

Reducing Drug Poisoning Injuries What We Heard Report 2023.10.30

ADVISE

Safe & Healthy Communities
Social Development, Community Services

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Edmonton

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PROJECT OVERVIEW

This project was initiated by a Council Motion made on April 19, 2022. The motion requested:

That Administration work collaboratively with stakeholders (including but not limited to Alberta Health Services, Alberta Health, Edmonton Police Services, public health and medical experts, people with lived experience, family and patient advocates, and Indigenous peoples) to:

(a) Develop recommendations to reduce drug poisoning injuries and deaths in Edmonton, and

(b) Prepare a draft submission to Health Canada for a section 56(1) exemption to the Controlled Drugs and Substances Act to decriminalize simple personal possession (excluding trafficking) of illicit substances in Edmonton.

That Administration develop an intergovernmental advocacy strategy to reduce drug poisoning injury and deaths in Edmonton, including decriminalization of simple personal possession, safe supply, safe consumption sites, treatment and supportive housing.

Administration's response to this decriminalization request and an intergovernmental advocacy strategy are explained in Council Report CS01242.

The goal of the engagement was to understand the current landscape from multiple stakeholders' perspectives and inform recommendations on how the municipality can reduce drug poisoning deaths and injuries in our city. This *What We Heard Report* summarizes the feedback received from 41 stakeholder sessions. The project team would like to extend their gratitude to those who participated in this process by sharing their expertise and insights.

APPROACH

City Administration led engagement from April to August 2023. More than 120 people across 14 stakeholder groups (including and beyond those recommended in the Council motion) shared their insights. Most of the participants engaged were from Edmonton, but some notable experts were from other parts of Canada.

[Section 4: Who Was Engaged](#) lists the stakeholders who participated in the engagement.

Administration gathered feedback through one-on-one meetings and in smaller group settings. The majority of sessions took place virtually and ran for 60 to 90 minutes. Individual session attendance ranged from one to nine people. Some large sessions were recorded, with the explicit approval of all participants, strictly for note-taking purposes. Some participants completed an online questionnaire to provide supplemental information and referrals.

The engagement process for this project was informed by previous engagement efforts completed on drug checking programs, and a related report that was presented to Council earlier this year ([Council Report CS01220](#)).

Gender-based Analysis Plus (GBA+)

While the drug poisoning crisis has affected all corners of society, data shows a notable disparity in the occurrence of drug poisoning injuries and deaths among distinct demographic groups. The highest number of drug poisoning deaths in 2022 were men aged 35-39.¹ Indigenous peoples are also disproportionately impacted by drug poisonings². For this reason, it was crucial to incorporate a GBA+ process to ensure a diversity of perspectives from equity-deserving groups was included and barriers to participation were mitigated as much as possible. In order to do this, Administration:

- Provided multiple options for engagement including in person, virtual, written submission, one-on-one or group conversations
- Provided honorariums through gift cards for those with lived/living experience
- Asked participants to identify other key stakeholders who may be interested in or impacted by the project

HOW WE ENGAGED



The City of Edmonton's public engagement spectrum defines the role of the public in the engagement process. For this project, the public was engaged at the 'Advise' level. This means the public was asked to share feedback and perspectives on what the City of Edmonton could do to reduce drug poisoning deaths and injuries in the city.

¹ Alberta Substance Use Surveillance System (updated August 2023).

² [Alberta Opioid Response Surveillance Report: First Nations People in Alberta; Social and economic characteristics of those experiencing hospitalizations due to opioid poisonings](#)

WHO WAS ENGAGED

The Council motion explicitly directed Administration to engage stakeholders including but not limited to: Alberta Health Services, Alberta Health (now Alberta Mental Health & Addiction), Edmonton Police Services, public health and medical experts, people with lived experience, family and patient advocates, and Indigenous peoples. The project team also engaged additional stakeholders from groups such as: Emergency Medical Services, Edmonton Fire Rescue Services, community agencies, treatment providers, family advocates, people with lived and living experience, Indigenous communities, Business Improvement Associations, and regional municipalities and trades workers. Secondary/post-secondary organizations were not engaged at this time, however, education stakeholders will be connected to any subsequent phase of this project.

