertakings, bail, probation, or parole conditions.
e. Until the repeal of Section 4 and amendment of Section 5 proposed above, the federal government amend Section 11 of the CDSA and develop federal guidelines strictly limiting police authorization to stop, search, and investigate a person for simple drug possession, with or without a warrant.
f. All levels of government remove police and law enforcement as liaisons between PWUD and health and social services.
g. All levels of government redistribute resources from the enforcement of drug laws to community-led, non-coercive and voluntary policies, programs and services that protect and promote health, wellness, public health, access to healthcare, human rights and equity.
h. All levels of government, NGOs, and other relevant bodies fund organizations comprised of PWUD, skilled, trained frontline workers and other subject matter experts to implement public education measures to combat anti-PWUD stigma and discrimination.
i. The federal government ultimately repeal the *Controlled Drugs and Substances Act* and develop a single legislative public health and product safety framework for regulating all psychoactive substances that is grounded in human rights, public health, autonomy and equity.

4.) Increase access to safe supply of substances of known content and dosage.

Decriminalization alone will not meaningfully address rates of fatal and non-fatal overdose without the introduction of scalable and accessible safer alternatives to the unregulated drug supply. There remains an urgent need for comprehensive and

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

accessible safe supply programs across Canada particularly in rural, remote, and underserved communities. Currently, limited pathways for prescriber-based safe supply have been introduced in provinces such as British Columbia, Ontario, Quebec, Nova Scotia, and New Brunswick. Yet recipients of prescribed safe supply still report a dearth of options for accessing their drugs of choice, and stimulant users have been especially overlooked. Reliance on the unregulated drug market has led people to develop a heightened tolerance of adulterants such as fentanyl and its analogues, benzodiazepines, and tranquilizers, requiring particular attention to ensure adequate and appropriate dosing for safe supply. There are inadequate inhalable safer supply options and a dearth of harm reduction services that support inhalation. In BC, it is estimated that less than 5% of people who would benefit from safe supply presently have access to it, and many other provinces and territories across Canada have even lower levels of access to safe supply. For safe supply to be equitable and effective, it must meet diverse consumer demand for drug types, dosage, and routes of consumption.

"Safe supply gives the possibility of a second chance."
- Nelson, British Columbia

"Our community is dying and deserves access to the safe supply of the drugs we recreationally use."
- Greater Toronto Area, Ontario

Proponents and consumers of safe supply have also advocated for a greater diversity of distribution frameworks. Specifically, whereas safe supply in its current iteration is heavily rooted in the constructs of addiction medicine, consumers have requested a safe supply service continuum that includes flexible programming tailored to meet regionally and demographically specific demand. While some safe supply program participants report a preference for safe supply distribution that also offers additional psychosocial supports including holistic health, social, and housing services, others prefer accessing safe supply programs that are discrete, which can foster a greater sense of autonomy and independence. One example of innovative practice in safe supply programming is the MySafe project, which uses biometric dispensing machines to deliver low-barrier oral-route safe supply to people most at risk from accidental overdose due to the toxic unregulated market. Maximizing the reach of safe supply to meet a variety of consumer

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

preferences and drug consumption patterns would entail moving beyond exclusively prescriber-based models, offering virtual prescribing, and eliminating some or most of the strict medical oversight and surveillance that deters consumers from fully benefiting from pharmaceutical-grade alternatives to the illegal drug supply.

CDPC, alongside national, provincial and regional collaborators with expert knowledge in drug use, policy, research and safe supply, have called for the following measures to be urgently implemented, with the objective of increasing access to appropriate and diverse models of safe supply.

This requires that:

i. The federal government implement a nationwide Section 56 exemption for safe supply programs and non-prescriber-based safe supply models such as co-ops, buyers' or compassion clubs.
    a. The federal government continue to fund the establishment of safe supply programs.
ii. The provincial/territorial governments immediately pursue legislative and regulatory pathways for introducing non-prescriber-based safe supply models such as co-ops, buyers' or compassion clubs that are developed collaboratively with drug-using communities and tailored to regionally specific needs.
iii. The provincial and territorial colleges and regulatory bodies for physicians and nurses introduce measures to support and protect their membership in providing safe supply for people at risk of fatal overdose.
iv. The existing Section 56 exemption be expanded to allow pharmacists who have training and implementation support to initiate prescribing of safe supply.
v. Provinces and territories ensure legislation and policies regarding pharmacists' prescribing responsibilities regarding safe supply are in alignment with federal program criteria to ensure comprehensiveness, universality, portability and accessibility.
vi. Colleges and regulatory bodies work with Federal, Provincial and Territorial (FPT) governments to develop guidelines and decision making tools to support pharmacist prescribing practices.
vii. The FPT governments work with Indigenous leaders and Indigenous health authorities to ensure the equitable availability of pharmacist prescribers in Indigenous communities in alignment with the autonomy, needs and practices of Indigenous communities and to support Indigenous people living off reserve.

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

viii. All levels of government, health authorities, health and social service providers, provincial and territorial colleges, associations and regulatory bodies for physicians, nurses, pharmacists and social workers and other bodies offer public support for safe supply measures and particularly non-prescriber based safe supply measures such as through education campaigns, public endorsements and position statements, and develop internal policies for their membership to support these measures.
ix. The federal government implement emergency safeguards to prevent provincial/territorial and municipal governments from restricting access to safe supply and other harm reduction services including harm reduction supply distribution and supervised consumption services.
x. The provincial/territorial governments develop guidelines to ensure accountability and prompt implementation from prescribers and associated regulatory bodies including the colleges and regulatory bodies for physicians, nurses and pharmacists in the provision of safe supply.
xi. The federal and provincial/territorial governments ultimately develop a single legislative public health framework ("legal regulation") for regulating all psychoactive substances that is grounded in human rights and autonomy, centers public health priorities and non-profit approaches, tailored to regionally specific needs, and developed collaboratively with drug-using communities.

Legal Regulation

Legal regulation includes a spectrum of policy models that introduce mechanisms for acquiring pharmaceutical-grade drugs from a licensed producer and eliminate criminal penalties for purchasing, possessing, and consuming drugs. In some cases, criminal penalties for distribution of drugs may also be eliminated. These drugs are sealed, packaged and stored through rigorous quality-control procedures comparable to those required by law for all government-regulated consumer goods.

In addition to decriminalization, the Health Canada Expert Task Force on Substance Use in 2021 recommended legal regulation of all drugs under a single public health framework, encompassing currently criminalized drugs in addition to alcohol, tobacco and cannabis. The latter three drugs serve as existing examples for how legal regulation has been implemented so far in Canada, however it is important to balance a number of key considerations. The foremost being the navigation of public health priorities that

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

may be in tension with profit-driven motives, and also considering federal, provincial, territorial, municipal and Indigenous spheres of government.

"I think [legal regulation] will provide consumer protection and it will meet the needs of the people."
- Nelson, British Columbia

There are many possible implementation frameworks for legal regulation. The ideal model is debated and may be context- and substance-specific, but public health considerations for accessing legal drugs would consider regulatory levers such as age of access, licensing or prescription-based requirements, packaging, types, strength and quantities of products, as well as guidelines on advertising. The known potency and dosage of drugs accessed through legally regulated models would minimize the risk of accidental overdose. It could promote positive health and social outcomes, reduce taxpayer and healthcare burden of disease, emergency response, and lost productivity, decrease interdiction costs and border surveillance, and support global visions for community health, safety, environmental stewardship and sustainable economic development.

Innovative models for legal regulation also exist. For instance, in Vancouver, PHS Community Services offers a prescription-based fentanyl safe supply program which allows consumers to purchase prescribed fentanyl at a pharmacy at a street market rate. This program is distinct as it enables consumers to take home their supply and does not require witnessed consumption, allowing consumers to attend to other responsibilities without the pressures of an onerous dispensing schedule.

Compassion clubs are an alternative community-centered model. In the absence of accessible programs to access a safe, legally regulated supply of drugs, the Drug User Liberation Front (DULF) distributed a safe supply of drugs of known dose and composition to its members for over a year, from 2022 to 2023 with zero reported fatal overdoses resulting from distributed substances, and zero overdoses with naloxone administered resulting solely from distributed substances. DULF's work demonstrates the success of facilitating access to safe supply for PWUD within a community setting.

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

5.) Meaningfully consult people who use drugs and implement collaborative processes when developing drug policy, harm reduction and healthcare services, and housing.

PWUD must be meaningfully engaged and consulted in the design, implementation, delivery and evaluation of all facets of harm reduction programming and drug policy reform related to decriminalization, safer supply and legal regulation. Meaningful consultation and collaborative approaches are also necessary in other associated policy development processes such as in healthcare and housing, as these deeply impact the health and wellbeing of people who use drugs. Centering the voices of PWUD is crucial to the development of effective responses to the drug poisoning crisis as PWUD have critical experiential knowledge and expertise, and the development of policies and programs directly impacts their lives. Capacity building for PWUD groups is also a key element of ensuring that PWUD are adequately prepared to engage in bureaucratic processes requiring specialized knowledge about policy development, and capacity building measures must be appropriately funded and sustained. In cases where policy and harm reduction programming is intended to serve a particular demographic subgroup of PWUD, it is important that their development be informed by advisory bodies composed of the demographic group that the programs and policies are intended to serve. When developing policy, it is necessary to have transparency with PWUD that describes how input will be used, how decisions will be made, clear timelines and advance notice of discussion topics to allow for adequate time to prepare for meetings. It is also recommended to have multiple avenues for providing input, such as orally and in written materials with adequate time allotted for review of key documents and proposals. To increase cultural competency, processes for soliciting feedback from PWUD should be steered by someone with lived or living experience of criminalized substance use.

