



Health

# Community Dialogue on a Public Health Approach to Drug Policy: Report

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# 1 Executive Summary

## Introduction

The opioid overdose crisis (both fatal and non-fatal) is an urgent public health crisis in Toronto, and across Canada. People are losing their lives and the lives of their children, siblings, spouses, parents, friends, neighbours and colleagues, due to preventable deaths.

There has been a dramatic rise in overdose deaths in Toronto in the last few years. In 2017, there were 303 opioid overdose deaths in Toronto. This represents a 63% increase in the number of people who died, compared to 2016 and a 121 percent increase compared to 2015. In 2017, one in four opioid overdose deaths in Ontario occurred within Toronto.<sup>1</sup>

All levels of government have taken action to address the opioid crisis. At the local level, Toronto Public Health is also working to address the overdose crisis and its impact on Torontonians by implementing the *Toronto Overdose Action Plan*<sup>2</sup>, which was approved by the Board of Health in March 2017. The Action Plan provides a comprehensive set of actions to prevent and respond to overdoses, building on the work already taking place in the community, and by governments and other institutions. The Action Plan includes 10 key strategies, one of which calls on Toronto Public Health to undertake a community dialogue on what a public health approach to drug policy should look like for Canada. This recommendation responded to a strong theme from the consultations conducted for the Action Plan calling for decriminalization or even the legal regulation of drugs as part of the solution to the overdose crisis.

## Methodology

Ipsos was contracted to help Toronto Public Health in fulfilling their commitment to undertake the community dialogue. There were four (4) main components to this initiative, involving a variety of target audiences in Toronto (general public, service providers/volunteers who work with people who use drugs, people who use drugs, and family members/friends), as outlined below:

1. Two (2) community dialogue sessions, one held on May 22, 2018 in downtown Toronto and one on May 24, 2018 in Etobicoke.
2. Twenty (20) interviews with people with lived experience of drug use, from May 28 to May 31, 2018.
3. An open link engagement survey available online from May 9 to 28, 2018 for anyone interested in participating. A total of 346 Toronto residents completed the survey.
4. A general public online survey between June 4 and 5, 2018 among a representative sample of 503 Toronto residents.

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<sup>1</sup> Public Health Ontario. Opioid-related morbidity and mortality in Ontario. May 23, 2018. Retrieved May 25, 2018 from: <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#/trends>

<sup>2</sup> Toronto Overdose Action Plan (2017) <https://www.toronto.ca/wp-content/uploads/2018/01/9483-Toronto-OD-Action-Plan.pdf>

## Summary of Key Findings

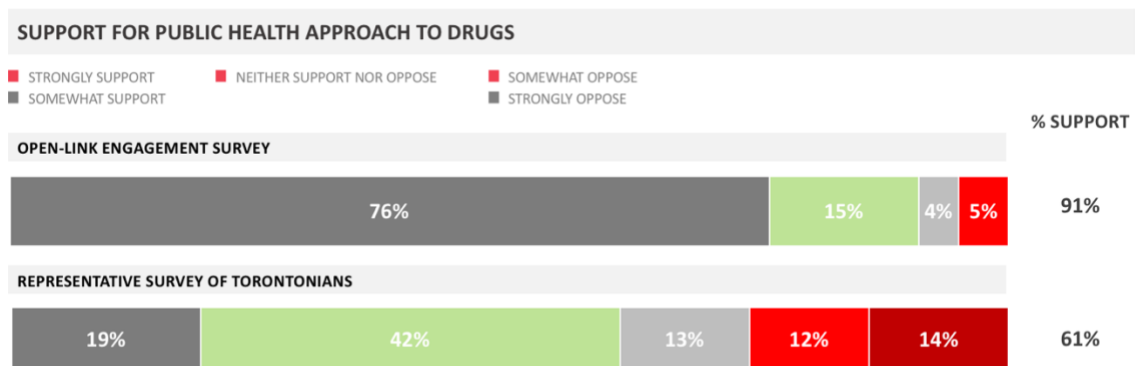
### Public Health Approach to Drugs

There is strong support for a public health approach to drugs. A public health approach to drugs can include increased access to prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs.

The community dialogue affirmed that Torontonians believe changes need to be made to Canada’s approach to drugs that are currently illegal. Indeed, all four components of this initiative generated similar findings across all key questions areas.

Both the open-link engagement survey and the representative survey of Torontonians reveal majorities supportive of a public health approach to drugs that are currently illegal. The open-link survey captures the opinions of people most engaged with the issue, and so it is not surprising that they would be more supportive than the general public (91 percent vs. 61 percent). Still, even among the general public, opposition is low (26 percent) as some of those who were unsupportive sit on the fence.

Figure 1: Support for Public Health Approach to Drugs



Open-link engagement survey: Q6. To what degree would you support a public health approach to drugs? (n=346)

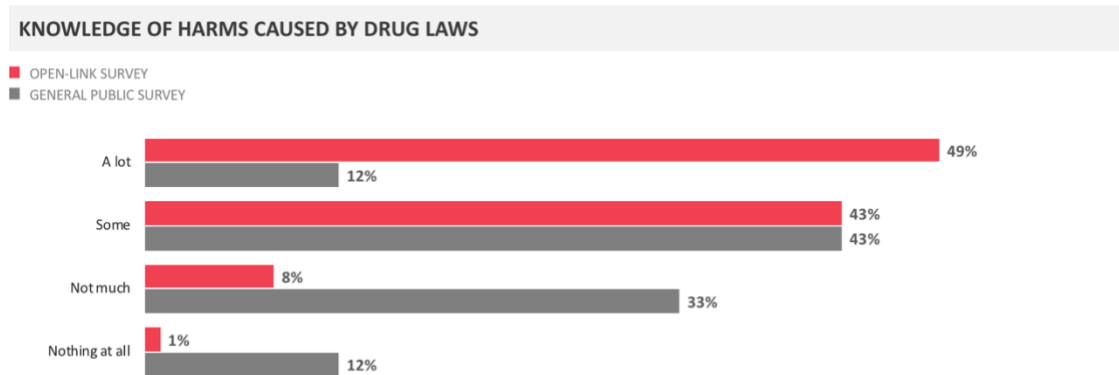
Representative general public survey: Q4. To what degree would you support a public health approach to drugs that are illegal now? (n=503)

People who use/have used drugs (82 percent), family members of people who use/used drugs (81 percent) and service providers (81 percent) were all more likely to strongly support a public health approach to drugs compared to community members (69 percent). Additionally, those between the ages of 25 and 34 (84 percent) were much more likely to strongly support a public health approach compared to those 45 to 54 (66 percent) and those 55+ (69 percent).

While the majority were supportive of this proposition, many admit to not having high levels of understanding about the health and social harms caused by current drug policies. Half of the open-link respondents say they know a lot about the health and social harms caused by current drug policies. While a slim majority of 55 percent of Torontonians say they have at least some knowledge

about the health and social harms, a full 45 percent admit to knowing little or nothing at all. Service providers (66 percent), people who use/have used drugs (56 percent) and those who say the current approach is not working well (55 percent) were most likely to say they know a lot, suggesting that the more one knows or is educated about the known health and social harms of the current approach to drugs in Canada, the more supportive they'd be of a new public health approach.

Figure 2: Knowledge of Harms Caused by Drug Laws



*Open-link engagement survey.: Q3. How much do you know about the health and social harms caused by laws that make it a crime to possess certain drugs for personal use? (n=346)*

*Representative general public survey.: Q3. Before today, how much had you read, seen or heard about the potential health and social harms of Canadian laws that make it a crime to possess certain drugs for personal use? (n=503)*

## Health and Social Harms

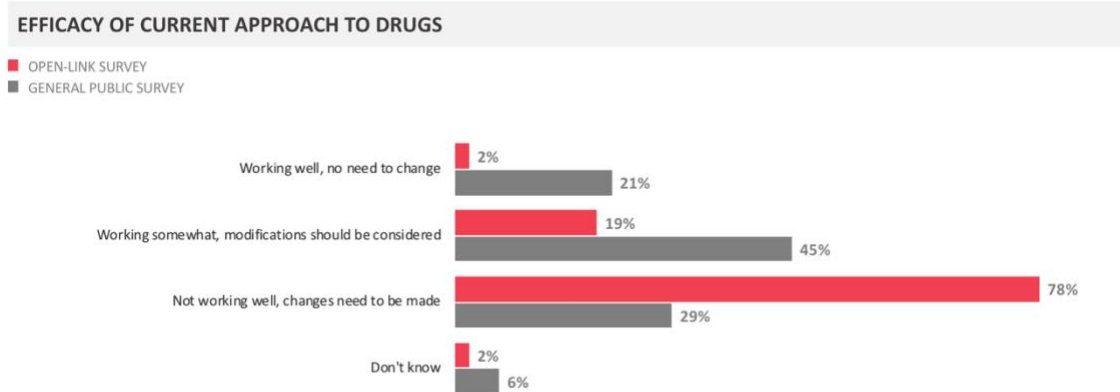
**Most who attended the community sessions were confident they know “a lot” about drug policy in Canada and the social harms cause by the criminalization of certain drugs, which is not surprising given that many who attended have been exposed to the social harms to some degree through their work, volunteering or lived experiences.** Some feel they only know “some” because of minimal exposure to lived experiences or felt they were “*always learning.*” There were no attendees who felt they know nothing at all or had never considered there may be negative impacts.

Additionally, many people who use drugs who were interviewed felt they know a lot or fair amount owing to their personal experience, as well as other people they know. A few stated they do not know much, as they were not sure if there were other harms they were unaware of or had not considered before, i.e., ‘they don’t know what they don’t know’.

**All components of the study affirmed that Canada’s current approach to drugs is broken and changes need to be made.**

Eight in 10 respondents from the open-link engagement survey say the current approach to drugs in Canada is not working and changes need to be made (78 percent), another 19 percent think modifications should be considered. While softer in their assessments, three-quarters in the general public survey of Torontonians think at least some changes need to be made.