The following internal and external stakeholders provided their feedback to inform this report:

Internal

City Administration

- Affordable Housing and Homelessness
- Bus Operations
- Civic Events and Festivals
- Community Standards and Neighbourhoods
- Corporate Security
- Downtown Vibrancy and Safe City
- Transit Safety

External

Enforcement

- Alberta Association of Chiefs of Police (AACP)
- Edmonton Police Service (EPS)

First Responders

- Edmonton Fire and Rescue Services (EFRS)
- Emergency Medical Services (EMS)
- Healthy Streets Operations Centre (HSOC) (Including staff from EFRS, EMS, EPS and the City of Edmonton)

Government Entities

- Alberta Health Services
- Alberta Health, Mental Health and Addiction & Mental Health Branch
- Confederacy of Treaty Six First Nation
- Municipal representation from the cities of Leduc, St. Albert and Spruce Grove, as well as the counties of Strathcona and Sturgeon.

Local Business Improvement Associations (BIAs)

- 124th Street
- Alberta Avenue
- Beverly
- Crossroads
- Downtown
- Kingsway
- North Edge

Medical and Public Health Experts

- Community Liaison Committee - Partners in Drug Poisoning Prevention (includes representatives from Alberta Health Services, Boyle Street Community Services, The Addiction Recovery and Community Health (ARCH) Team at the Royal Alexandra Hospital's ARCH program, Streetworks Edmonton, HIV Edmonton, Radius, George Spady Society, community member, and others)
- Inner City Health and Wellness Program
- Simon Fraser University (Faculty of Health Sciences)
- University of Alberta (School of Public Health, Department of Emergency Medicine, Department of Sociology, Department of Medicine)

People with Lived/Living Experience and Family Advocates

- Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR)
- Canadian Association of People Who Use Drugs (CAPUD)
- Moms Stop the Harm
- Narcotics Anonymous
- Parents Empowering Parents

Social Agencies/Organizations

- African Canadian Civic Engagement Council
- Bent Arrow Traditional Healing Society
- Canadian Drug Policy Coalition
- Community Health, Empowerment and Wellness (CHEW) Project
- Drug Resource Education Project
- Edmonton Mennonite Centre for Newcomers
- George Spady Society
- Hope Mission
- Jasper Place Wellness Centre
- John Howard Society
- Niginan Housing Ventures
- Pride Centre of Edmonton
- Queer and Trans Health Collective
- Salvation Army – Keystone
- Streetworks Edmonton
- Youth Empowerment Support Services (YESS)

Service Organizations

- Edmonton Public Library

Trade Organizations

- Construction Industry Rehabilitation Plan
- International Union of Operating Engineers Local 95 in Edmonton
- Tailgate Toolkit (Vancouver Island Construction Association)

Treatment Providers

- Jellinek Society
- Last Door
- McDougall House
- Our House Edmonton
- Poundmaker's Lodge Treatment Centres
- Recovery Acres

Note: Numerous other community organizations were invited to participate via email invitation.

WHAT WE ASKED

Sessions began with a short presentation that outlined two key Council motions related to drug poisonings, how Administration is responding and provided an overview of the engagement objective of gathering insights from stakeholders to inform recommendations for reducing drug poisoning injuries and deaths in Edmonton. Each engagement session began with one general question: *What can the City of Edmonton do to reduce drug poisoning injuries and deaths?*

WHAT WE HEARD

This section summarizes all the relevant feedback received in engagement sessions. Administration sorted the insights by jurisdictional responsibility (federal, provincial, municipal government and external/community). More than half of the feedback pertained to the City of Edmonton followed by recommendations for the provincial government, external/community agencies and members, and finally a small number for the federal government.