The notion "Nothing About Us Without Us" has led to the creation of drug user groups by and for PWUD to address the harms of drug prohibition and develop evidence-based drug policy that promotes health and respects human rights and dignity. For this concept to be realized, the meaningful engagement of PWUD must also be equitable, meaning it must include appropriate compensation for sharing their expertise. According to the Canadian Association of People Who Use Drugs (CAPUD), PWUD should be paid $50/hour for presentations at a minimum of $200, $25/hour for meetings and focus groups and $100-$150 for conferences per day with the choice of how to receive payment (i.e., cash, cheque, e-transfer, direct deposit).

In addition to appropriate compensation, engagement processes must avoid tokenism. To prevent tokenism, it is essential that PWUD have the agency to define the parameters of participation, representation, and engagement in consultation processes.

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

The following recommendations support meaningful consultation of PWUD throughout policy development processes and incorporate demands in the Nothing About Us Without Us manifesto.

This requires that:

a. All levels of government provide sustainable and ongoing funding for democratically-run organizations composed of PWUD that build capacity and develop skills and knowledge for PWUD to act as advocates, manage groups, and engage in policy development processes.
b. All levels of government include PWUD as meaningful stakeholders in all facets of policy development and evaluation processes, including decision-making, consultation, and advisory roles.
c. All policymaking bodies, including government, NGOs, and other relevant bodies ensure that PWUD advisory bodies are established and encompass a range of demographic identities, particularly those that are underrepresented such as people who are Indigenous, Black, racialized, women, non-binary, parents, immigrants, migrants, people with disabilities, and those experiencing gender-based and intimate partner violence.
d. All governments, NGOs, and other relevant bodies seeking consultation and collaboration from PWUD develop and distribute decision-making maps and clear project timelines for all parties involved in policy development processes.
e. All governments, NGOs, and other relevant bodies seeking consultation and collaboration from PWUD meaningfully compensate PWUD for their time and expertise in policy development and evaluation processes, participation in conferences, panels, workshops, and other labour according to best practices (see recommended rates by CAPUD).

6.) Increase the availability and accessibility of adequate and affordable housing.

The housing market across Canada is characterized by unaffordability, waitlists, and lack of suitable housing options. Securing safe, stable, and affordable housing has grown exponentially more difficult as the cost of living has increased, particularly for PWUD in the context of discriminatory housing policies, bans and other barriers that prohibit drug use in housing settings. Mandated abstinence and coercive treatment policies create barriers to acquiring and retaining employment which impact people's ability to secure housing. A lack of comprehensive and accessible safe supply programs also impacts people's ability to access and pay for housing due to the high costs associated with

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

drugs from the unregulated market when accessed as an individual without the significantly more affordable options available in cooperative compassion club models and other low-barrier safe supply programs. These factors are intensified by political ideologies and discourse which suggest that abstinence is a reasonable and realistic demand for all PWUD. This is at odds with the realities of drug use and its ubiquity throughout human history, as well as the fundamental human rights to bodily autonomy, equality and necessities of life including, housing. Housing precarity and homelessness deeply impact people who use drugs and other marginalized groups and must be addressed for efforts in drug policy reform to make meaningful improvements in the health, well-being and quality of life for PWUD.

It is essential for the federal and provincial/territorial governments to support municipalities in adequately addressing the housing crisis, which includes rights-based responses to encampments. A Right to Housing Approach, commissioned by the office of the Federal Housing Advocate, makes several recommendations to address the unmet housing needs of people living in encampments which are included below.

Increasing the availability and accessibility of adequate and affordable housing for PWUD requires that:

a. Federal and, where not already enacted, provincial/territorial governments amend human rights legislation to prohibit discrimination and harassment on the basis of social condition, including income and housing status.
b. All levels of government and relevant NGOs improve access to legal advocates to prevent evictions for PWUD.
c. All levels of government increase access to subsidized housing including rent geared to income units.
d. All levels of government end practices of using trespass orders, bylaws, injunctions, and policing to evict people from encampments on municipal, provincial/territorial, and federal lands.
e. Federal and provincial/territorial governments provide funding and services to municipalities to address the housing crisis through a range of housing and shelter options designed to support PWUD including through supporting safer drug use practices.
f. All levels of government, NGOs, and other relevant bodies ensure meaningful participation by PWUD and others who are most affected in the design,

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

implementation, and evaluation of housing and shelter policies, programs, and services.

g. All levels of government, NGOs, and other relevant bodies meaningfully engage Indigenous peoples as distinct rights-holders in developing policies and programs to address housing and encampments, in keeping with the Calls for Justice in the National Inquiry into Missing and Murdered Indigenous Women and Girls.
h. All levels of government provide and adequately fund the provision of access to basic services such as water, sanitation, heat, and electricity regardless of housing status.

A Right to Housing Approach strongly encourages the federal government to urgently adapt and expand the Reaching Home program to provide enhanced permanent housing options, in addition to adopting a rights-based framework in the enactment and enforcement of bylaws and policies. These would also further the progressive realization of the right to adequate housing as recognized in the International Covenant on Economic, Social and Cultural Rights and reflected in ss4(d) of the *National Housing Strategy Act*.

7.) Expand the implementation of harm reduction best practices in housing and shelter settings

PWUD encounter unique challenges in securing housing due to housing programs and landlords creating unnecessary barriers, such as zero tolerance policies for drug use. Where subsidized and low-barrier housing options exist, long waitlists are the norm, and there is often a lack of appropriate options for people seeking multiple supports.

The federal government can implement and encourage adoption of harm reduction-based housing programs and low-barrier harm reduction shelter models using examples of successful initiatives. The government can also support knowledge translation around substance use in housing through activities such as supporting human rights commissions and tenancy regulatory bodies in increasing public knowledge of human rights and tenancy laws related to substance use. In B.C., for example, the mere fact of using substances is not itself grounds for eviction unless there is damage to property, loss of enjoyment by other tenants, or other grounds. Despite this, PWUD, and especially those at the intersection of low income and grey-market income are targeted for eviction due to substance use.

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

Examples of Innovative Low-Barrier Harm Reduction Housing Programs

The following are some examples of low-barrier harm reduction housing for informational purposes. These are included to encourage knowledge sharing on existing programs. The evaluation of programs and policy implementation must always be informed by people with direct experience of the policies and programs.

- SisterSpace is a women-only overdose prevention site that is located on the main floor of a gender-specific low-barrier supportive co-housing program.
- RainCity housing programs provide a peer witnessing intervention model where residents who use drugs are connected to peer residents who provide support, education, and overdose prevention and response services.

Low-Barrier Shelter-Based Harm Reduction Programs

Dialogue participants expressed the need for low-barrier shelter options grounded in harm reduction principles. Lack of low-barrier shelters has been shown to be a driver of people including those who use drugs living outdoors and in public space.[19] The Pan Canadian Women's and Housing and Homelessness Survey demonstrates that people who use drugs were banned from shelters at a rate three times greater than those who did not use drugs.

The Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan was developed by The Works (Toronto Public Health) to provide a plan for the design and implementation of successful shelter-based harm reduction programs. The guidance document recommends ten areas of harm reduction programming for implementation across emergency shelters, and these are included below. The following recommendations to best support low-barrier housing also draw from the Community University Policy Alliance at McMaster University.

Expanding the implementation of harm reduction best practices in housing and shelter settings requires that:

National-level support

a. The federal government issue a federal level class exemption for the provision of supervised consumption and drug checking services within housing and shelter

[19] See for instance, Prince George (City) v Stewart, 2021 BCSC 2089 at para 74; City of Abbotsford v Shantz 2015 BCSC 1909 at paras 47-82; The Regional Municipality of Waterloo v. Persons Unknown and to be Ascertained, 2023 ONSC 670 paras 67-72; British Columbia v. Adamson, 2016 BCSC 584 at para 184

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

programs to prevent drug toxicity-related deaths on site, as appropriate based on community-identified need.

a. The federal government introduce a low-barrier process by which community organizations can request to be included in the federal class exemption including support for community organizations seeking to be added to the exemption. This process should require only information sufficient to establish the:
    i. organization's administrative structure in place to support the program and
    ii. resources available to support the maintenance of service;
b. Provincial and territorial governments provide required data to expedite regulatory approvals including location and operational funding;
c. Municipalities ensure that zoning and other relevant bylaws, licensing and municipal processes, policies and practices prioritize support for supervised consumption services and drug checking and act as vocal knowledge translators to increase public understanding and support for these services.