Figure 3: Efficacy of Current Approach to Drugs



Open-link engagement survey: Q1. To what degree do you think the current approach to drugs in Canada is working? (n=346)

Representative general public survey: Q1. To what degree do you think the current approach to drugs in Canada is working? (n=503)

At the community dialogue sessions, many expressed the current approach treats drug use as a criminal issue, not a public health and social issue. Many attendees were passionate that the current policy is expensive, hypocritical and unsympathetic to people who use drugs, and does not address the roots causes of drug use (trauma, mental health issues, pain management, etc.).

*“The war on drugs stance has not resulted in a decline in use of drugs. So it’s obviously not working, and I think it’s just time to try something else. Why keep banging your head against the wall using the same tactics? It’s clearly not having an effect.” – Community Dialogue Attendee*

They expressed their concern that the current approach to drugs is not reflective of the present landscape – drug use has changed; the drugs have changed and the approach to drugs in Canada should reflect these changes.

*“I think just looking at the decriminalization aspect of it is certainly one of the most important parts. But if you don’t take a holistic, systemic approach to this issue, nothing’s going to change. Because there’s plenty of things related to drug use that if it’s legal or not [are] still huge barriers to people being active and healthy in their lives.” - Community Dialogue Attendee*

Opinions were split among people with lived experience of drug use that we spoke with. Half of participants said that the current approach to drugs is not working well and needs substantial changes. The other half think it is working to a degree (somewhat well), but modifications should be considered.

People who think the system needs substantial change spoke about unnecessary criminal records and incarcerations for being in possession of drugs for personal use. There were other personal harms they have experienced and unsafe situations they have been in or witnessed, such as ‘hustling’, robbing banks, being in possession of a firearm, losing jobs, owing money to drug dealers,

etc. Interviewees also understand that if they are in possession of a substantial amount or are dealing drugs, that other rules would apply.

*“Because we have to go and hide to shoot it up and then a lot of people die that way [...] It should be the government that sells it or whatever. When it's on the street, the dealers are cutting it....and there'd be less shootings and less a lot of things...people owing dealers.” – Person with Lived Experience*

For interviewees who said the system is working “somewhat” – they referred to not wanting everyone (especially young people) to have easy access to all drugs.

**During the community dialogues, multiple concerns over the current state of drugs in Canada were expressed:**

- The current approach focuses on the drugs themselves, not the root causes of drug use.
- Incarceration due to drug use was discussed as a root cause of social harms. Incarceration often results in a negative cycle of social harms: losing one’s home, income and, job opportunities, reinforcing social stigma, being ostracized by family and friends, interruption of medication, and segregation while incarcerated.

*“Users are often caught in an endless cycle of incarceration – they get out of jail but end up back in – they can’t find a job, lose housing, are disconnected from their community, etc.” – Community Dialogue Attendee*

- There is minimal trust in the system and where monies are being directed. Communication and education is needed to inform people about what health and social services are available. Funding is uneven across service sectors and mostly directed to the criminal justice system.
- Access to treatment can be difficult (people who need it are not getting it) and often the treatment being offered does not use a harm reduction approach or one that is sympathetic to the roots causes of drug use issues (e.g. trauma, mental health issues). Too many people are dying as a result: Canada’s current policy affects populations who are already vulnerable because of health and social inequities.
- The effect on Toronto’s vulnerable populations was expressed as a key social harm caused by the criminalization of drug use. Groups such as youth, trans youth, Black and Indigenous people, people with mental health issues, people who are poor and/or homeless struggle to access healthcare and treatment for their drug use.
- There is also a wide spectrum of drug use that is not being considered – most people are using drugs recreationally while continuing to be functioning members of society (i.e. are employed, have kids, families) while some people are struggling with substance use issues. The current system is not sympathetic to this spectrum.

*“We don’t approach it equally. Police don’t approach it equally. The approaches differ incredibly vastly across different populations.” – Community Dialogue Attendee*

- The current drug policy approach in Canada is hypocritical in that there is no singular approach to alcohol or other drugs, with some drugs regulated (e.g. alcohol), while other



- drugs are not.
- Most drugs are not being regulated by government, however, the legalization and regulation of cannabis is a step in the right direction.
- Ultimately, Canada needs to implement safer drug use initiatives for a healthier society.

However, in a changed system, many agree that the criminalization of the production and distribution of drugs should remain a criminal offense (vs. personal use).

### **Decriminalization**

**As an alternative approach to our current drug policy, decriminalization is recognized by most as a necessary step in helping to remove social stigma and shift negative attitudes related to drug use.**

Participants expressed that a shift away from criminalizing drug use and towards harm reduction would lead to a reduction in overdoses, and people more likely to reach out for help and/or treatment. Many were frustrated that decriminalization is not happening now and feel it should already be underway. **However, decriminalization is not viewed as a panacea for the issue.** While necessary to address the stigmatization of drug use, and reduce the harms associated with people being imprisoned for drug use, it does not address all issues.

There was also cynicism associated with a decriminalization approach, particularly amongst front line workers who attended the community dialogue sessions. There was concern that the effort to change would stop at decriminalization, and not continue moving toward legal regulation.

*“Decriminalization doesn’t go far enough. It keeps the drugs under the control of unregulated organized crime, cartels, terrorists, and it comes with a number of harms. So, decriminalization is a great step forward and we need to move in that direction, but we can’t leave drugs uncontrolled - we need to control them - so legally regulating them is the only option.” - Community Dialogue Attendee*

Among people with lived experience of drug use, decriminalization was considered essential, so people who choose to use drugs (personal use) do not end up with a criminal record or spending time in jail. There was some hesitation to decriminalize all drugs, however, as this was seen as providing easier access to drugs. That said, there was comfort in knowing the drugs would be pure (i.e., not laced or containing other contaminants).

*“Depending on the drug, right? Marijuana should be legal that’s for sure. I’d say maybe cocaine, fentanyl, the patches. I don’t know about heroine though.”  
- Person with Lived Experience*

*“I’ve been incarcerated and have a criminal record. I can’t be bonded. My life is screwed over a couple of lines of cocaine. Jails are full of people who shouldn’t be there. It costs money to incarcerate people - \$200/day per person. Nothing gets fixed. It’s a snowball effect and you’re stuck in a rut.” - Person with Lived Experience*

Some people with lived experience with felt that decriminalization does not address the issue of contaminated drugs, or the need to regulate drugs. The current drug supply is contaminated with fentanyl and other potentially harmful substances, which is leading to overdoses, and decriminalizing drug use does not address this issue.

*“[Somewhat]...shouldn’t legalize cocaine/crack. It’s scary. You don’t know what you’re getting. They mix crack with crystal meth. It’s on the street. You can only recover to a certain point. It’s a vicious cycle.” – Person with lived experience*

The decriminalization of all drugs for personal use in Portugal was presented as a case study at the community dialogue sessions, leaving many wondering why Canada can’t do the same and feeling motivated that we can, even if it takes time. **Many were frustrated this is not happening now and feel decriminalization should already be underway.**

### **Legal Regulation**

**Most participants agree that legal regulation, and a public health approach to drug policy that focuses on harm reduction, is the ideal solution to improving Canada’s drug policy.**

Participants acknowledged that legal regulation as an alternative drug policy approach will take time, but that it should be the ultimate goal in changing Canada’s approach to drugs. There were more concerns expressed over the subtleties of what legal regulation might entail (relative to decriminalization). For many, decriminalization is a more ‘straight-forward’ process while legal regulation is more complex.

**Some benefits of legal regulation were expressed at the community dialogues.** Overall, a public health approach would help to address the health and social harms. Legal regulation would:

- Provide an opportunity to redirect funds from the criminal justice system to support treatment services, primary care and mental health care
- Ensure access to purer drugs (i.e., not laced/contaminated with unknown substances)
- Eliminate incarceration for drug use
- Address social issues associated with the criminalization of drug use, including access to affordable housing, treatment, and employment opportunities
- Provide an opportunity to broaden employment opportunities for people who were formally incarcerated for the distribution of drugs, such as developing best practices for the growing and selling of drugs

**Some concerns and questions around legal regulation were also expressed:**

- Skepticism around where any redirected funds might go (and that these funds should move from the criminal justice system to public health and social services – not to corporate profit); frontline services need more funding
- Decisions about how drugs would be regulated would need to be determined by the potential for harm from that drug
- Uncertainty around how recreational drug use would be managed
- Uncertainty around what might happen to people who are currently incarcerated for use, possession and distribution of drugs (i.e. would there be an amnesty?)
- Does not guarantee improved supports, treatment services, mental health services, etc.

### **Alternative Approaches**

**Most participants agreed that the alternative approaches (decriminalization and legal regulation) on their own are not enough.**

Participants stressed that comprehensive strategies that address the social determinants of health need to be in place to address the complexity of drug use in Canada. Approaches should be holistic, multi-faceted and focus on resources and long-term support that include providing safe spaces/shelters, employment, uncontaminated drugs, treatment that addresses root causes of drug use (i.e. trauma, mental health issues), and access to primary and mental health care. Treatment should focus on harm reduction, not abstinence: should treat the person, not the drugs.

*“We need to be able to say to users that we are here to help you with your issues, not here’s a website you can help yourself at.” – Community Dialogue Attendee*

*“Nobody is the same, everyone has a harm, a pain that is unique to them. And so, you have to focus on the person.” - Community Dialogue Attendee*

It should be noted that participants at the community dialogue sessions and in the Lived Experience Interviews often did not make the distinction between decriminalization and legal regulation as specific approaches to change. There was a blurred line between decriminalization and legal regulation for some. However, it was acknowledged that having drugs regulated would reduce the harm people are exposed to (i.e., purity of product, less precarious circumstances) - particularly for more potent drugs.