All engagement feedback was organized into five broad themes. These themes are:

- A. Convening and Coordination
- B. Data Sharing and Information
- C. Funding Support
- D. Strategic Direction and Alignment
- E. Advocacy and Collaboration

The Drug Poisoning Reduction Advocacy & Action Plan (Attachment 4) presents 36 recommendations developed by Administration, that were informed by

engagement, jurisdictional review, research and data gathering, and best practices.

DIVERSE PERSPECTIVES

We met with diverse stakeholders to collect feedback on this topic, each of whom brought their own expertise and their own experiences to the table. Given the complexity of the topic and the systems that are implicated in addressing the issues, it is natural to find divergent perspectives on some specific items. A range of these differing viewpoints on the potential impacts and consequences of decriminalization were shared. Some of these perspectives and considerations included how decriminalization could possibly lead to:

- Overall stigma reduction specifically with healthcare providers
- More open communication with police without stigma or fear
- Improved health and social outcomes
- A greater focus on harm reduction and safer supply
- A shift to support instead of punishment
- A greater focus on safe spaces and wraparound supports for those in need
- Additional treatment options becoming available
- A focus on implementing strategies that increases agency and social reintegration
- Fear of increasing drug trafficking, crime and social disorder
- Less enforcement in public spaces and transit spaces resulting in decreased public safety and perception of safety for Edmontonians, businesses and customers
- Unintended consequences for enforcement in terms of budget impacts, operations, seizure and storage of substances
- Increased cooperation and coordination across all orders of government and agencies to address associated current challenges
- The required spectrum of supports from safer supply to recovery be considered in order to ensure the outcomes of decriminalization are more fully realized

Enforcement

Tied in with the theme of decriminalization is enforcement. Businesses rely on law enforcement for protection of their staff and business. There are concerns around customers not visiting businesses because they feel unsafe. Some stakeholders would like proof of payment at LRT stations enforced. Others shared ETS operators' hesitation to enforce fares/proof of payment, worried about the potentially unpredictable behaviour of riders.

Social service agencies and advocates support redirecting funding from increasing enforcement to creating community day spaces with a harm reduction focus. Some stakeholders believe that enforcement is not effective in addressing the root cause of substance use and that punishment leads to increased stigmatization and may

deter people from seeking the help they need. The perspectives and levels of support expressed by stakeholders regarding decriminalization efforts varied significantly. Despite this lack of consensus, many stakeholders felt that decriminalization is not a standalone solution to the drug poisoning crisis our communities are facing, and a range of tools and interventions are required across the spectrum.

ENGAGEMENT THEMES

A. CONVENING AND COORDINATION

Opportunities to convene stakeholders and improve coordination of service delivery was a key theme that emerged in the feedback. Participants shared the view that the City can play an important role in bringing diverse stakeholders together to share information, identify possible solutions, promote improved coordination of existing services and resources and identify and address gaps within the continuum of care. The feedback heard around this theme is summarized below.

Shared Strategies

Participants shared opportunities and ideas related to grounding their work in shared strategies. These include:

- Development of a regional strategy
- Support for healthy city strategies that uplift Edmontonians, especially under-serviced populations needing social supports, integration and housing
- A multi-level drug reduction strategy with many partners
- A community strategy with defined targets and objectives
- A regional drug poisoning reduction strategy, led by the City of Edmonton, to help educate regional councils about the importance of harm reduction

Collaboration and Coordination

Participants shared ideas and opportunities to improve collaboration and coordination of services and resources. These include:

- Establishing a collaboration forum to nurture coordination across stakeholders
- Streamlining outreach coordination, fostering harmonious collaboration and bridging existing gaps in the process
- Identifying opportunities for integration across outreach groups

City as Convener

Participants identified ways that the City of Edmonton can convene, integrate and connect stakeholders and services across sectors and across the continuum of care. These include:

- Convening people with different perspectives
- Harmonizing council, administration and police for a united perspective