Federal guidance, training and evaluation

b. The federal government develop federal guidelines and best practices for the design of government-funded housing and shelter initiatives that intentionally center and support the needs of PWUD, and include guidelines for comprehensive harm reduction training for housing and shelter staff.
c. The federal government ensure funding agreements with provincial/territorial and municipal jurisdictions and federally funded service providers are contingent upon adherence to federal guidelines.
d. The federal government introduce an annual evaluation process to ensure that guidelines and best practices are implemented appropriately with mechanisms to incorporate feedback from service users to update guidelines and best practices as needed.
e. The federal government offer training on the federal guidelines to all housing and shelter service providers regardless of whether they receive government funding.

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

Accessible, consistent, trauma-informed and voluntary supports

f. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement a shelter policy on drug use that is non-punitive and safety oriented in collaboration with PWUD with lived experience in shelter settings.
g. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement overdose prevention and response interventions in shelters in collaboration with PWUD with lived experience in shelter settings.
h. All levels of government, NGOs, and other relevant bodies develop and maintain comprehensive and collaborative community networks among relevant service providers to ensure cohesive access to non-coercive and voluntary harm reduction supports, including harm reduction supplies, safer supply of drugs, and safer drug use spaces.
i. All levels of government, NGOs, and other relevant bodies ensure all treatment and services are flexible and voluntary, and not a requirement for tenancy in residential housing and shelter programs (distinct from regulated residential treatment programs).
j. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing and shelters provide harm reduction supplies, low-barrier supports for safer drug use practices, and grief and loss supports in shelters in collaboration with PWUD, as appropriate based on community-identified need, to ensure that access to supplies and supports is readily available.
k. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement safe supply and managed alcohol programs in shelters as appropriate based on community-identified need, and in collaboration with PWUD with lived experience in shelter settings.
l. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies ensure meaningful involvement of PWUD and shelter residents in the design, operation, and evaluation of harm reduction initiatives, with appropriate compensation for their knowledge and expertise according to best practices (see recommended rates by CAPUD).
m. For shelters that do not have harm reduction services embedded on site, federally-, provincially-/territorially-, and municipally-funded shelter service agencies to ensure mobile services and harm reduction support are available 24/7.
n. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies review the physical space of the shelter to identify potential areas of concern for overdose risk and develop risk mitigation measures accordingly.

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

Appendix I

Detailed Summary: Recommendations for Action

Recommendation 1: Collect and disseminate disaggregated statistics on toxic drug fatalities and hospitalizations.

We have a right to know...

Those on the front line of this crisis working to bring this tragedy to an end need our institutions to gather and disseminate up-to-date and accurate information. This helps communities better understand the racial and gendered nature of this crisis so that we can reflect these realities in our advocacy, institutional decision making and practices.

This requires that all levels of government:

a. work together to collect and distribute disaggregated overdose data identifying race, gender, sexual orientation, occupation and type of drug;
b. adopt human rights-based approaches to demographic data collection and dissemination that centers the priorities and self-determination of equity-denied communities;
c. commit to transparent data-sharing with affected communities;
d. collaborate with NGOs and other relevant bodies; and
e. use this data to further progressive action in line with community-identified priorities.

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

Recommendation 2: Expand access to harm reduction.

Make it grow...

It is clear to those on the front lines of the toxic drug crisis that existing harm reduction services are insufficient to meet the severity of the need. Harm reduction is an essential aspect of healthcare and must be recognized as such. We call on our governments to provide our communities with the vital tools necessary to save lives, both now and tomorrow.

This requires that:

a. All levels of government prioritize the establishment and continued operation of safe consumption and drug checking services, i.e:
    i. The federal government issue a federal level class exemption for the provision of supervised consumption and drug checking services;
    ii. The federal government introduce a low-barrier process by which community organizations can request to be included in the federal class exemption including support for community organizations seeking to be added to the exemption. This process should require only information sufficient to establish the:
        1. organization's administrative structure in place to support the program, and
        2. resources available to support the maintenance of service;
    iii. Provincial and territorial governments provide required data to expedite regulatory approvals including location and operational funding;
    iv. Municipalities ensure that zoning and other relevant bylaws, licensing and municipal processes, policies and practices prioritize support for supervised consumption services and drug checking and act as vocal knowledge translators to increase public understanding and support for these services.
b. The federal government ensure robust funding for harm reduction programming and harm reduction supplies distribution to ensure equitable access throughout the country, including for Indigenous, rural and equity-seeking communities.
c. The federal government recognize harm reduction services, programming and supplies distribution as an integral aspect of Canada's publicly funded health care system.

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

d. The federal and provincial/territorial governments develop best practices for the provision of harm reduction services grounded in principles of public health, human rights, and equitable access that reflect demographic and geographic diversity and need.
    i. These should be developed in collaboration with PWUD and frontline harm reduction workers.
    ii. These best practices must be reviewed and updated annually.
e. The federal and provincial/territorial governments make the disbursal of funding to provinces/territories and/or municipalities for harm reduction services contingent upon adherence to federal and provincial/territorial best practices.
f. The provincial/territorial and municipal governments adequately fund harm reduction programming and harm reduction supplies distribution relative to the population of people who use drugs within the relevant jurisdiction.
g. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing, shelters and healthcare build capacity to better support the development and implementation of harm reduction policies within those sectors.
h. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing, shelters and healthcare ultimately implement harm reduction policies in keeping with federal and provincial/territorial best practices.
    i. These policies should include review and accountability mechanisms that are transparent and accessible to clients.
    ii. These harm reduction policies should be developed in collaboration with PWUD and organizations that represent PWUD.
i. All levels of government, NGOs and other relevant bodies adequately fund and provide support for PWUD leadership and capacity building in the planning, delivery, implementation and evaluation of harm reduction programming and the establishment of federal and provincial/territorial best practices for harm reduction service delivery.

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

Recommendation 3: Decriminalize drugs.

Criminalizing people is no solution...

The use of prisons, courts and policing to curtail drug use and availability or improve safety is a proven failure. The enforcement of drug laws has incentivized the production of ever-more powerful drugs, criminalized entire communities and resulted in unnecessary and costly entanglement with the criminal legal system. The decriminalization of drugs is a critical step away from failed drug policy and a move towards acknowledging the human rights of people who use drugs.

This requires that:

a. The federal government fully repeal section 4 of the *Controlled Drugs and Substances Act* and section 8 of the *Cannabis Act*.
b. The federal government amend section 5 of the *Controlled Drugs and Substances Act* to permit the sharing and selling of drugs for subsistence, to support personal drug use costs, and/or to provide a safe supply, in keeping with common practices of cooperation and care amongst drug using communities.
c. The federal and provincial/territorial governments remove and prohibit all sanctions and interventions associated with simple drug possession and necessity trafficking including: administrative penalties such as fines, health assessments or dissuasion commissions; confiscation of substances, paraphernalia or medical supplies; drug treatment courts; and other coerced or involuntary treatment or health and social service interventions and referrals.
d. The federal government introduce mechanisms for immediate automatic expungement for previous convictions for simple possession and applications-based expungement for some trafficking convictions, as well as immediate expungement of previous convictions for breaches of associated police undertakings, bail, probation, or parole conditions.
e. Until the repeal of Section 4 and amendment of Section 5 proposed above, the federal government amend Section 11 of the CDSA and develop federal guidelines strictly limiting police authorization to stop, search, and investigate a person for simple drug possession, with or without a warrant.
f. All levels of government remove police and law enforcement as liaisons between PWUD and health and social services.

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

g. All levels of government redistribute resources from the enforcement of drug laws to community-led, non-coercive and voluntary policies, programs and services that protect and promote health, wellness, public health, access to healthcare, human rights and equity.
h. All levels of government, NGOs, and other relevant bodies fund organizations comprised of PWUD, skilled, trained frontline workers and other subject matter experts to implement public education measures to combat anti-PWUD stigma and discrimination.
i. The federal government ultimately repeal the *Controlled Drugs and Substances Act* and develop a single legislative public health and product safety framework for regulating all psychoactive substances that is grounded in human rights, public health, autonomy and equity.

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

Recommendation 4: Increase access to a safe supply of substances of known content and dosage.

Preserving life...

The unregulated and highly toxic supply threatens the life of anyone who consumes drugs. For those most at risk of death from the unregulated market, a safer supply is urgently needed – one with known content and dosage that is regulated and predictable, akin to any other consumer product. In the absence of an accessible and regulated market, safe supply programs are a vital avenue for our communities to survive this crisis. Those few safe supply programs that exist are small, poorly funded, and are far too limited in that they operate within a disease model of drug use. Safe supply programs preserve life. The rapid expansion of all models of safe supply programming is critically necessary if we are to have a serious impact on this deadly health emergency.