*“Alcohol is no different from crack. It’s an escape - clears my mind. But heroin...people are dying. It should be regulated or people will do a 4-point smash and be 6 feet under.” – Person with Lived Experience*

The discussion focused on a desperate need for change.

*“...we really just need to do something... we’re in a crisis right now and we have been for a while, and it’s time to act - not sit and collect evidence - because some of our concerns rely on the fact that it’s hard to collect evidence or numbers.” – Community Dialogue Attendee*

*“Addiction isn’t about drugs. It’s about the person. The substance use is just a symptom.” – Community Dialogue Attendee*

*“You can use policy as a way to help push towards normalization. You can also use normalization as a way to help with policies, right?” – Community Dialogue Attendee*

*“The way we respond to [drugs] right now we don’t have the resources, and stigma re-traumatizes people, I think, in addiction. So, it’s a focus... into harm reduction and treatment for addiction, and education. And housing was key...” – Community Dialogue Attendee*

### **Education is Part of the Equation**

**Many participants agreed education is a necessary part of the discussion about the overdose crisis in Canada, and the benefits of a harm reduction approach.**

Some participants in the community dialogue sessions (and in-person interviews) highlighted the need to educate the general population about drugs and drug use (as it stands, most don’t understand it, or the system), and how complex it is. Some expressed concern that much of the general population is misinformed about drugs and drug use, which is often supported by ‘fear-mongering’ in the media.

Some participants felt that young people are not provided with an education that might help them make informed decisions about drug use (e.g., safe use vs. abstinence). Such an education was seen to go hand-in-hand with decriminalization and removing the stigma of drug use:

*“There’s information out there that’s very confusing and they’re expected to just figure it out...young people aren’t using their critical thinking skills. So we miss that whole piece when we use fear tactics and just say no, which we know doesn’t work, and it never worked. 50 years later and we’re still doing the same thing.” – Community Dialogue Attendee*

Several participants expressed the need for healthcare practitioners (family doctors, pharmacists, hospital staff, etc.) to have a better understanding of drug use, and the complexities involved, in order to more effectively support people who use drugs.

*“Round tables...go to the street. You can’t learn this stuff from a book. You can’t tell me where I’ve been if you haven’t been there.” – Person with Lived Experience*

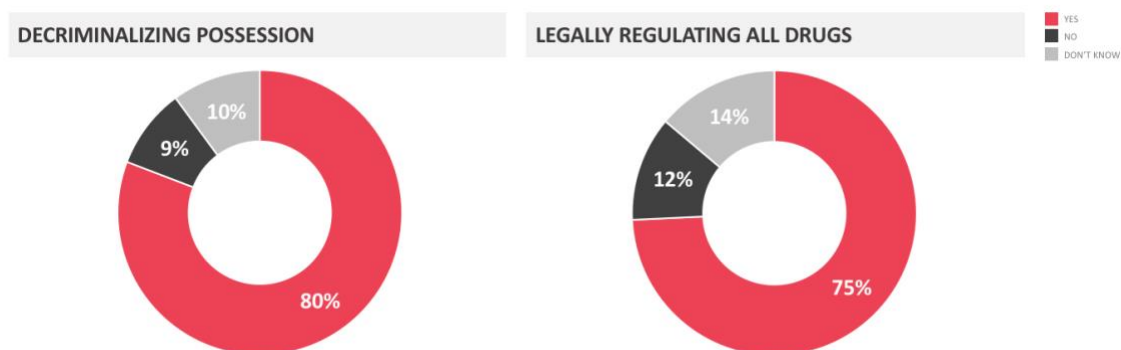
### Consulting with Canadians

Many agreed the federal government should have an open dialogue and consult with Canadians about decriminalizing the possession of all drugs for personal use as well as the option to legalize and regulate drugs (i.e., it is our right as Canadians to have a say in issues).

These sentiments were echoed in the open link engagement survey, with 8 in 10 saying yes, the government should consult with Canadians on decriminalizing all drugs, and three-quarters believe they should do the same with legal regulation of all drugs.

Figure 4: Should the Federal Government Consult with Canadians on Decriminalizing Possession and Personal Use of All Drugs

Figure 5: Should the Federal Government Consult with Canadians on Legally Regulating all Drugs



*Open-link engagement survey. Q4. Do you think the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs? (n=346) Q5. Do you think the federal government should consult with Canadians about legally regulating all drugs? (n=346)*

That said, some people felt the outcome would depend on who was consulted (i.e., their knowledge, experience and attitudes towards drugs and drug use) as that would have an impact on the

outcome. People with lived experience of drug use feel it is very important to ensure people who use drugs are included in the conversation. Those we spoke with appreciated being asked about their personal perspectives, experiences and opinions about these issues as part of this initiative.

*“If you just talk to drug users you’re going to get a total ‘yes’. And if you just talk to non-drug users you’re going to get a ‘no’, right? I guess it would only be fair because people who don’t do drugs would have to put up with that and people who do would have to put up with the stigma that might come with it. You know what I mean?” – Person with Lived Experience*

*“Always educate, don’t discriminate. So, you have to educate them first before you can even have a serious dialogue with them. The average person knows nothing about drugs, and knows nothing about addiction – except for what they see in movies and hear on TV, you know. Right away you say drugs and everybody’s...oh that’s bad, people who do drugs are bad. That’s not f\*\*king true.” – Person with Lived Experience*

**Some who attended the community dialogue session expressed concern that a consultation with the public would take too much time and they felt strongly that something needs to be done now.** They were frustrated with too much time and money spent on consulting, and not enough action being taken.

*“We are always waiting for the evidence, and more evidence, we are just talking about policies and approaches but the results won’t come from such discussions but from people who are actually suffering. The one who feels it, knows it.” – Community Dialogue Attendee*

*“Something has to be done, anything.” – Community Dialogue Attendee*

*“Friends are dying.” – Community Dialogue Attendee*

*“As long as they properly explain it. As long as there is a conversation. JUST DO IT – make the change and then talk about it.” – Person with Lived Experience*

*“What we’re doing now ain’t working. We need a change in attitude. Don’t just talk about it, like the subway. DO IT!” – Person with Lived Experience*

*“You know, I hope it works. I hope you guys are able to do something soon because you know a lot of people are dying because of this – and I’m tired of my friends dying, right? And I think that if we were able to go into a pharmacy, get clean, safe drugs, we wouldn’t be having these issues any more, you know? I’m tired of losing my friends.” – Person with Lived Experience*

## 2 Introduction

### 2.1 Background

The opioid overdose crisis (both fatal and non-fatal) is an urgent public health crisis in Toronto, and across Canada. People are losing their lives and the lives of their children, siblings, spouses, parents, friends, neighbours and colleagues, due to preventable deaths.

There has been a dramatic rise in overdose deaths in Toronto in the last few years. In 2017, there were 303 opioid overdose deaths in Toronto. This represents a 63% increase in the number of people who died, compared to 2016 and a 121 percent increase compared to 2015. In 2017, one in four opioid overdose deaths in Ontario occurred within Toronto.<sup>3</sup>

All levels of government have taken action to address the opioid crisis. At the local level, Toronto Public Health is also working to address the overdose crisis and its impact on Torontonians by implementing Toronto Overdose Action Plan, approved by the Board of Health in March 2017.

The *Toronto Overdose Action Plan*<sup>4</sup> provides a comprehensive set of actions to prevent and respond to overdoses, building on the work that is already taking place in the community, and by governments and other institutions. The Plan combines the knowledge and expertise of people who use drugs, their family and friends, and people working in the field with best practices and international research. The Plan is meant to be flexible to address new and emerging issues or situations going forward.

The Plan includes 10 key strategies with specific actions targeted at all governments listed under each. One of the strategies calls on Toronto Public Health to "undertake a community dialogue in Toronto on what a public health approach to drug policy should look like for Canada." This recommendation responds to a strong theme raised in the community consultations that TPH conducted to inform the *Toronto Overdose Action Plan*, calling for decriminalization or even regulation of drugs as part of the solution to the overdose crisis.

Political leaders, health and drug policy experts around the world are calling for a public health approach to drugs and some countries have already decriminalized the possession of drugs for personal use. The time has come, in Toronto, for a community dialogue about what a public health approach to drug policy in Canada would look like.

### 2.2 Research Objectives

Ipsos was contracted to help Toronto Public Health in fulfilling their commitment to undertake a community dialogue on what a public health approach to drug policy in Canada should look like, as recommended in the *Toronto Overdose Action Plan*.





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<sup>3</sup> Public Health Ontario. Opioid-related morbidity and mortality in Ontario. May 23, 2018. Retrieved May 25, 2018 from: <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#/trends>

<sup>4</sup> Toronto Overdose Action Plan (2017) <https://www.toronto.ca/wp-content/uploads/2018/01/9483-Toronto-OD-Action-Plan.pdf>

## 2.3 Methodology

There were four (4) main components to this initiative, involving a variety of target audiences in Toronto (general public, service providers/volunteers who work with people who use drugs, people who use drugs, and family members/friends), as outlined below:

	<p><b>Community Dialogues</b></p> <ul style="list-style-type: none"> <li>• <b>Two (2) community dialogue sessions</b> were conducted – one on <b>May 22, 2018 in downtown Toronto and the other on May 24, 2018 in Etobicoke</b>. We had approximately <b>60 attendees</b>. Sessions consisted of expert presentations, participants answering survey and related questions on keypads, engaging participants in smaller group discussions, and a facilitated plenary.</li> </ul>
	<p><b>Lived Experience Interviews</b></p> <ul style="list-style-type: none"> <li>• <b>Twenty (20) onsite interviews were conducted with people with lived experience of drug use from May 28<sup>th</sup> to May 31<sup>st</sup>, 2018</b>. Interviews (20-30 minutes in length) were hosted at four community agencies in the north, central, east and west areas of the city. The interview questions mirrored those asked in the community sessions and the online survey.</li> </ul>
	<p><b>Open Link Engagement</b></p> <ul style="list-style-type: none"> <li>• An <b>open link engagement survey</b> was available online from <b>May 9<sup>th</sup> to 28<sup>th</sup>, 2018</b> for anyone who wanted to participate. The survey was promoted broadly by Toronto Public Health. Toronto Public Health also maintained a dedicated website for this initiative with information about how to participate. The survey mirrored the questions asked in the community dialogue sessions. In total, <b>346 Toronto residents</b> responded to the survey.</li> </ul>
	<p><b>General Public Online Survey</b></p> <ul style="list-style-type: none"> <li>• To complement the community dialogue process, Ipsos pulled a sample of online panelists to be representative to the actual population of Toronto according to the latest statistics Canada census data. In total a <b>representative sample of 503 general public respondents</b> completed the survey, <b>between June 4<sup>th</sup> and 5<sup>th</sup>, 2018</b>. A sample of this size has a credibility interval of +/- 5%, 19 times out of 20.</li> </ul>



## 3 Summary: Open Link and General Public Surveys

### 3.1 Methodology

As a part of Toronto Public Health's community dialogue on a public health approach to drugs, an open link engagement survey was available from May 9th to 28<sup>th</sup>, 2018 for anyone interested in participating. The survey was promoted broadly by Toronto Public Health, including on social media and through a dedicated website.