- Increasing the frequency of the Edmonton Public Safety and Community Response Task Force meetings
- Strengthening collaboration with organizations, including tribal councils, directly linked to their respective First Nation communities
- Including Chiefs from First Nations in discussions
- Strengthening City and provincial intergovernmental alignment on collaboration
- Including industry experts and harm reduction experts

B. DATA SHARING AND INFORMATION

Opportunities and challenges with data and information sharing was a key theme that emerged from the feedback gathered. The data and information sharing concerns available resources, overall understanding around substance use, and is intended to raise awareness and combat stigma through public education. Overall, participants support improved data gathering, sharing of information with relevant stakeholders, and promoting information about the drug poisoning crisis to diverse audiences. The feedback heard around this theme is summarized below.

Enhance Data Gathering and Sharing

Participants shared the potential opportunities and benefits of enhanced data gathering and sharing. These included:

- Better coordination and use of resources for those that need access to services
- More robust city data to support non-profit organizations to apply to the province for supervised consumption site(s)
- Requesting specific data from the provincial government to provide an enhanced data set on specific topics
- Closer collaboration between the City and business partners to consolidate data
- Establishing an effective mechanism for sharing specific information across all agencies

Participants also shared the challenges they face with a lack of data or lack of access to data. These challenges included:

- Organizations using different databases
- Different data is being collected across different organizations
- Not all stakeholder groups have access to the data they need
- Lack of data specifically around opiates
- Outdated provincial statistics and information
- No central database for agencies to use and share information

Participants shared the following ideas to enhance data gathering and sharing among relevant stakeholders:

- Develop a dashboard of drug poisoning statistics for individual communities
- Develop a communication tool for group homes to share information with all agencies and enhance neighbourhood intelligence, resources and activities
- Develop a city-wide database of those who access services in order to streamline the coordination of resources
- Utilize waste water surveillance, in combination with above-ground surveillance (e.g. drug checking), to quantify types of drugs (including new drugs) at a neighbourhood level and to identify emerging trends
- Begin tracking those overdosing repeatedly so transit peace officers and EPS can provide harm reduction support and information

Awareness and Education

Participants identified the need to increase public awareness and understanding of drug poisoning issues. The ideas participants shared for increasing awareness and education are captured below.

Advertising

- Advertise in transit spaces
- City of Edmonton provide funds for an ongoing drug awareness campaign

Awareness

- Increase awareness of supervised consumption sites
- Focus on alcohol and drug awareness

Education

- Educate the general public and those who use substances about how to administer naloxone
- Work with other orders of government to provide drug education to parents and students
- Build a better understanding of what recovery agencies are doing by having City Administration visit local treatment centres

Communications

- Create clear corporate messaging on substance use and the City's plan to address it
- Create messaging to communicate the personal nature of this crisis for the average Edmontonian
- Reduce stigma by humanizing those who have died from drug poisoning
- Develop a City of Edmonton municipal communications strategy regarding substance use and resource accessibility

Research and Evaluation

Recognizing that drug poisoning is an issue that many cities and communities are confronted with, participants identified opportunities for Edmonton to research and learn from others' experiences. Participants provided the following suggestions as opportunities for research and evaluation:

- Learn from other jurisdictions including independent safer supply studies in Vancouver as an example
- Evaluating experiences at the Expo Centre and Edmonton Convention Centre during the pandemic to share lessons learned, what worked, what didn't and how to best support folks in crisis
- Evaluate safe consumption sites to understand their effectiveness and how funding impacts the provision of services
- Convene a City of Edmonton 'drug poisoning summit' to:
 - Learn the impact of drug poisonings on staff and budgets
 - Gain a deeper understanding of advocacy efforts and partnerships
 - Identify knowledge gaps due to tendency to work in isolation

C. FUNDING SUPPORT

The feedback revealed that there are a number of impactful and effective initiatives already in place, offering support to Edmontians through a variety of activities (outreach, response work, prevention). The participants envision the City playing the dual role of a funder and an advocate both contributing funding to existing and new initiatives that address the drug poisoning crisis and advocating for funding on service providers' behalf.