This requires that:

a. The federal government implement a nationwide Section 56 exemption for safe supply programs and non-prescriber-based safe supply models such as co-ops, buyers' or compassion clubs.
    i. The federal government continue to fund the establishment of safe supply programs.
b. The provincial/territorial governments immediately pursue legislative and regulatory pathways for introducing non-prescriber-based safe supply models such as co-ops, buyers' or compassion clubs that are developed collaboratively with drug-using communities and tailored to regionally specific needs.
c. The provincial and territorial colleges and regulatory bodies for physicians and nurses introduce measures to support and protect their membership in providing safe supply for people at risk of fatal overdose.
d. The existing Section 56 exemption be expanded to allow pharmacists who have training and implementation support to initiate prescribing of safe supply.
e. Provinces and territories ensure legislation and policies regarding pharmacists' prescribing responsibilities regarding safe supply are in alignment with federal program criteria to ensure comprehensiveness, universality, portability and accessibility.

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

f. Colleges and regulatory bodies work with Federal, Provincial and Territorial (FPT) governments to develop guidelines and decision making tools to support pharmacist prescribing practices.
g. The FPT governments work with Indigenous leaders and Indigenous health authorities to ensure the equitable availability of pharmacist prescribers in Indigenous communities in alignment with the autonomy, needs and practices of Indigenous communities and to support Indigenous people living off reserve.
h. All levels of government, health authorities, health and social service providers, provincial and territorial colleges, associations and regulatory bodies for physicians, nurses, pharmacists and social workers and other bodies offer public support for safe supply measures and particularly non-prescriber based safe supply measures such as through education campaigns, public endorsements and position statements, and develop internal policies for their membership to support these measures.
i. The federal government implement emergency safeguards to prevent provincial/territorial and municipal governments from restricting access to safe supply and other harm reduction services including harm reduction supply distribution and supervised consumption services.
j. The provincial/territorial governments develop guidelines to ensure accountability and prompt implementation from prescribers and associated regulatory bodies including the colleges and regulatory bodies for physicians, nurses and pharmacists in the provision of safe supply.
k. The federal and provincial/territorial governments ultimately develop a single legislative public health framework ("legal regulation") for regulating all psychoactive substances that is grounded in human rights and autonomy, centers public health priorities and non-profit approaches, tailored to regionally specific needs, and developed collaboratively with drug-using communities.

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

Recommendation 5: Meaningfully consult people who use drugs and implement collaborative processes when developing drug policy, harm reduction and healthcare services, and housing.

Nothing about us without us...

It is a glaring omission that people who use drugs are not collaborative partners in the development of drug policy, harm reduction and healthcare services, and housing. To advance policies that save lives and promote the flourishing of our communities, people who use drugs and the organizations that represent them must be instrumental guides for policymakers to ensure that decisions address the needs of those are the very centre of the toxic drug crisis.

This requires that:

a. All levels of government provide sustainable and ongoing funding for democratically-run organizations composed of PWUD that build capacity and develop skills and knowledge for PWUD to act as advocates, manage groups, and engage in policy development processes.
b. All levels of government include PWUD as meaningful stakeholders in all facets of policy development and evaluation processes, including decision-making, consultation, and advisory roles.
c. All policymaking bodies, including government, NGOs, and other relevant bodies ensure that PWUD advisory bodies are established and encompass a range of demographic identities, particularly those that are underrepresented such as people who are Indigenous, Black, racialized, women, non-binary, parents, immigrants, migrants, people with disabilities, and those experiencing gender-based and intimate partner violence.
d. All governments, NGOs, and other relevant bodies seeking consultation and collaboration from PWUD develop and distribute decision-making maps and clear project timelines for all parties involved in policy development processes.
e. All governments, NGOs, and other relevant bodies seeking consultation and collaboration from PWUD meaningfully compensate PWUD for their time and expertise in policy development and evaluation processes, participation in conferences, panels, workshops, and other labour according to best practices (see recommended rates by CAPUD).

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

Recommendation 6: Increase the availability and accessibility of adequate and affordable housing.

Housing for all...

The toxic drug crisis is taking place alongside a housing crisis across the country. These dual crises present severe hardship, particularly for those who are systemically marginalized due to race, gender, income and other attributes. Housing is a fundamental human right recognized by the Canadian state in the Universal Declaration of Human Rights. To improve quality of life for people who use drugs, we call on the federal government to urgently improve access to adequate and affordable housing. We invite those advocating for access to housing and those advocating for an end to the war on drugs to work together, as there is much to gain in collaboration towards goals in common.

This requires that:

a. Federal and, where not already enacted, provincial/territorial governments amend human rights legislation to prohibit discrimination and harassment on the basis of social condition, including income and housing status.
b. All levels of government and relevant NGOs improve access to legal advocates to prevent evictions for PWUD.
c. All levels of government increase access to subsidized housing including rent geared to income units.
d. All levels of government end practices of using trespass orders, bylaws, injunctions, and policing to evict people from encampments on municipal, provincial/territorial, and federal lands.
e. Federal and provincial/territorial governments provide funding and services to municipalities to address the housing crisis through a range of housing and shelter options designed to support PWUD, including through supporting safer drug use practices.
f. All levels of government, NGOs, and other relevant bodies ensure meaningful participation by PWUD and others who are most affected in the design, implementation, and evaluation of housing and shelter policies, programs, and services.
g. All levels of government, NGOs, and other relevant bodies meaningfully engage Indigenous peoples as distinct rights-holders in developing policies and programs to address housing and encampments, in keeping with the Calls for Justice in the National Inquiry into Missing and Murdered Indigenous Women and Girls.
h. All levels of government provide and adequately fund the provision of access to basic services such as water, sanitation, heat and electricity, regardless of housing status.

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

Recommendation 7: Expand the implementation of harm reduction best practices in housing and shelter settings.

Make Housing Programs and Shelters Harm-Free…

Access to housing and shelter is a fundamental human right. Shelters are meant to be the last stop before unsheltered homelessness, a safe and comprehensive service to catch those in our community from falling through that final gap. For people who use drugs, many housing programs and shelters are inaccessible and hostile. From the confiscation of harm reduction equipment to the outright banning of people caught consuming substances on site, many housing programs and most shelters are not equipped to properly support community members who use drugs. Drug use should not sentence someone to unsheltered homelessness. Harm reduction services in housing programs and shelters must be expanded to ensure that everyone has a safe place to lay their head.

This requires that:

National-level support

a. The federal government issue a federal level class exemption for the provision of supervised consumption and drug checking services within housing and shelter programs to prevent drug toxicity-related deaths on site, as appropriate based on community-identified need.
    i. The federal government introduce a low-barrier process by which community organizations can request to be included in the federal class exemption including support for community organizations seeking to be added to the exemption. This process should require only information sufficient to establish the:
        1. organization's administrative structure in place to support the program and
        2. resources available to support the maintenance of service;
    ii. Provincial and territorial governments provide required data to expedite regulatory approvals including location and operational funding;
    iii. Municipalities ensure that zoning and other relevant bylaws, licensing and municipal processes, policies and practices prioritize support for supervised consumption services and drug checking and act as vocal knowledge translators to increase public understanding and support for these services.

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

Federal guidance, training and evaluation

b. The federal government develop federal guidelines and best practices for the design of government-funded housing and shelter initiatives that intentionally center and support the needs of PWUD, and include guidelines for comprehensive harm reduction training for housing and shelter staff.
c. The federal government ensure funding agreements with provincial/territorial and municipal jurisdictions and federally funded service providers are contingent upon adherence to federal guidelines.
d. The federal government introduce an annual evaluation process to ensure that guidelines and best practices are implemented appropriately with mechanisms to incorporate feedback from service users to update guidelines and best practices as needed.
e. The federal government offer training on the federal guidelines to all housing and shelter service providers regardless of whether they receive government funding.

Accessible, consistent, trauma-informed and voluntary supports

f. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement a shelter policy on drug use that is non-punitive and safety oriented in collaboration with PWUD with lived experience in shelter settings.
g. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement overdose prevention and response interventions in shelters in collaboration with PWUD with lived experience in shelter settings.
h. All levels of government, NGOs, and other relevant bodies develop and maintain comprehensive and collaborative community networks among relevant service providers to ensure cohesive access to non-coercive and voluntary harm reduction supports, including harm reduction supplies, safer supply of drugs, and safer drug use spaces.
i. All levels of government, NGOs, and other relevant bodies ensure all treatment and services are flexible and voluntary, and not a requirement for tenancy in residential housing and shelter programs (distinct from regulated residential treatment programs).
j. Federally-, provincially-/territorially-, and municipally-funded service agencies such as housing and shelters provide harm reduction supplies, low-barrier supports for safer drug use practices, and grief and loss supports in shelters in collaboration with PWUD, as appropriate based on community-identified need, to ensure that access to supplies and supports is readily available.

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

k. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies develop and implement safe supply and managed alcohol programs in shelters as appropriate based on community-identified need, and in collaboration with PWUD with lived experience in shelter settings.
l. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies ensure meaningful involvement of PWUD and shelter residents in the design, operation, and evaluation of harm reduction initiatives, with appropriate compensation for their knowledge and expertise according to best practices (see recommended rates by CAPUD).
m. For shelters that do not have harm reduction services embedded on site, federally-, provincially-/territorially-, and municipally-funded shelter service agencies to ensure mobile services and harm reduction support are available 24/7.
n. All federally-, provincially-/territorially-, and municipally-funded shelter service agencies review the physical space of the shelter to identify potential areas of concern for overdose risk and develop risk mitigation measures accordingly.