To complement the community dialogue, Ipsos also conducted a representative general public survey among Toronto residents. A representative online survey of n=503 Torontonians was conducted between June 4<sup>th</sup> to 5<sup>th</sup>, 2018. A sample size of n=503 was a credibility interval of +/- 5%, 19 times out of 20.

Questions for both surveys mirrored those asked in the other components of this initiative (i.e. community dialogue sessions and interviews with people who use drugs). The questions were developed in consultation with Toronto Public Health and the project steering committee, which was comprised of a diverse range of drug policy experts, including people who use drugs.

### 3.2 Open Link Engagement Survey Findings

#### Demographics

In total, 346 respondents completed the survey. Below is a breakdown of who answered the survey:

- Community member n=131 (38 percent)
- Service provide or volunteer who works with people who use drugs n=118 (34 percent)
- Someone who uses/used drugs n=39 (11 percent)
- Family member/friend of someone who uses/used drugs n=36 (10 percent)
- None of the above n=22 (6 percent)

Two-thirds of respondents were female (65 percent), 28 percent were male, three percent identified as another gender, and 4 per cent preferred not to answer. They ranged in age from 18 to 55 and over. Respondents identified as White North American (45 percent), White European (25 percent), Mixed Background (7 percent), East Asian (5percent), Indigenous (2 percent), Black Caribbean (2 percent), and several other groups.



## Canada's Current Approach to Drugs

### ***Virtually all believe at least some changes need to be made to Canada's current approach to drugs***

In terms of Canada's current approach to illegal drugs, 8 in 10 say it's not working and changes need to be made (78 percent). Two in 10 believe it's somewhat working, though modifications should be considered (19 percent) while only 2 percent say it's working well, no need to change; 2 percent say they don't know. Top mentions for why respondents say the current approach isn't working were:

- Support for decriminalization/ against the "War on Drugs" (29 percent)
- Drug use is a public health issue, not a criminal issue (22 percent)
- More help/ resources/ services needed (safe injection sites etc.) (14 percent)
- Provide more treatment and rehabilitation programs (11 percent)
- People are dying/ prevents death (10 percent)
- Need a harm reduction model (10 percent)
- Anti-stigma campaign should be initiated (9 percent)
- Opioid use is a crisis/ needs to be addressed (7 percent)

## Health and Social Harms

### ***High awareness of the health and social harms caused by drugs***

Half of respondents say they know a lot about the health and social harms caused by laws that make it a crime to possess drugs (49 percent), with 4 in 10 saying they know some (43 percent). Under 1 in 10 say they do not know much (8 percent) and only 1 percent say nothing at all/never considered there may be negative impacts. Service providers (66 percent), current/past drug users (56 percent) and those who say the current approach is not working well (55 percent) were most likely to say they know a lot of about the harms caused by drug laws.

## Consulting with Canadians

### ***Strong belief the federal government should consult with Canadians on different approaches to drugs***

Eight in 10 respondents say the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs (80 percent), 1 in 10 say no (9 percent) and an additional 1 in 10 were not sure (10 percent). Service providers (87 percent), those 25 to 34 years old (86 percent), those that say they know a lot of about the harms of drug laws (83 percent) and those who believe the current approach isn't working well (81 percent), or is working somewhat (83 percent) were among the most likely to say that the federal government should consult Canadians on decriminalization of all drugs.

An almost equal proportion (75 percent) say the federal government should consult with Canadians about legally regulating all drugs – 12 percent say no and 14 percent say they're not sure. Support for consulting on legal regulation is highest among service providers (79 percent) and community members (78 percent). Interestingly, support for this is lower among current/past drug users (67 percent) and family members/friends of current/past users (58 percent).

It should be noted that a "no" response to these questions on consulting Canadians doesn't necessarily equate to opposition against decriminalizing or regulating drugs. From feedback we heard

in the community dialogue sessions and from the survey, some were opposed to consulting the public, and believe only experts should be consulted.

### A Public Health Approach to Drugs

#### ***Virtually no opposition to a public health approach to drugs, with three-quarters strongly supporting this approach***

The vast majority support a public health approach to drugs (91 percent), with three-quarters (76 percent) of respondents *strongly* supporting this initiative. Only 5 percent somewhat oppose this, with none in strong opposition; 4 percent say they neither support nor oppose a public health approach to drugs. Current past/users (82 percent), family members of current/past users (81 percent) and service providers (81 percent) were all more likely to strongly support this initiative compared to community members (69 percent). Those between the ages of 25 and 34 (84 percent) were much more likely to strongly support a public health approach compared to those 45 to 54 (66 percent) and those 55+ (69 percent).

Reasons for supporting a public health approach to drugs center around support for harm reduction/ public health approaches (39 percent), support for decriminalization of drugs/opposing the "War on Drugs" (17 percent), believing it will reduce harm/prevent deaths (8 percent), and will stop the stigmatization of people who use drugs (6 percent).

### 3.3 Representative General Public Survey Findings

#### ***Support for a public health approach to drugs heavily outweighs opposition in Toronto***

A far greater proportion of Torontonians support a public health approach to drugs (61 percent) than those who oppose (26 percent), with 13 percent saying they neither support nor oppose. Two in 10 strongly support this type of approach (19 percent), with an additional 4 in 10 somewhat supporting it (42 percent). Opposition is fairly evenly split, with 12 percent somewhat opposing this approach, and 14 percent strongly opposing it. Support is strongest among younger Torontonians (67 percent 18-34 vs. 56 percent 55+).

Top mentions for support of a public health approach were:

- Drug addiction should be treated as an illness/ not as a crime (11 percent)
- Would like to try a different/ new approach (7 percent)
- Makes it easier for people who need these drugs/ medication (4 percent)
- Need to create safe spaces for people to use drugs (4 percent)

#### ***Three-quarters of Torontonians believe at least some changes need to be made in Canada's approach to drugs***

Three in 10 Torontonians believe Canada's current approach to drugs is not working well, changes need to be made (29 percent). Over 4 in 10 believe it is working somewhat, but modifications should be considered (45 percent) and only 2 in 10 believe the current approach is working well, with no need to change (21 percent); few say they don't know (6 percent).

Those 55+ (38 percent vs. 27 percent 35-54, 21 percent 18-34), earning below \$40K annually (38 percent vs. 25 percent \$100K+), those without children under 18 (33 percent vs. 20percent parents)

and those who have taken drugs recreationally in the last year (32 percent vs. 24 percent haven't) were all more likely to believe the current approach is not working well.

***Torontonians aware of the harms caused by Canada's current drug laws***

Respondents were asked an open-ended question about what, if any, were the negative health and social effects of Canadian drug laws. Nearly half of respondents said: "nothing/don't know" (47 percent), however, among those who provided a response, many touched on the themes that were drawn out in the community dialogue sessions, such as:

- No proper regulations on substances/ drugs (6 percent)
- Drugs can be fatal/ cause death (6 percent)
- Can fill up the jails/ overpopulation of prisons (5 percent)
- Criminalization of drug use/ possession (5 percent)
- Not enough help for people with addiction problems (4 percent)
- Criminal/ blemished record (4 percent)
- Waste of law enforcement resources (3 percent)

This question was followed up by outlining some of the known health and social harms caused by Canada's current drug laws and then asking respondents how much they've heard about these. More than half (55 percent) say they've heard a lot (12 percent) or some (43 percent) about these, with 1 in 3 saying they haven't heard much (33 percent) and 1 in 10 saying they've heard nothing at all (12 percent). Those who had friends or family members who have consumed drugs in the past year (64 percent vs. 47 percent haven't) and 18-34 year-olds (62 percent vs. 51 percent 35-54, 53 percent 55+) were most likely to say they've heard a lot/some about harms caused by current drug laws.

## 4 Summary: Community Dialogue

### 4.1 Methodology

The community dialogue sessions were held as part of this initiative, one on May 22, 2018 in downtown Toronto, and the other on May 24, 2018 in Etobicoke. Each session was scheduled for three hours and consisted of three key components:

- **Key Pads**
  - Participants were provided with a wireless keypad to answer group questions.
  - Each time a question was posed, participants would press the number on the keypad, which corresponded to their desired response.
  - The results were then shown to the room and formed the basis for the plenary discussion.
- **Plenary/presentations**
  - Toronto's Medical Officer of Health offered opening remarks to provide context for the session and why it is important for Toronto Public Health to engage with the public on the current overdose crisis and the topic of a public health approach to drug policy.
  - Presentation from public health expert outlining the evidence about the health and social harms of our current approach to drug policy in Canada, and describing what a public health approach to drug policy might look like.
  - Presentation from individuals with lived experience of drug use about the impact of criminalization on the lives of people who use drugs.
  - Presentation from drug policy experts on alternative approaches to drug policy, including decriminalization and legal regulation.
  - Each section of the consultation offered participants a chance to ask questions of the presenters, and share opinions on the higher-level topics with the broader group.
  - The moderator probed on participants' thoughts, where appropriate, while Ipsos facilitators took notes.
- **Discussion Groups**
  - Participants tackled key questions through small group discussions. Each group was chaired by an Ipsos facilitator who posed questions, probed to understand participants' reasoning, and took notes on the themes discussed.