Provide/Advocate for Funding

Participants shared the following ideas aimed at facilitating and/or securing funding:

- Support a budget request in the drug poisoning council report
- Secure support from key organizations, including financial and in-kind service commitments
- Avoid highly politicized terminology and adjust language when requesting (ongoing) funding (e.g. "bridging housing with all the wrap-around support services" instead of "housing first")
- Advocate for multi-year funding (no less than 24 month) for harm reduction programs to avoid agency contract funding fatigue

Other funding suggestions and ideas largely concerned the drug poisoning response, prevention and housing.

Drug poisoning response

Participants listed a number of ideas for drug poisoning response funding opportunities. These include:

- Increasing/expanding existing funding for community response teams to address drug poisonings (e.g. the Street Outreach van program is currently

funded for four hours every evening, but could be used 24 hours/day with additional funding)

- Sustainable funding for groups working to mitigate the harmful effects of drug poisoning
- Funding initiatives/responses that are alternative to calling the police, coupled with education concerning the right alternative

Prevention

Participants suggested a number of preventive initiatives that could be funded.

These include:

- Support services for healthy socialization of children
- Work-placement opportunities for youth with the City of Edmonton (e.g. planting flowers, cutting grass, shovelling snow, etc.)
- Selling properties for a nominal amount to community organizations to expand service provision
- Redirecting funding from increasing enforcement to community day spaces with a harm reduction focus
- Rapid youth-focused intervention as well as preventive services

Housing

Participants made the following suggestions regarding the city's housing sector and/or needs:

- A significant expansion of permanent supportive housing facilities (such as Ambrose Place and Balwin Place)
- Repurposing old hotels and vacant commercial spaces in the city for supportive housing and supervised consumption sites as a potential solution to address the crisis
- The need for full spectrum housing (supportive and supported housing)
- Gap housing funding to ensure people have a place to go when in between certain programs/services

Challenges

Participants also shared the challenges/barriers they currently face as well as a number of concerns. The following themes emerged from their responses:

Private Sector and AHS

- Concerns about the financial burden on smaller construction companies to provide drug and alcohol programs for their workers
- A need to improve AHS' level of assistance in the construction industry with their workers dealing with substance abuse issues and their use of publicly funded facilities

Resource Mobilization

- Recognition of the need to better mobilize significant resources to respond effectively to the public health crisis

Issue Displacement

- Viewing the current response to the crisis as displacing the issues, with various agencies and organizations (Community Outreach Transit Team, social agencies, peace officers, sherriffs, police etc) moving it around without a comprehensive solution

Funding Accountability

- Questions raised about whether funding for vulnerable individuals considers community outcomes and whether it holds recipients accountable for achieving those outcomes

D. STRATEGIC DIRECTION AND ALIGNMENT

Stakeholder insights highlighted the need for improving strategic approaches to address the drug poisoning crisis. Participants envision the City of Edmonton supporting this through increased internal coordination and alignment of existing strategies in tandem with identifying opportunities to guide future work. Outlined below are the key themes that were heard.

Expansion of Services

There is a desire from stakeholders to increase the number of supervised consumption sites and expand prevention activities.

- Supervised consumption sites are needed to discourage dealers and criminal behaviour and increase public safety (e.g. in LRT stations)
- Allow supervised consumption sites in fire halls to allow for quick responses to overdoses
- Allow any City of Edmonton staff to carry nasal naloxone if they want to
- Provide naloxone kits next to Automated External Defibrillators (AEDs) in public spaces, public washrooms and in the community boxes near needle disposal bins

Enhanced Training for City Staff

Participants suggested the City of Edmonton develop training to build empathy and awareness of stigma and stereotypes related to drug poisoning deaths and injuries. It was also noted that the City should work with contractors to ensure health and wellness supports are in place for all workers.

Disbursement of Funding

Participants shared the desire for a funding disbursement process that would be most impactful to those groups, organizations or individuals in need.

Strategic Needs and Gaps

Participants shared insights on needs and gaps that should be addressed through existing or new strategies.