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

Appendix II

Glossary

Criminalization: Criminalization refers to criminal penalties for activities that are deemed illegal, for instance under the *Controlled Drugs and Substances Act*. Criminalization includes formal penalties such as arrest, charges and incarceration, and other punitive measures such as police and private security surveillance, harassment and confiscation of drugs. Under prohibition, the label "criminal" is imposed onto PWUD, especially those who also bear other stigmatizing labels such as "poor" or "homeless", and those at the intersection of systemic racism. One of the purposes of criminal law is to create stigma to reduce the frequency of behaviour. Prohibition has successfully increased stigma against PWUD, to devastating effect, while being ineffective in reducing drug use and availability.

Culturally safer: While it is impossible to guarantee safety, culturally safer refers to care that is grounded in safety and respect, particularly for people with marginalized identities. Culturally safer care acknowledges that power imbalances exist, and seeks to remedy those differences.

Decriminalization: Decriminalization is the removal of criminal and administrative penalties for certain charges under the *Controlled Drugs and Substances Act*. Most models that exist refer to the decriminalization of possession charges, however the CDPC supports the full decriminalization of both possession and certain trafficking charges, as discussed in the footnote on "necessity trafficking" and the recommendation for decriminalization below.

Discrimination: Discrimination refers to the poor and unequal treatment of a person based on a characteristic such as race, age, religion, or more. In this context, discrimination refers to poor and unequal treatment of a person based on their (perceived) drug use.

Drug market: The unregulated drug market is also known as the illicit or illegal drug market. There is no central mechanism for quality control for drugs acquired on the unregulated market. Lack of regulation has resulted in a drug supply that is highly variable in terms of potency and frequently contaminated with unknown substances.

Drug poisonings: The terms "drug poisoning", "drug toxicity event", and "drug overdose" may be used interchangeably to refer to the unintended adverse effects caused by

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

unknown contaminants in the increasingly unpredictable and toxic unregulated drug market. However, "drug poisoning" and "drug toxicity event" more accurately identify the source of the harm as the unregulated toxic drug supply, rather than "overdose" which tends to suggest the issue is one of individual overconsumption.

Drug policy: Drug policy refers to the laws and policies related to drugs, particularly the criminalization of the possession, use, selling and sharing of certain drugs. Drug policy can also refer to the laws and policies that address the harms associated with the criminalization of drugs, such as regulations around safe supply and harm reduction services such as overdose prevention sites. Drug policy also refers to laws and policies that regulate the production and sale of drugs, such as in the *Cannabis Act* (2018).

Evidence-based: Evidence-based is most often used in the sense of Western notions of evidence, which include linear causality, replicability, experimentation, and the Western scientific method. However, to flatten hierarchies of knowledge that uphold Western supremacy, we wish to expand the definition of evidence-based to also include practice-based evidence, community-identified evidence and Indigenous knowledge. Evidence that is based in Indigenous cultural perspectives must be evaluated within their own context, within their own Indigenous cultural paradigms, and do not have to adhere to Western constructs of evidence and knowledge-making in order to be legitimate.

Harm reduction: Harm reduction refers to policies, programs and practices that provide evidence-based education, encourage safer drug use practices and are grounded in dignity, relationship-building, informed choice and non-punitive orientations to drug use. Harm reduction is also a social justice movement for the human rights of PWUD. Importantly, harm reduction does not have a fundamental goal of eliminating drug use.

Human rights-based: A human rights-based approach begins from the foundational understanding that people who use drugs have rights, such as the right to autonomy, dignity, an adequate standard of living, life, liberty and security of the person, and that duty bearers such as governments and service providers have an obligation to uphold these rights. A rights-based approach also recognizes that inequality and marginalization deny people their human rights and contributes to cycles of harm such as poverty. In contrast, a criminalizing approach starts from the premise that people who are deemed "deviant" do not have basic rights and must prove entitlement to any rights protections, while a charitable approach treats people who are systemically marginalized as objects of charity who must accept services deemed appropriate for them by others.

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

A criminalizing approach may identify behaviour such as drug use as deviant, and from that perspective, any alternative to arrest or incarceration is seen as a desirable and appropriate outcome. A charitable approach may respond to a person's drug use with a prescribed intervention that does not respect that individual's autonomy and therefore may not be appropriate for that person. A rights-based approach starts from the foundational premise that a person has basic human rights, and as a rights-holder, a person has the right to take action to protect their own rights particularly in the absence of those rights being fulfilled. It is essential under a rights-based approach that duty bearers such as government and service providers must first consider how they can empower a person to claim and fulfill their rights.

Necessity trafficking: Necessity trafficking is the sharing and selling of drugs for subsistence, to support personal drug use costs, and/or to provide a safe supply. In addition to necessity trafficking, the CDPC supports the decriminalization of other trafficking-related offences with a shift to appropriate and responsible product safety regulation instead.

Police surveillance: From a criminalizing approach, police surveillance, searches and even drug seizure may be seen as a desirable outcome when compared to criminal charges, arrest or incarceration. However, from a rights-based approach, police surveillance, searches and drug seizure impede a person's right to privacy, autonomy, and dignity.

Prohibition: Prohibition in the current context in Canada refers to the criminalization of drugs under the *Controlled Drugs and Substances Act* (CDSA) which was enacted in 1996. Under the CDSA, it is illegal to possess, obtain, sell, share, import, export or produce drugs without specific approvals from the federal government. There have been various laws criminalizing drug and alcohol use in Canada since the late 1800s. The *Dunkin Act* in 1864 and the *Canada Temperance Act*, also known as the *Scott Act,* in 1878 allowed for provincial governments to enact bans on alcohol sales, leading to alcohol prohibition in most provinces in the early 1910s, with many provinces later repealing these laws in the 1920s after World War I. The *Indian Act* in 1876 and its subsequent amendment in 1884 prohibited Indigenous people from purchasing and consuming alcohol and entering licensed establishments. The *Opium Act* in 1908 prohibited opium, and the *Opium and Drug Act* in 1911 was expanded to prohibit morphine and cocaine, both of which were used to criminalize Chinese men in particular. These latter two Acts in addition to the *Indian Act* make clear the motivations for racial control behind some of

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

the earliest examples of prohibition in Canada. Prohibition also refers to policies and bylaws that criminalize or penalize drug possession, use and selling, which are legitimized by the federal criminalization of drugs under the CDSA. For instance, many municipalities prohibit drug use or possession through bylaws, while healthcare and social service providers may also prohibit drug use as a requirement for accessing services.

Recovery: Recovery is not limited to abstinence from drugs, but rather defined by self-identified improvements in health, well-being, social connections, and purpose in life.

Safe supply: Safe supply refers to a regulated, pharmaceutical grade supply of drugs of known composition and dosage. Safe supply may be shared amongst community members to provide access to safer drugs as a harm reduction strategy.

Stigma: Stigma refers to negative attitudes, perceptions and beliefs about a person or group of people based on a particular characteristic. In this context, stigma refers to the negative attitudes, perceptions or beliefs about drug use and people who use drugs.

Supervised consumption sites: Supervised consumption sites are places where harm reduction services such as overdose prevention and distribution of harm reduction equipment such as sterile needles are offered. Supervised consumption sites may also offer access to other supports such as healthcare and social services.

Appendix III

List of Dialogue Communities and Dates

1. Montreal, Quebec - October 2020
2. New Brunswick (province-wide) - November 2020
3. Yukon (territory-wide) - June 2021
4. Hamilton, Ontario - July 2021
5. Ottawa, Ontario - September 2021
6. Barrie, Ontario - October 2021
7. Gatineau, Quebec - December 2021
8. ACB Communities in Greater Toronto Area, Ontario - May 2022
9. Nanaimo, BC - June 2022
10. BC Health Coalition - October 2022
11. Manitoba (province-wide) - October 2022
12. Nelson, BC - October 2022
13. Winnipeg, Manitoba - October - November 2022

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

Appendix IV

List of References

Angus Reid Institute. (2021). *Canada's other epidemic: As overdose deaths escalate, majority favour decriminalization of drugs*. https://angusreid.org/opioid-crisis-covid/

Antoniou, T., McCormack, D., Campbell, T., Sutradhar, R., Tadrous, M., Lum-Wilson, N., Leece, P., Munro, C., & Gomes, T. (2020). Geographic variation in the provision of naloxone by pharmacies in Ontario, Canada: A population-based small area variation analysis. *Drug and Alcohol Dependence*, *216*, 108238. https://doi.org/10.1016/j.drugalcdep.2020.108238

Atira Women's Resource Society. (n.d.) SisterSpace. Retrieved from the Atira Women's Resource Society website. https://atira.bc.ca/what-we-do/program/sisterspace/

Bardwell, G. (2022). More Than a Pipe Dream? The Need to Adapt Safer Opioid Supply Programs for People Who Smoke Drugs. *J Stud Alcohol Drugs,* 83(3):309-311. https://www.jsad.com/doi/10.15288/jsad.2022.83.309