The community dialogue was promoted by Toronto Public Health through media, social media, distribution lists, websites (both Toronto Public Health and City of Toronto). Information was sent to all members of Council to promote. Toronto Public Health also had a dedicated website with information about how to participate, and a discussion paper and accompanying fact sheets that were developed by Toronto Public Health and a diverse project steering committee to inform the dialogue.

## 4.2 Community Dialogue Participation

Registration for the community dialogue sessions was open to all Toronto residents. Any interested residents were encouraged to pre-register, although this was not required for participation. Participants were captured through a registration list at the event. In total, 60 people attended across both sessions, representing a diversity of groups including:

- General public
- Residents associations
- Business associations
- Universities
- Post-secondary students
- People who use drugs
- Community service providers
- Media

## 4.3 Demographics of Attendees

The majority of attendees were between the ages of 25 and 55 and older:

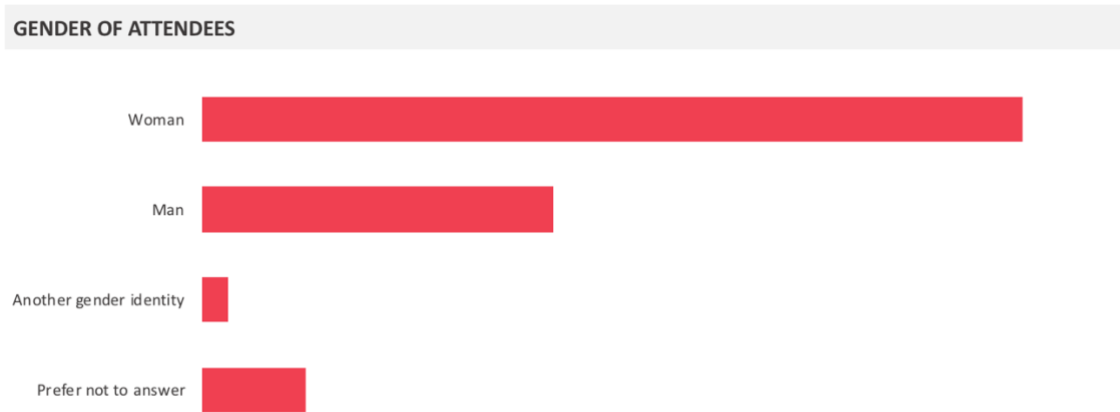
Figure 6: Age of Attendees At The Community Dialogue Sessions



Keypad Question D1: What is your age?

More than half of attendees were female, most other participants identified as male:

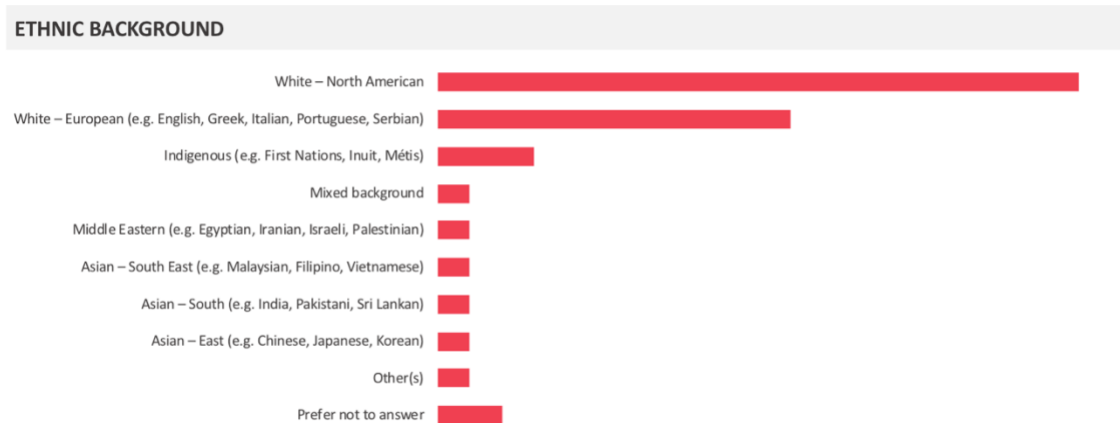
Figure 7: Gender of Attendees At The Community Dialogue Sessions



Keypad Question D2: With what gender do you identify?

Less than half of attendees identified their ethnicity as ‘White – North American,’ while most people identified as ‘White-European’ (e.g. English, Greek, Italian, Portuguese, Serbian). Remaining attendees represented a range of ethnicities. There were no attendees who identified themselves as ‘Black – African’, ‘Black Caribbean’, ‘Black – North American’, ‘Indian-Caribbean’, or ‘Latin American’.

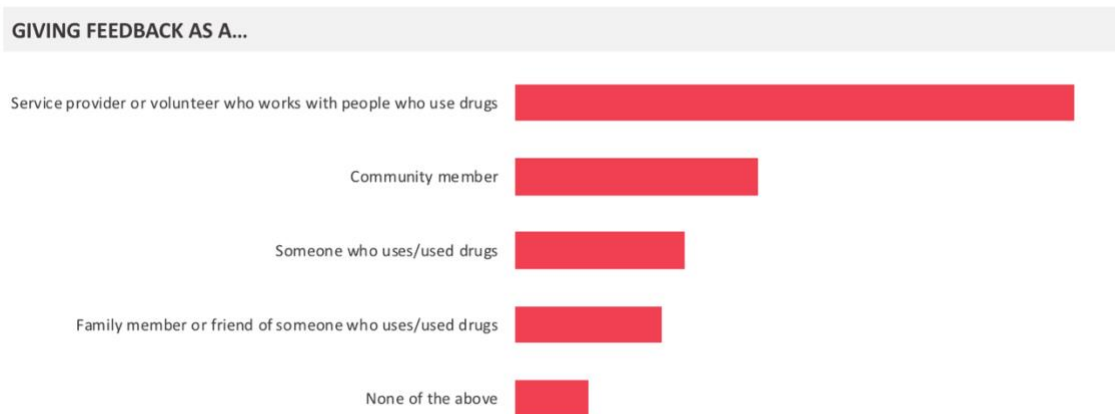
Figure 8: Ethnicity of Attendees At The Community Dialogue Sessions



Keypad Question D3: Which of the following best describes your ethnicity?

Almost half of attendees provided feedback as a ‘service provider or volunteer who works with people who use drugs.’ Other attendees included ‘community members’, ‘someone who uses/used drugs’, and ‘family member or friend of someone who uses/used drugs’.

Figure 9: Giving Feedback at The Community Dialogue Sessions



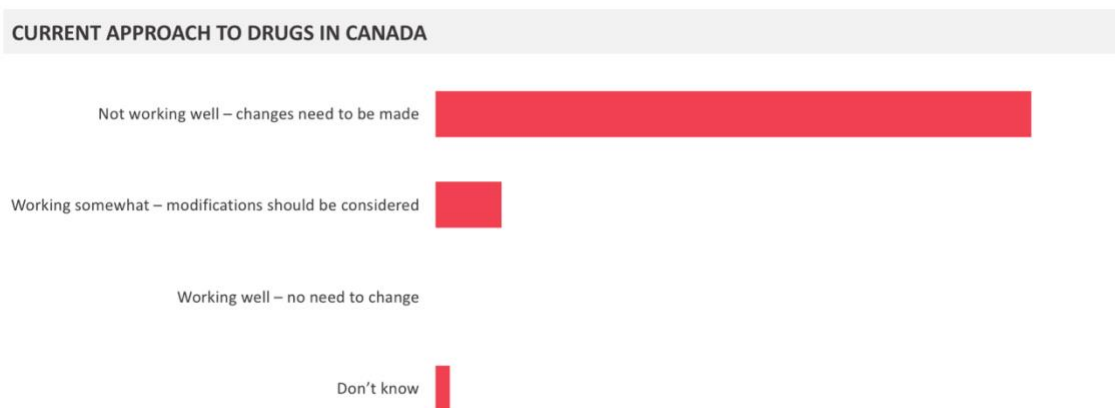
Keypad Question D4: Please choose what best describes you. Are you giving us your feedback as...?

## 4.4 Community Dialogue Findings

### Canada’s Current Approach to Drugs

The community sessions began with a keypad question asking attendees to what degree they feel the current approach to drugs in Canada is working. Most felt it is “not working well and that changes need to be made”, or at the very least, needs modifications. There were no attendees who felt the current approach is “working well” with no need for changes.

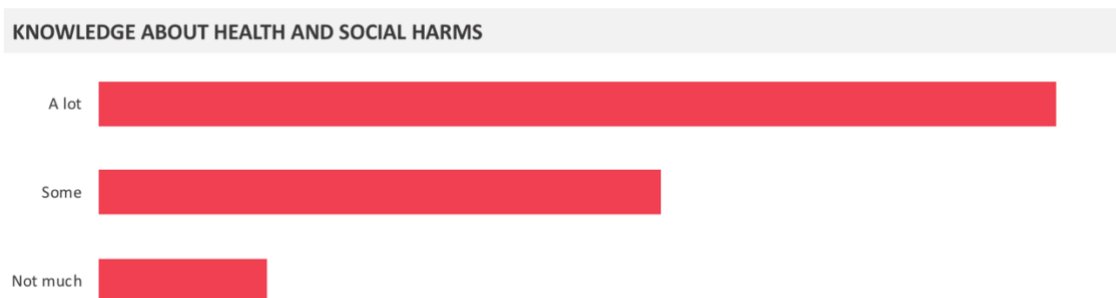
Figure 10: Current Approach to Drugs in Canada



Keypad Question Q1: In Canada, alcohol, tobacco and prescription drugs are regulated by governments. The possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence. To what degree do you think the current approach to drugs in Canada is working?