- Social determinants of health need to be addressed in any strategic response to drug poisoning; consider how to address problems ‘upstream’
- Deploy medical resources to LRT stations where high incidences of opioid use is occurring
- Include alcohol in a drug strategy as it is the leading cause of mortality
- Develop a citywide approach to educate group home staff on harm reduction, safe consumption and naloxone administration
- Need a clear and consistent corporate strategy for drug poisoning (Naloxone policy)
- [Healthy Streets Operations Centre](#) has a two-year mandate; a longer-term commitment is needed

Explore Alternative Models

There were diverse perspectives shared about exploring alternative service models. Some participants suggested exploring a two-person response model for overdoses (e.g. a paramedic and social worker) rather than a fire truck and full crew. Others want to continue the use of firetruck deployment to respond quickly to potentially fatal outcomes like cardiac arrest.

Other feedback suggested discontinuing the current approach of having police respond to overdose incidents and asked to remove police officers from outreach teams, even for a trial period.

E. ADVOCACY AND COLLABORATION

Participants expressed a desire for the City to leverage their municipal role to work with other orders of government and partners to advocate for a variety of initiatives. City-led advocacy is expected to aid in reduction of stigma, enhancement of expert collaboration, reforms of possession laws and expansion of access to harm reduction and treatment services. Overall, partners envision the City’s advocacy efforts to focus on safer supply, decriminalization, and destigmatization, as well as collaborating with various partners to promote public education, preventive and treatment efforts.

Access to Resources and Support

Participants highlighted the need to advocate for the following improvements and/or changes with the relevant partners:

- Establishment of an accessible provincial network of resources
- Increasing access to treatment centres and addressing access delays
- Providing support for individuals in treatment who experience relapse
- Ensuring access to culturally specific harm reduction resources (e.g. Indigenous people)
- Expanding detox to treatment stabilization services, especially for women

Legislative Changes

Participants suggested the City focuses its advocacy efforts on the following legislative changes:

- Providing naloxone in workplaces
- Substance testing and safety standards in certain industries
- Work with Legal Services and Law partners to reform possession laws

Regional Collaboration

Participants shared specific ideas for the City's regional collaboration on the issue. The following were suggested:

- Establishing a barrier-free referral process to services in Edmonton
- Ensuring transportation for individuals from regional areas to access services in Edmonton

City-led Advocacy Suggestions

Participants shared specific examples of services and programs they would like the City of Edmonton to advocate for. These included:

- Harm reduction services for people in treatment
- A harm reduction shelter
- Recovery and prevention services
- Increased drug checking services (suggestion to allow pharmacies to provides drug checking services) for safer supply
- More temporary supervised consumption sites with access to social supports in the winter months, which could also be used as warming spaces
- Mobile supervised consumption sites and gender diverse sites in each quadrant of the city
- Focus on the gaps in pre-treatment and post-treatment
 - e.g. people complete treatment but then are discharged into homelessness as there is no contracted agency to meet this need
 - e.g. no accessible sober-based housing options

Demographic Specific Supports

Participants shared feedback about the needs for additional supports for specific demographics including:

- Cultural centres for Indigenous people who use substances so they can connect with elders and build a sense of community
- Specific youth resources and education to address their unique needs
- Supports for families that have a loved one in crisis and need resources for themselves
- Specific 'detox to treatment' services for women
- Queer-specific harm reduction supports, especially drug checking

Additional Considerations

Participants shared a number of related considerations aimed at reducing the number of drug poisoning injuries and deaths. They included:

- Redirecting and relocating folks from encampments and transit spaces to supervised consumption sites or appropriate referral services
- No open drug use in public places and transition people to 24-hour safe consumption sites

WHAT HAPPENS NEXT?

All stakeholders will be notified when Council Report CS01242 is publicly released. Everyone will be encouraged to watch or participate in the committee discussion.

The recommendations in this What We Heard report informed 36 recommendation options (see Attachment 4).