Bardwell, G., Bowles, J. M., Mansoor, M., Werb, D., & Kerr, T. (2023). Access to tablet injectable opioid agonist therapy in rural and smaller urban settings in British Columbia, Canada: A qualitative study. *Substance Abuse Treatment, Prevention, and Policy*, *18*(1), 14. https://doi.org/10.1186/s13011-023-00525-2

Bardwell, G., Ivsins, A., Mansoor, M., Nolan, S., & Kerr, T. (2023). Safer opioid supply via a biometric dispensing machine: A qualitative study of barriers, facilitators and associated outcomes. *Canadian Medical Association Journal*, *195*(19), E668–E676. https://doi.org/10.1503/cmaj.221550

Bardwell, G., Mansoor, M., Van Zwietering, A., Cleveland, E., Snell, D., & Kerr, T. (2022). The "goldfish bowl": A qualitative study of the effects of heightened surveillance on people who use drugs in a rural and coastal Canadian setting. *Harm Reduction Journal*, *19*(1), 136. https://doi.org/10.1186/s12954-022-00725-2

Belzak, L., & Halverson, J. (2018). Evidence synthesis - The opioid crisis in Canada: A national perspective. *Health Promotion and Chronic Disease Prevention in Canada*, *38*(6), 224–233. https://doi.org/10.24095/hpcdp.38.6.02

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

British Columbia v. Adamson, Ontario Supreme Court. (2016). Retrieved from the Canadian Legal Information Institute website. https://www.canlii.org/en/bc/bcsc/doc/2016/2016bcsc1245/2016bcsc1245.html

Booth, R.G., Shariff, S.Z., Carter, B., Hwang S.W., Orkin, A.M., Forchuk, C., et al. (2023). Opioid-related overdose deaths among people experiencing homelessness, 2017 to 2021: A population-based analysis using coroner and health administrative data from Ontario, Canada. *Addiction*. https://doi.org/10.1111/add.16357

Canadian Association of People who Use Drugs, Touesnard, N, & Bonn, M. (2021). How To Be In The Room: A guidebook preparing people who use(d) drugs for engaging in drug policy processes (Version V7). Zenodo. https://doi.org/10.5281/zenodo.5129252

Canadian Drug Policy Coalition et al. (2021). *Decriminalization Done Right: A Rights-Based Path for Drug Policy*. Retrieved from Canadian Drug Policy Coalition website. https://www.drugpolicy.ca/leading-human-rights-and-public-health-organizations-release-national-drug-decriminalization-platform-for-canada/

Canadian Drug Policy Coalition. (2021). History of Drug Policy in Canada. Retrieved from Canadian Drug Policy Coalition website. https://drugpolicy.ca/about/history/

Canadian Drug Policy Coalition. (2022). Local Harm Reduction and Drug Policy Organizations Call for Harm Reduction Measures in Hamilton Shelters. Retrieved from Getting to Tomorrow Canadian Drug Policy Coalition website. https://gettingtotomorrow.ca/wp-content/uploads/2022/12/CDPC-Hamilton-report-2.1.pdf

Canadian Drug Policy Coalition. (2023). Imagine Safe Supply Summary of Findings, June 2023. Retrieved from Canadian Drug Policy Coalition website. https://drugpolicy.ca/our-work/issues/imagine-safe-supply/

Canadian HIV/AIDS Legal Network, Open Society Institute Public Health Program, and International HIV/AIDS Alliance. (2008). *Nothing About Us Without Us, A manifesto by people who use illegal drugs*. Retrieved from Open Society Foundations website. https://www.opensocietyfoundations.org/uploads/b4f8fd79-25a5-46d7-99ab-b51b4563f980/nothing-about-us-without-us-manifesto-20080501.pdf

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

Central Connecticut State University, USA, & Yunliang, M. (2017). Profiling minorities: Police stop and search practices in Toronto, Canada. *HUMAN GEOGRAPHIES – Journal of Studies and Research in Human Geography*, *11*(1), 5–23. https://doi.org/10.5719/hgeo.2017.111.1

Chan Carusone, S., Guta, A., Robinson, S., Tan, D. H., Cooper, C., O'Leary, B., De Prinse, K., Cobb, G., Upshur, R., & Strike, C. (2019). "Maybe if I stop the drugs, then maybe they'd care?"—Hospital care experiences of people who use drugs. *Harm Reduction Journal*, *16*(1), 16. https://doi.org/10.1186/s12954-019-0285-7

Chiefs of Ontario and Ontario Drug Policy Research Network. (2021). Opioid Use, Related Harms, and Access to Treatment among First Nations in Ontario, 2013-2019. https://chiefs-of-ontario.org/wp-content/uploads/2021/11/First-Nations-Opioid-Use-Harms-and-Treatment-Report-11-24-21.pdf

City of Abbotsford v Shantz, B.C. Supreme Court. (2015). Retrieved from the Canadian Legal Information Institute website. https://www.canlii.org/en/bc/bcsc/doc/2015/2015bcsc1909/2015bcsc1909.html

Collins, D., Dukes, M., Etherington, N., Reardon, C., & Shepherd, S. (2010). Stigma, Discrimination & Substance Use: Experiences of people who use alcohol and other drugs in Toronto. Prepared on behalf of Toronto Drug Strategy Implementation Panel. https://www.toronto.ca/wp-content/uploads/2018/01/93e2-stigmadiscrim_rep_2010_aoda.pdf

Connors, S. (2022). First Nation in Yukon declares state of emergency after three drug related deaths in one week. *APTN News*. https://www.aptnnews.ca/national-news/first-nation-in-yukon-declares-state-of-emergency-after-three-drug-related-deaths-in-one-week/

Controlled Drugs and Substances Act (1996, c.19). Retrieved from the Government of Canada website. https://laws-lois.justice.gc.ca/eng/acts/c-38.8/

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

Damon, W., McNeil, R., Milloy, M.-J., Nosova, E., Kerr, T., & Hayashi, K. (2019). Residential eviction predicts initiation of or relapse into crystal methamphetamine use among people who inject drugs: A prospective cohort study. *Journal of Public Health*, *41*(1), 36–45. https://doi.org/10.1093/pubmed/fdx187

Del Pozo, B., Sightes, E., Goulka, J., Ray, B., Wood, C. A., Siddiqui, S., & Beletsky, L. A. (2021). Police discretion in encounters with people who use drugs: Operationalizing the theory of planned behavior. *Harm Reduction Journal*, *18*(1), 132. https://doi.org/10.1186/s12954-021-00583-4

Dow, K. (2022). 'People are dying': First Nation sounds alarm over growing drug crisis in northern Manitoba community. *CTV News*. https://winnipeg.ctvnews.ca/people-are-dying-first-nation-sounds-alarm-over-growing-drug-crisis-in-northern-manitoba-community-1.6153864

Drug User Liberation Front. (2023). *DULF Announces Successful 6-Month Milestone of Heroin, Cocaine and Methamphetamine Compassion Club, Urges Government to Follow*. Retrieved from Drug User Liberation Front website. https://www.dulf.ca/jan-31-2023

Echo-Hawk, H. (2011). Indigenous Communities and Evidence Building. *Journal of Psychoactive Drugs*, *43*(4), 269–275. https://doi.org/10.1080/02791072.2011.628920

Fante-Coleman, T., Wilson, C. L., Cameron, R., Coleman, T., & Travers, R. (2022). 'Getting shut down and shut out': Exploring ACB patient perceptions on healthcare access at the physician-patient level in Canada. *International Journal of Qualitative Studies on Health and Well-Being*, *17*(1), 2075531. https://doi.org/10.1080/17482631.2022.2075531

First Nations Health Authority. (2023). FNHA Releases 2022 Toxic Drug Poisoning Crisis Data. Retrieved from First Nations Health Authority website. https://www.fnha.ca/about/news-and-events/news/fnha-releases-2022-toxic-drug-poisoning-crisis-data

Fleming, T., Barker, A., Ivsins, A., Vakharia, S., & McNeil, R. (2020). Stimulant safe supply: A potential opportunity to respond to the overdose epidemic. *Harm Reduction Journal*, *17*(1), 6. https://doi.org/10.1186/s12954-019-0351-1

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

Fleming, T., Collins, A. B., Boyd, J., Knight, K. R., & McNeil, R. (2023). "It's no foundation, there's no stabilization, you're just scattered": A qualitative study of the institutional circuit of recently-evicted people who use drugs. *Social Science & Medicine*, *324*, 115886. https://doi.org/10.1016/j.socscimed.2023.115886

Flynn, A., Hermer, J., Leblanc, C., MacDonald, S-A., Schwan, K., Van Wagner, E. 2022. *Overview of Encampments Across Canada: A Right to Housing Approach*. The Office of the Federal Housing Advocate. Retrieved from Homeless Hub website. https://www.homelesshub.ca/sites/default/files/attachments/Overview%20of%20Encampments%20Across%20Canada_EN_1.pdf