Most who attended the community sessions were confident they know “a lot” about drug policy in Canada, and the social harms cause by the criminalization of certain drugs. This is not surprising given that many who attended were aware of the health and social harms to some degree through their work, volunteering or lived experiences. Some felt they only know “some” because of minimal exposure to lived experiences or felt they were “*always learning.*” There were no attendees who felt they know nothing at all or had never considered there may be negative impacts.

Figure 11: Knowledge Of The Health and Social Harms Caused By The Criminalization Of Possession Of Drugs For Personal Use



*Keypad Question Q2: How much do you know about the health and social harms caused by laws that make it a crime to possess certain drugs for personal use?*

### Table Discussions on the Current Approach to Drugs in Canada

Echoing the keypad results that began the session, most agreed that the current approach to drugs is broken and changes need to be made. Attendees felt the current approach treats drug use as a criminal issue, not a public health and social issue. Many attendees were passionate that the current policy is expensive, hypocritical and unsympathetic to people who use drugs, and does not address the root causes of drug use (trauma, mental health issues, pain management, etc.).

*“The war of drugs stance has not resulted in a decline in use of drugs. So, it’s obviously not working, and I think it’s just time to try something else. Why keep banging your head against the wall using the same tactics? It’s clearly not having an effect.” – Community Dialogue Attendee*

Many treatment programs remain mostly ineffective with a lack of focus on harm reduction, long-term care and are often underfunded and inaccessible. These programs often focus on the drugs themselves, rather the social causes for drug use. There is also a concern that community agencies remain underfunded and/or funding is inconsistent. Overall, the current approach to drugs is not reflective of the current landscape – drug use has changed (resulting in contaminated drugs), drugs have changed and attendees felt strongly the approach to drugs in Canada should reflect these changes.

*“I think just looking at the decriminalization aspect of it is certainly one of the most important parts. But if you don’t take a holistic, systemic approach to this issue, nothing’s going to change. Because there’s plenty of things related to drug use that if it’s legal or not*



*[are] still huge barriers to people being active and healthy in their lives.” - Community Dialogue Attendee*

Many expressed their frustration that the current drug policy approach in Canada is hypocritical in that there is no singular approach to alcohol or other drugs, with some drugs regulated (e.g. alcohol), while other drugs are not. Some feel the impending legalization and regulation of cannabis would further normalize cannabis use. While a step in the right direction, and a positive shift, some expressed frustration around the hypocrisy this suggests: why are we criminalizing other drugs, but not cannabis?

There is also a wide spectrum of drug use that is not being considered - most people are using drugs recreationally while continuing to be functioning members of society (i.e. are employed, have kids, families) while some people are struggling with substance use issues. The current system is not sympathetic to this spectrum:

*“We don’t approach it equally. Police don’t approach it equally; the approaches differ incredibly vastly across different populations.” – Community Dialogue Attendee*

*“Oh well you have a half ball or a ball of cocaine, so now you’re a dealer. So now we’re going to charge you. Whereas if I had that, I probably wouldn’t get charged, and from my life experience, I never did get charged.” – Community Dialogue Attendee*

*“I’ve seen both my brothers destroy themselves with alcohol. It’s something that I’ve seen, it’s readily available everywhere. It’s promoted, parties at work, we can buy it all over. There effects are extreme in certain cases. But it’s available. And there’s the other drugs. And it’s just a disjointed policy towards drugs, because we criminalize hard drugs.” – Community Dialogue Attendee*

### Table Discussions on Health and Social Harms of Current Approach to Drugs

**Participants felt strongly that the social harms related to criminalization of drugs in Canada** reinforce that drug use should be treated as a public health and social issue, not a criminal one: there is a lack of treatment and support (short and long term) for people who use drugs, particularly amongst vulnerable and racialized populations. The negative effects are cyclical, with most struggling to escape the cycle. The stigmas associated with drug use are an overarching harm rooted in the criminalization of drug use.

*“Once you’re labelled a drug user, that doesn’t go away.” – Community Dialogue Attendee*

The effect on Toronto’s vulnerable populations was expressed as a **key social harm** caused by the criminalization of drug use. Groups such as youth, trans youth, Black and Indigenous people, people with mental health issues, people who are poor and/or homeless struggle to access healthcare and treatment for their drug use. Healthcare is particularly difficult to access as an injection drug user with hospitals and many healthcare practitioners ill-equipped with overdose prevention services or lack of training in addiction medicine. Treatment and services are often not available, inconsistent in where funds are allocated, and are not safe spaces.

*“When I look at trans youth and racialized youth who are in some ways forced to grow up a lot faster than other kids do, because they’re in the system so quickly and criminalized. I often see racialized trans youth who are charged with things that I rarely see anyone charged with. Like drinking underage.” – Community Townhall Attendee*

A further lack of trust in the system, particularly law enforcement, only further alienates people who use drugs seeking treatment for fear of stigma and/or incarceration.

*“If you’re sexually assaulted by the person you got drugs off of, you’re not going to call. And that happens regularly, often. So, there’s those broader access issues that are also part of it.” – Community Dialogue Attendee*

Incarceration for drug use was discussed as a **root cause of social harms**. Incarceration often results in a negative cycle of social harms: losing one’s home, income and job opportunities, reinforcing social stigma, being ostracized by family and friends, interruption of medication, and segregation while incarcerated. Incarceration for drug use also results in wasted and/or misdirected resources and funding. Also concerning to attendees is that incarceration does not provide harm reduction or treatment, or address the roots causes of drug use (i.e. trauma, struggles with mental health). In some cases, incarceration can be more harmful than the drugs themselves.

*“Users are often caught in an endless cycle of incarceration – they get out of jail but end up back in – they can’t find a job, lose housing, are disconnected from their community, etc.” – Community Dialogue Attendee*

*“As a judge, I see the effects of criminalization of use. And I can tell you that it doesn’t do anything. All it does is put people into prison without treatment. It gives them criminal records, which means their likelihood of getting out of their situation is even worse than it was when we started.” – Community Dialogue Attendee*

Some attendees referenced the Moss Park overdose prevention site as a key example of the desperate need for change. In response to the overdose crisis in Toronto, volunteers at this service stepped outside the parameters of our current policy to address the urgent need. Some attendees were frustrated that it took volunteers to help people in desperate need, and not the government. Some people had concerns that because the site is unregulated it has become unsafe.

*“To hell with waiting, we need to do something...and it forced the government to open up. They’ve known about it forever because there’s been safer injection sites all around the world. It leads to my thinking that you need to go to the people.” – Community Dialogue Attendee*

*“People are not wanting to wait anymore. We’re seeing people step outside the policy and say, screw policy, I’m going to start this safe injection site. We saw it in Moss Park, where people did not wait for the papers to come in. They just did it, because it was someone’s going to die or I’m going to do this thing to save lives. So in response, there are those micro moments happening.” – Community Dialogue Attendee*

### Table Discussions on Decriminalization

Following the presentations, attendees were engaged in an in-depth table discussion on **views about alternative approaches to drug policy** (decriminalization, legal regulation, etc.)

**Decriminalization is recognized as a necessary step in helping to remove social stigma and shift negative attitudes related to drug use.** While it would take time to change attitudes, a shift away from criminalizing drug use and towards harm reduction, would lead to a reduction in overdoses, and people more likely to reach out for help and/or treatment. Broader societal benefits of decriminalization were also expressed in that it would engaged the public in conversation, and shift

negative attitudes related to drug use. Decriminalization can also contribute to decrease in criminal activity in oppressed communities. Many were frustrated decriminalization is not happening now and feel it should already be underway.

**However, decriminalization is not viewed as a panacea for the issue.** While necessary to address the stigmatization of drug use, and reduce the harms associated with people being imprisoned for drug use, it does not address all issues. There was also cynicism associated with a decriminalization approach, particularly amongst front line workers who attended the sessions: there was concern that the effort to change would stop at decriminalization, and not continue moving toward legal regulation.

*“Decriminalization doesn’t go far enough. It keeps the drugs under the control of unregulated organized crime, cartels, terrorists, and it comes with a number of harms. So, decriminalization is a great step forward and we need to move in that direction, but we can’t leave drugs uncontrolled - we need to control them - so legally regulating them is the only option.” - Community Dialogue Attendee*

### **Some concerns around the decriminalization of drug use were expressed:**

- Decriminalization does not address the issue of contaminated drugs, or the need to regulate drugs. The current drug supply is contaminated with fentanyl and other potentially harmful substances, which is leading to overdoses, and decriminalizing drug use does not address this issue.
- While the approach will reduce incarceration, it will not necessarily impact police presence
- How will those who have already been criminalized for drug use be ‘decriminalized’
- Does not address the involvement of healthcare practitioners and pharmaceutical companies in drug use issues
- Small number of community members expressed some concerns related to how their communities, neighborhoods could be negatively impacted

The spotlight on Portugal’s model of decriminalization of drugs in the preceding presentation sparked discussions on the impact of reduced stigma and treating drug use as a health issue rather a criminal issue. Many appreciated the assessment portion of the Portugal model (particularly the dissuasion commission) and felt passionate that, while not a panacea for Portugal, this was a model that Canada could successfully follow, or at the very least, learn from.

Those attendees who had previous knowledge of Portugal’s model expressed some benefits and concerns. While the model has resulted in a lack of stigma around drug use, and drug use is treated as a health issue, not a criminal justice issue, some were unsure whether is it no longer ideal (sex trafficking, some continued issues with drug use, etc.).

*“It’s made an incredible impact. And they spent a lot of money on treatments, and some creative solutions.” - Community Dialogue Attendees*

*“The Portugal model is a start. What I took away from it was the de-stigmatization seems to have a tremendous impact.” – Community Dialogue Attendee*

Some were left with questions around how the Portugal model was implemented, what their process was working and building towards decriminalization, and if they faced a similar crisis with opioid use.

## Table Discussions on Legal Regulation

**Most participants agree that legal regulation, and a public health approach to drug policy that focuses on harm reduction, is the ideal solution to improving Canada’s drug policy.** Participants acknowledged that legal regulation as an alternative drug policy approach will take time, but that it should be the ultimate goal in changing Canada’s approach to drugs. There were more concerns expressed over the subtleties of what legal regulation might entail (relative to decriminalization). For many, decriminalization is a more ‘straight-forward’ process while legal regulation is more complex.

### Benefits of legal regulation of drugs:

- Ensure access to purer drugs (i.e. not laced/contaminated with unknown substances), and therefore fewer deaths/overdoses
- Present opportunity to redirect incarceration funds from the criminal justice system to treatment and other support services, including primary and mental health care
- Eliminate incarceration for drug use
- Address social issues associated with the criminalization of drug use, including access to affordable housing, treatment, and employment opportunities
- Opportunity to broaden employment opportunities for people who were formally incarcerated for the distribution of drugs, such developing best practises for the growing and selling of drugs

*“We have a lot of resources that we can shift around when we look at how much prisons cost, how much policing costs... So now I think we need to take the next step, which is, here are the approaches, here’s the funding. Here’s how we can move things around so we can actually get things done right now.” – Community Dialogue Attendee*

### Concerns around legal regulation of drugs:

- Skepticism around where any redirected funds might go (and that these funds should move from the criminal justice system to public health and social services – not to corporate profit); frontline services need more funding
- Decisions about how drugs would be regulated would need to be determined by the potential for harm of that drug
- Uncertainty around how recreational drug use would be managed
- Uncertainty around what might happen to people who are currently incarcerated for use, possession and distribution of drugs (i.e. would there be an amnesty?)
- Does not guarantee improved supports, treatment services, mental health services, etc.

The impending regulation of cannabis in the context of the discussion around legal regulation raised some questions. Some feel the regulation of cannabis will be a trial for drug regulation, with issues yet to be identified. Some have questions: what will be the limits of regulation? Did the community give feedback on those limits? What will be considered safe use? How will small business dispensaries be impacted?

*“Cannabis will be the testing ground. There’s so many questions surrounding that, that I think people will have to see how it goes. And that’s one of the softer drugs, so I think we’re*

*not anywhere close to legalization of any harder drugs at all.” – Community Dialogue Attendee*

**Most participants agreed that the alternative approaches (decriminalization and legal regulation) on their own are not enough: comprehensive strategies that address the social determinants of health needs to be in place to address the complexity of drug use in Canada.** Approaches should be holistic, multi-faceted and focus on resources and long-term support that include providing safe spaces/shelters, employment, uncontaminated drugs, treatment that addresses root causes of drug use (i.e. trauma, mental health issues), and access to primary and mental health care. Providing housing to those in need was highlighted as a key part of effective treatment, something currently lacking in Toronto.

*“I put housing as one of the absolutely critical factors in this. It’s so bad in this city. Shelters are not places where a lot of people want to stay. If you don’t have a door you can lock, a roof over your head, it really ruins your dignity, your self-worth.” – Community Dialogue Attendee*

Additionally, treatment should focus on harm reduction, not abstinence: should treat the person, not the drugs.

*“We need to be able to say to users that we are here to help you with your issues, not here’s a website you can help yourself at.” – Community Dialogue Attendee*

*“Nobody is the same, everyone has a harm, a pain that is unique to them. And so you have to focus on the person.” - Community Dialogue Attendee*

Any alternative approach moving forward should recognize that treatment from substance use issues takes time:

*“We haven’t solved it but there’s those needed steps to give second chance, third chance, fourth chance, to a lot of individuals we meet. Because you never know which one’s going to take finally.” Community Dialogue Attendee*

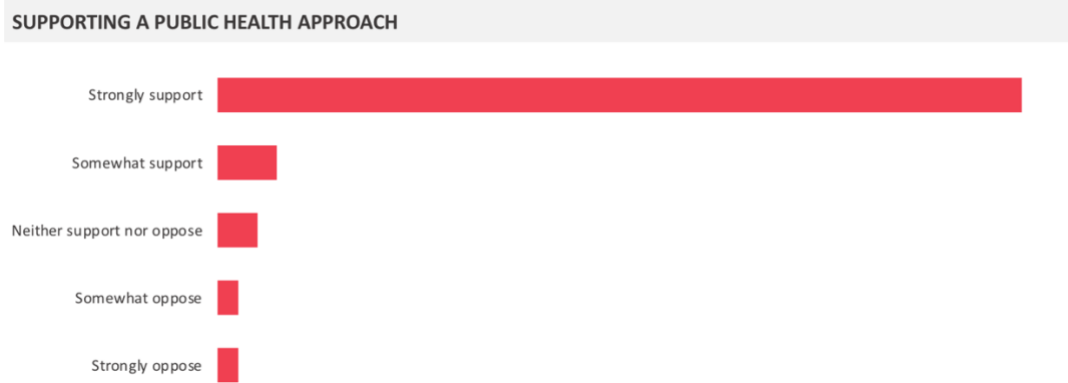
*“Sometimes it takes a very long time but you just never give up.” Community Dialogue Attendee*

### A Public Health Approach to Drugs

Unsurprisingly, most attendees would “strongly support” a public health approach that emphasizes harm reduction and treatment of trauma and mental health issues. Amongst the few who were somewhat supportive cited uncertainty and concerns as to how their communities might be impacted by drug use. Those who were strongly or somewhat opposed to a public health approach chose not to express their rationale to the wider group.

*“So much it comes out of trauma. And you’re not going to deal with that in the criminal justice system.” – Community Dialogue Attendee*

Figure 12: Support for a Public Health Approach to Drugs

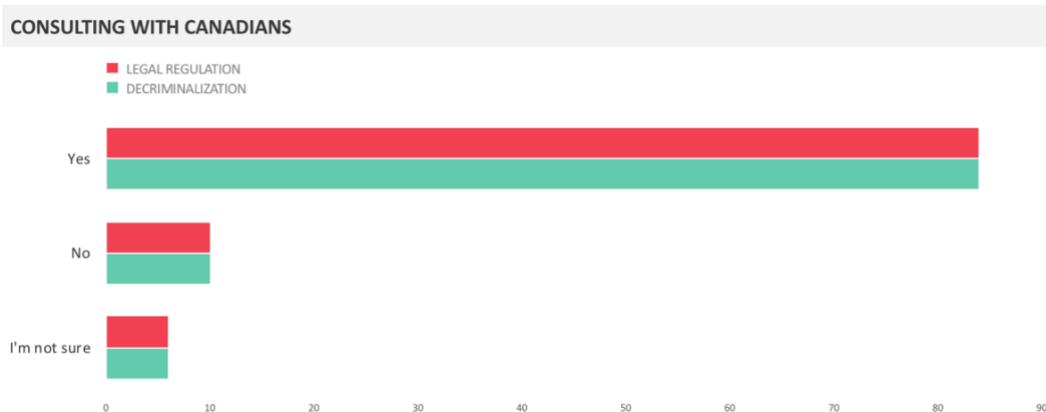


Keypad Question Q8: A public health approach to drugs can include increased access to comprehensive, evidence-based prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs. To what degree would you support a public health approach to drugs?

### Consulting with Canadians

Using the keypad system, attendees were asked whether they feel the federal government should consult with Canadians about decriminalizing and legally regulating the personal use and possession of all drugs, the majority of attendants responded ‘yes’ to both. **Many feel the federal government should have an open dialogue and consult with Canadians about decriminalizing the possession of all drugs for personal use as well as the option to legalize and regulate drugs (i.e., it is our right as Canadians to have a say in issues).**

Figure 13: Support For Consulting Canadians On The Decriminalization and Legal Regulation of Drugs



Keypad Question Q6: Under decriminalization, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal. Do you think the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs?

Keypad Question Q7: Under legal regulation, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g. there are a range of approaches for alcohol, tobacco, prescription drugs.). Do you think the federal government should consult with Canadians about legally regulating all drugs?

It should be noted that many attendees did not make the distinction between alternative approaches (decriminalization and legal regulation) as specific approaches to change. Rather the discussion focused on a desperate need for change.