Foreman-Mackey, A., Pauly, B., Ivsins, A., Urbanoski, K., Mansoor, M., & Bardwell, G. (2022). Moving towards a continuum of safer supply options for people who use drugs: A qualitative study exploring national perspectives on safer supply among professional stakeholders in Canada. *Substance Abuse Treatment, Prevention, and Policy*, *17*(1), 66. https://doi.org/10.1186/s13011-022-00494-y

Foreman-Mackey, A., Xavier, J., Corser, J. et al. (2023). "It's just a perfect storm": Exploring the consequences of the COVID-19 pandemic on overdose risk in British Columbia from the perspectives of people who use substances. *BMC Public Health* 23, 640. https://doi.org/10.1186/s12889-023-15474-5

Friedman, J., Syvertsen, J. L., Bourgois, P., Bui, A., Beletsky, L., & Pollini, R. (2021). Intersectional structural vulnerability to abusive policing among people who inject drugs: A mixed methods assessment in California's central valley. *International Journal of Drug Policy*, *87*, 102981. https://doi.org/10.1016/j.drugpo.2020.102981

Global Commission on Drug Policy. (2017). *The World Drug Perception Problem*. Retrieved from Global Commission on Drugs website. https://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf

Global Commission on Drug Policy. (2021). *Time to End Prohibition*. Retrieved from Global Commission on Drugs website. https://www.globalcommissionondrugs.org/wp-content/uploads/2021/12/Time_to_end_prohibition_EN_2021_report.pdf

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

Godkhindi, P., Nussey, L., & O'Shea, T. (2022). "They're causing more harm than good": A qualitative study exploring racism in harm reduction through the experiences of racialized people who use drugs. *Harm Reduction Journal*, *19*(1), 96. https://doi.org/10.1186/s12954-022-00672-y

Gomes, T., Iacono, A., Kolla, G., Nunez, E., Leece, P., Wang, T., Campbell, T., Auger, C., Boyce, N., Doolittle, M., Eswaran, A., Kitchen, S., Murray, R., Shearer, D., Signh, S, & Watford, J. (2022). Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry. Prepared on behalf of Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). https://odprn.ca/wp-content/uploads/2022/07/Opioid-Toxicity-in-the-Construction-Industry-Report-Final.pdf

Good Samaritan Drug Overdose Act (2017, c.4). Retrieved from the Government of Canada website. https://laws-lois.justice.gc.ca/eng/annualstatutes/2017_4/FullText.html

Government of B.C. (2023). *Decriminalizing people who use drugs in B.C.* Retrieved from the Government of B.C. website. https://www2.gov.bc.ca/gov/content/overdose/decriminalization

Government of B.C. (2023). *Escalating drug-poisoning response actions.* Retrieved from the Government of B.C. website. https://news.gov.bc.ca/factsheets/escalated-drug-poisoning-response-actions-1

Government of Canada. (2017). Human rights-based approach. Retrieved from the Government of Canada website. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/human_rights-droits_personne.aspx?lang=eng

Government of Canada. (2018). Apply to run a supervised consumption site: Overview. Retrieved from the Government of Canada website. https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/apply.html

Government of Canada. (2023). *How much does substance use impact men in trades?* [Infographic]. Retrieved from the Government of Canada website. https://www.canada.ca/en/services/health/campaigns/men-construction-trades-overdose-crisis-canada.html

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

Greene, C., Urbanik, M.-M., & Geldart, R. (2022). Experiences with compounding surveillance and social control as a barrier to safe consumption service access. *SSM - Qualitative Research in Health*, *2*, 100055. https://doi.org/10.1016/j.ssmqr.2022.100055

Groot, E., Kouyoumdjian, F. G., Kiefer, L., Madadi, P., Gross, J., Prevost, B., Jhirad, R., Huyer, D., Snowdon, V., & Persaud, N. (2016). Drug Toxicity Deaths after Release from Incarceration in Ontario, 2006-2013: Review of Coroner's Cases. *PLOS ONE*, *11*(7), e0157512. https://doi.org/10.1371/journal.pone.0157512

Guthrie, K., Garrard, L., & Hopkins, S. (2021). *Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan*. The Works, Toronto Public Health. Retrieved from City of Toronto website. https://www.toronto.ca/wp-content/uploads/2021/06/9633-10PointShelterHarmReduction210528AODA.pdf

Harm Reduction International, (n.d.). Principles of Harm Reduction. Retrieved on Harm Reduction International website. https://harmreduction.org/about-us/principles-of-harm-reduction/

Hatt, L., (2022). *The Opioid Crisis in Canada*. Library of Parliament, HillStudies. 2021-23-E. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/202123E#a4.3

Health Canada. (2021). *Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)*. Report #2. Retrieved from Health Canada website. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html

Health Canada. (2023). *Interactive map: Canada's response to the opioid overdose crisis*. Retrieved from Health Canada website [Interactive map]. https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html

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

Infrastructure Canada. (2023). About Reaching Home: Canada's Homelessness Strategy. Retrieved from Infrastructure Canada website. https://www.infrastructure.gc.ca/homelessness-sans-abri/index-eng.html

Joannou, A. (2023). Yukon First Nation declares state of emergency over opioids 'terrorizing' community. *CTV News*. https://www.ctvnews.ca/canada/yukon-first-nation-declares-state-of-emergency-over-opioids-terrorizing-community-1.6316322

Karamouzian, M., Cheng, T., Nosova, E., Sedgemore, K., Shoveller, J., Kerr, T., & Debeck, K. (2019). Perceived Devaluation among a Cohort of Street-Involved Youth in Vancouver, Canada. *Substance Use & Misuse*, *54*(2), 324–330. https://doi.org/10.1080/10826084.2018.1523193

Larnder, A., Saatchi, A., Borden, S. A., Moa, B., Gill, C. G., Wallace, B., & Hore, D. (2022). Variability in the unregulated opioid market in the context of extreme rates of overdose. *Drug and Alcohol Dependence*, *235*, 109427. https://doi.org/10.1016/j.drugalcdep.2022.109427

Larsen, K. (2022). First ever paid prescription fentanyl program launches in Vancouver. *CBC News*. https://www.cbc.ca/news/canada/british-columbia/paid-prescription-fentanyl-vancouver-1.6412696

Lavalley, J., Kastor, S., Valleriani, J., & McNeil, R. (2018). Reconciliation and Canada's overdose crisis: Responding to the needs of Indigenous Peoples. *Canadian Medical Association Journal*, *190*(50), E1466–E1467. https://doi.org/10.1503/cmaj.181093

LeBlanc, S. (2018). Harm Reduction and Shelters: A jurisdictional scan of harm reduction initiatives in Canadian shelters. Prepared on behalf of Out of the Cold Emergency Shelter. https://www.outofthecold-hfx.ca/harm-reduction-and-shelters/

National Housing Strategy Act (2019, c.29, s. 313). Retrieved from the Government of Canada website. https://laws-lois.justice.gc.ca/eng/acts/N-11.2/FullText.html

Mayer, S., Langheimer, V., Nolan, S., Boyd, J., Small, W., & McNeil, R. (2023). Emergency department experiences of people who use drugs who left or were discharged from hospital against medical advice. *PLOS ONE*, *18*(2), e0282215. https://doi.org/10.1371/journal.pone.0282215

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

Maynard, R. (2021). *Drug Policy and Racism*. Retrieved from Canadian Drug Policy Coalition website. https://drugpolicy.ca/about/racism/

McMaster University, Community University Policy Alliance. (2022). *Policy and Practice Recommendations: Developing Gender-Based Low Barrier Housing to Address Complex Homelessness*. Retrieved from Homeless Hub website. https://www.homelesshub.ca/resource/policy-and-practice-recommendations-developing-gender-based-low-barrier-housing-address

McSheffrey, E. (2023). Hydromorphone playing no 'significant' role in toxic drug deaths: B.C. coroner. *Global News*. https://globalnews.ca/news/9746843/toxic-drug-death-crisis-bc-update-june-5/

Morris, H., Bwala, H., Wesley, J., & Hyshka, E. (2023). Public support for safer supply programs: Analysis of a cross-sectional survey of Canadians in two provinces. *Canadian Journal of Public Health*, *114*(3), 484–492. https://doi.org/10.17269/s41997-022-00736-3

Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies": Influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, *17*(1), 53. https://doi.org/10.1186/s12954-020-00399-8

MySafe Society. (2023). A call for a safer drug supply. Retrieved from MySafe Society website. https://mysafe.org/

Papamihali, K., Collins, D., Karamouzian, M., Purssell, R., Graham, B., & Buxton, J. (2021). Crystal methamphetamine use in British Columbia, Canada: A cross-sectional study of people who access harm reduction services. *PLOS ONE*, *16*(5), e0252090. https://doi.org/10.1371/journal.pone.0252090

Parker, J., Jackson, L., Dykeman, M., Gahagan, J., & Karabanow, J. (2012). Access to harm reduction services in Atlantic Canada: Implications for non-urban residents who inject drugs. *Health & Place*, *18*(2), 152–162. https://doi.org/10.1016/j.healthplace.2011.08.016

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

Pijl, E. M., Alraja, A., Duff, E., Cooke, C., Dash, S., Nayak, N., Lamoureux, J., Poulin, G., Knight, E., & Fry, B. (2022). Barriers and facilitators to opioid agonist therapy in rural and remote communities in Canada: An integrative review. *Substance Abuse Treatment, Prevention, and Policy*, *17*(1), 62. https://doi.org/10.1186/s13011-022-00463-5

Pingani, L., Evans-Lacko, S., Coriani, S., Ferrari, S., Filosa, M., Galeazzi, G. M., Lorenzini, M., Manari, T., Musetti, A., Nasi, A. M., & Franceschini, C. (2021). Time Waits for No One: Longitudinal Study on the Effects of an Anti-Stigma Seminar on the Psychology Student Population. *International Journal of Environmental Research and Public Health*, *18*(10), 5441. https://doi.org/10.3390/ijerph18105441

Prangnell, A., Daly-Grafstein, B., Dong, H., Nolan, S., Milloy, M.-J., Wood, E., Kerr, T., & Hayashi, K. (2016). Factors associated with inability to access addiction treatment among people who inject drugs in Vancouver, Canada. *Substance Abuse Treatment, Prevention, and Policy*, *11*(1), 9. https://doi.org/10.1186/s13011-016-0053-6

Prince George (City) v Stewart, B.C. Supreme Court. (2021). Retrieved from the Canadian Legal Information Institute website. https://www.canlii.org/en/bc/bcsc/doc/2021/2021bcsc2089/2021bcsc2089.html

Public Health Agency of Canada (2023). *Opioid- and Stimulant-related Harms in Canada*. Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

Public Health Agency of Canada. (2022). *Joint Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses – Latest National Data on Substance-Related Harms*. Retrieved from the Public Health Agency of Canada website.

https://www.canada.ca/en/public-health/news/2022/12/joint-statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses--latest-national-data-on-substance-related.html

Public Health Ontario. (2022). *Scan of Evidence and Jurisdictional Approaches to Safer Supply*. Retrieved from Public Health Ontario website.

https://www.publichealthontario.ca/-/media/Documents/S/2022/safer-supply-environmental-scan.pdf?rev=7c5662c193514367bd43ca2057a224df&sc_lang=en

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

Rain City Housing (n.d.) We want to influence change. Retrieved from the Rain City Housing website. https://www.raincityhousing.org/social-impact/innovations/

Ranger, C., Hobbs, H., Cameron, F., Stuart, H., McCall, J. Sullivan, G., Urbanoski, K., Slaunwhite, A., & Pauly, B. (2021). *Co/Lab Practice Brief: Implementing the Victoria SAFER Initiative*. Canadian Institute for Substance Use Research, University of Victoria, Victoria, Canada.

https://www.uvic.ca/research/centres/cisur/assets/docs/colab/practice-brief-safer.pdf

Rowlands Snyder, E. C., Boucher, L. M., Bayoumi, A. M., Martin, A., Marshall, Z., Boyd, R., LeBlanc, S., Tyndall, M., & Kendall, C. E. (2021). A cross-sectional study of factors associated with unstable housing among marginalized people who use drugs in Ottawa, Canada. *PLOS ONE*, *16*(7), e0253923. https://doi.org/10.1371/journal.pone.0253923

Safer Communities and Neighbourhoods Act (2006, c.7). Retrieved from the Government of Yukon website. https://laws.yukon.ca/cms/images/LEGISLATION/PRINCIPAL/2006/2006-0007/2006-0007.pdf

Scarscelli, D. (2006). Drug Addiction between Deviance and Normality: A Study of Spontaneous and Assisted Remission. *Contemporary Drug Problems*, *33*(2), 237–274. https://doi.org/10.1177/009145090603300204

Schwan, K., Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *The Pan-Canadian Women's Housing & Homelessness Survey*. Canadian Observatory on Homelessness. Retrieved from Women's National Housing & Homelessness Network website. https://womenshomelessness.ca/wp-content/uploads/EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf

Selfridge, M., Card, K., Kandler, T., Flanagan, E., Lerhe, E., Heaslip, A., Nguyen, A., Moher, M., Pauly, B., Urbanoski, K., & Fraser, C. (2022). Factors associated with 60-day adherence to "safer supply" opioids prescribed under British Columbia's interim clinical guidance for health care providers to support people who use drugs

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

during COVID-19 and the ongoing overdose emergency. *International Journal of Drug Policy*, *105*, 103709. https://doi.org/10.1016/j.drugpo.2022.103709

Selfridge, M., Greer, A., Card, K. G., Macdonald, S., & Pauly, B. (2020). "It's like super structural" – Overdose experiences of youth who use drugs and police in three non-metropolitan cities across British Columbia. *International Journal of Drug Policy*, *76*, 102623. https://doi.org/10.1016/j.drugpo.2019.102623

Shahwan, S., Lau, J. H., Goh, C. M. J., Ong, W. J., Tan, G. T. H., Kwok, K. W., Samari, E., Lee, Y. Y., Teh, W. L., Seet, V., Chang, S., Chong, S. A., & Subramaniam, M. (2020). The potential impact of an anti-stigma intervention on mental health help-seeking attitudes among university students. *BMC Psychiatry*, *20*(1), 562. https://doi.org/10.1186/s12888-020-02960-y

Shannon, K., Rusch, M., Shoveller, J., Alexson, D., Gibson, K., & Tyndall, M. W. (2008). Mapping violence and policing as an environmental–structural barrier to health service and syringe availability among substance-using women in street-level sex work. *International Journal of Drug Policy*, *19*(2), 140–147. https://doi.org/10.1016/j.drugpo.2007.11.024

Talking Drugs. (2023). *Drug Decriminalisation Across the World*. Retrieved from Talking Drugs website [Interactive map]. https://www.talkingdrugs.org/drug-decriminalisation/

Toronto Public Health (2023). Toronto Public Health releases mid-2023 data for deaths of people experiencing homelessness. Retrieved from Toronto Public Health website. https://www.toronto.ca/news/toronto-public-health-releases-mid-2023-data-for-deaths-of-people-experiencing-homelessness/

Toronto Police Service. (2022). Race & Identity Based Data Collection Strategy. Retrieved from Toronto Police Service website. https://www.tps.ca/media/filer_public/93/04/93040d36-3c23-494c-b88b-d60e3655e88b/98ccfdad-fe36-4ea5-a54c-d610a1c5a5a1.pdf

The Regional Municipality of Waterloo v. Persons Unknown and to be Ascertained, Ontario Supreme Court. (2023). Retrieved from the Canadian Legal Information Institute website. https://www.canlii.org/en/on/onsc/doc/2023/2023onsc670/2023onsc670.html

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

Thompson, T., Rotondo, J., Enns, A., Leason, J., Halverson, J., Huyer, D., Kuo, M., Lapointe, L., May-Hadford, J., & Orpana, H. (2023). Exploring the contextual risk factors and characteristics of individuals who died from the acute toxic effects of opioids and other illegal substances: listening to the coroner and medical examiner voice. *Health Promotion and Chronic Disease Prevention in Canada, Research, Policy and Practice*, *43*(2), 51–61. https://doi.org/10.24095/hpcdp.43.2.01

UNAIDS. (2021). *On International Drug Users' Day, UNAIDS calls for action against the criminalization of people who use drugs and for community-led harm reduction programmes*. Retrieved from UNAIDS website. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/november/20211101_international-drug-users-day

United Nations General Assembly. (1966). *International Covenant on Economic, Social and Cultural Rights*. Retrieved from United Nations Human Rights Office of the High Commissioner website. https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights

United Nations Office of the High Commissioner of Human Rights. (2023). *UN experts call for end to global 'war on drugs'*. Retrieved from UNOHCR website. https://www.ohchr.org/en/press-releases/2023/06/un-experts-call-end-global-war-drugs

United Nations System Chief Executives Board for Coordination. (2018). Segment 2: common United Nations system position on drug policy. Retrieved from UNSCEB website. https://unsceb.org/sites/default/files/imported_files/CEB-2018-2-SoD_0.pdf

Urbanik, M.-M., Maier, K., & Greene, C. (2022). A qualitative comparison of how people who use drugs' perceptions and experiences of policing affect supervised consumption services access in two cities. *International Journal of Drug Policy*, *104*, 103671. https://doi.org/10.1016/j.drugpo.2022.103671

Van Der Meulen, E., Chu, S. K. H., & Butler-McPhee, J. (2021). "That's why people don't call 911": Ending routine police attendance at drug overdoses. *International Journal of Drug Policy*, *88*, 103039. https://doi.org/10.1016/j.drugpo.2020.103039

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

Walsh, D. A. B., & Foster, J. L. H. (2021). A Call to Action. A Critical Review of Mental Health Related Anti-stigma Campaigns. *Frontiers in Public Health*, *8*, 569539. https://doi.org/10.3389/fpubh.2020.569539

Wortley, S. (2003). Hidden intersections: Research on race, crime, and criminal justice in canada. *Canadian Ethnic Studies, 35*(3), 99-117. Retrieved from http://proxy.lib.sfu.ca/login?url=https://www.proquest.com/scholarly-journals/hidden-intersections-research-on-race-crime/docview/215637047/se-2

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