That said, many attendees also agreed that input from people who use drugs, support/front line workers should be considered. There were concerns that consulting with the ‘general population’ may yield misinformed opinions. **There is also concern that a consultation with the public would take too much time and they felt strongly that something needs to be done now.** Amongst those who are engaged community members there is a strong frustration with too much time and money spent consulting, and not enough action:

*“We are always waiting for the evidence, and more evidence, we are just talking about policies and approaches but the results won’t come from such discussions but from people who are actually suffering. The one who feels it, knows it.” – Community Dialogue Attendee*

*“Something has to be done, anything.” – Community Dialogue Attendee*

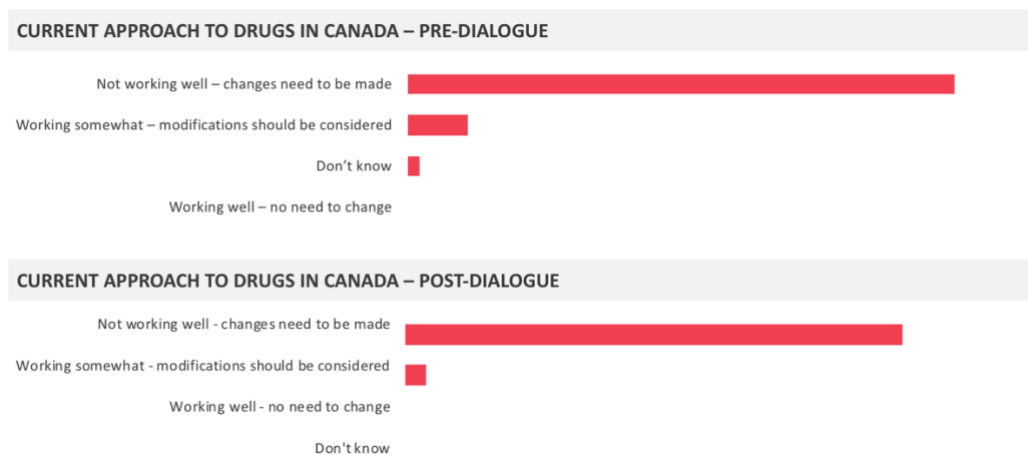
*“There’s never enough science. Oh, we’ve got more science that you could ever amount to. We’ve got millions and millions of papers of harms of drug use. So, you know, perpetuate, let’s have another study. They talk, we die, right?” - Community Dialogue Attendee*

*“...we really just need to do something... we’re in a crisis right now and we have been for a while, and it’s time to act - not sit and collect evidence - because some of our concerns rely on the fact that it’s hard to collect evidence or numbers.” – Community Dialogue Attendee*

### Shifting Attitudes

Overall attendees’ opinions did not shift over the course of the community dialogue sessions. By the end of the three-hour sessions, only slightly more attendees agreed that the current approach to drugs in Canada in “not working well – changes need to be made” with many people agreeing that the current approach is “working somewhat – modifications should be considered.” There were none who said, “don’t know” or that it’s “working well – no need to change.”

Figure 14: Current Approach To Drugs in Canada: Pre-Dialogue and Post-Dialogue



Keypad Question Q9: To what degree do you think the current approach to drugs in Canada is working?

### Education is Part of the Equation



**While not formally included as a discussion question, many attendees expressed their opinion that education is a necessary part of the discussion about the overdose crisis in Canada, and the benefits of a harm reduction approach.** There needs to be an effort to educate the general population about drugs and drug use (as it stands, most don't understand it, or the system) and how complex it is. Some attendees expressed concern that much of the general population is misinformed about drugs, and drug use, often supported by 'fear-mongering' in the media.

Young people are not provided with an education that might help them make informed decisions about drug use (e.g., safe use vs. abstinence). Such an education piece was seen to go hand-in-hand with decriminalization and removing the stigma of drug use:

*"There's information out there that's very confusing and they're expected to just figure it out...young people aren't using their critical thinking skills. So, we miss that whole piece when we use fear tactics and just say no, which we know doesn't work, and it never worked. 50 years later and we're still doing the same thing."* – Community Dialogue Attendee

Several participants expressed the need for healthcare practitioners (family doctors, pharmacists, hospital staff, etc.) to have a better understanding of drug use, alternative pain management, and the complexities involved, in order to more effectively support people who use drugs. One participant offered the supporting example of a hospital in Edmonton which has trained all employees in managing drug use.

*"Drugs, bad. End of class, that's it. There's no education in the health care system."* – Community Dialogue Attendee

Overall there was consensus that any approach to changing the current approach to drug use is complicated and should be addressed with all angles considered. There is an urgency to changing the drug policy that is not being addressed, particularly in the midst of an opioid crisis, and increased toxicity of drugs.

*"We can't wait for more facts, more numerical facts to come in supporting the fact that there's an opioid crisis happening and people are dying."* – Community Dialogue Attendee

*"They're talking about a community justice centre in Moss Park, and three centres in Ontario, Kenora, London and Moss Park, to deal sort of like a drug court. That's not until 2025. This is 2018. So, when do they actually think that something like that can get up and running?"* – Community Dialogue Attendee

*"It's going to take another hundred of my friends to die before this gets changed? We need change now."* – Community Dialogue Attendee

*"Friends are dying."* – Community Dialogue Attendee



## 5 Summary: Lived Experience Interviews

### 5.1 Methodology

Twenty (20) onsite interviews were conducted with people who have lived experience of drug use between May 28th and May 31st, 2018. Four community agencies from the north, south, east and west of the city hosted Ipsos for interviews with clients of their services.

DATE	LOCATION	N=20
<b>Monday, May 28</b>	Unison Community Health Centre 1651 Keele Street (North)	<b>3</b>
<b>Tuesday, May 29</b>	LAMP Community Health Centre Etobicoke (West)	<b>5</b>
<b>Wednesday, May 30</b>	Fred Victor Centre 145 Queen Street East (Downtown)	<b>6</b>
<b>Thursday, May 31</b>	Agincourt Community Services Scarborough 4155 Sheppard Ave East (East)	<b>6</b>

In total, we spoke with 11 males and 9 females, ranging in age from mid-20s to 61, from a variety of ethnic backgrounds.

- Age distribution: 25-34 (3); 35-44 (7); 45-54 (5); 55-61 (5)

Below is a breakdown of respondents by ethnicity:

- Mixed background (8)
  - White and Indigenous (e.g. First Nations, Inuit, Métis) (4)
  - White and Latin American (1)
  - Not specified (3)
- White North American (5)
- White European (e.g. English, Scottish, Irish, Greek, Italian, Turkish) (6)
- Indian-Caribbean (e.g. Guyanese with origins in India) (1)

The purpose of the interviews was to get thoughts and perspectives about drug policy in Canada from people who use drugs as they are most directly impacted by this policy. A private room was provided at each centre to conduct the interviews. The interviews were between 20-30 minutes in length and respondents received an honorarium for participating. The interview questions mirrored those asked in the community sessions and the open online survey.

### 5.2 Lived Experience Interview Findings

#### Canada's Current Approach to Drugs

Individuals were asked to what degree they think the current approach to drugs in Canada is working (i.e., In Canada, alcohol, tobacco and prescription drugs are regulated by governments and

the possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence). **Opinions were split among people with lived experience of drug use that we spoke with.** Half of participants said that the current approach to drugs is not working well and needs substantial changes. The approach should acknowledge that drug use is a medical and health issue – not a criminal one. They recognize that the trafficking of drugs – especially contaminated products, is a problem. A few individuals also referenced the City of Amsterdam and how that system works.

*“I’ve been incarcerated and have a criminal record. I can’t be bonded. My life is screwed, over a couple of lines of cocaine. Jails are full of people who shouldn’t be there. It costs money to incarcerate people - \$200/day per person. Nothing gets fixed. It’s a snowball effect and you’re stuck in a rut.”* – Person with lived experience

*“Street drugs are easy to obtain. Illegal business causes problems. We need to get to the base of it and gain control of the illegal drug business.”* – Person with lived experience

*“We need to become Amsterdam. The US made it more unsafe. Safety is always important -- plus free will. People who make the laws don’t do drugs – they don’t know.”* – Person with lived experience

*“Go after China and shit bringing in the Fentanyl.”* – Person with lived experience

*“Amsterdam. New people are not as excited to try it. There’s no stigma. You want what you can’t have.”* – Person with lived experience

*“You’re creating criminals out of people just having a good time.”* – Person with lived experience

The other half of participants felt the current system is working to a degree (somewhat well), but modifications should be considered. One respondent was not sure as he had never thought about it before.

*“It is not working effectively. Not able to regulate enough and the streets are saturated with drugs. They’re easy to get.”* – Person with lived experience

*“[Somewhat]...shouldn’t legalize cocaine/crack. It’s scary. You don’t know what you’re getting. They mix crack with crystal meth. It’s on the street. You can only recover to a certain point. It’s a vicious cycle.”* – Person with lived experience

Interviewees who felt the system needs substantial change spoke about unnecessary criminal record and /or incarcerations for being in possession of drugs for personal use. They stressed there is a spectrum of reasons for using drugs, including pain management. However, they understand that if they are in possession of a substantial amounts of illicit drugs or are dealing drugs, that other rules may apply.

*“They clamp down on weed shops – it’s the New Age prohibition. Marijuana should be legalized. Other drugs will kill you.”* – Person with lived experience

*“If you’re trafficking drugs that’s one thing. If you’re using it because you have a habit... Nobody wants to be an addict, you know what I mean? I didn’t go to school and say – you know what, what do you want to be when you grow up? ‘I want to be a drug addict’- you know what I’m saying?”* – Person with lived experience

For interviewees who said the system is working “somewhat” – they referred to not wanting everyone (especially young people) to have easy access to all drugs – particularly substances like heroin. They also want those who are distributing and selling drugs to minors, and/or laced products which harm and/or kill people, etc. to face penalties.

*“I don’t want kids to have access – it’s not a good life.” – Person with lived experience*

Other interviewees referred to the progress of providing safe injection sites and methadone clinics as being an improvement.

*“We’ve come a long way.” – Person with lived experience*

### Health and Social Harms

With respect to how much they know about health and social harms caused by laws that make it a crime to possess certain drugs for personal use, a few respondents were not sure how to answer the question.

**Many felt they know a lot or a fair amount owing to their personal experience, as well as experiences of people they know – including the families of people who use drugs.** Drug use impacts relationships, social status, employment and beyond. Incarceration often compounds the problem – it breaks up families and exposes people to other harms. Some get caught in a cycle that is difficult to break free of (e.g., get arrested, come out but can’t get a job, hustle on the streets, get arrested again, etc.)

*“My father was in and out of jail. He got 25 years for growing pot. I missed 12 years of life with him. He’s sick now and 72 lbs. He’s not treated well in jail.” – Person with lived experience*

*“You can lose your family. There’s shame and guilt and they get sick of playing games. I didn’t talk to my Mom for 15 years.” – Person with lived experience*

*“You shouldn’t get jailed for a small quantity. People get arrested. Police harass you. Friends get caught and are in the court system – which takes time, they are processed and detained, there’s an effect on their family and job.” – Person with lived experience*

*“In 2013 I had a car accident. I needed weed and crack to manage my pain. Should have some allowances for some addictions.” – Person with lived experience*

*It breaks up families. It becomes a sickness and leads to being homeless. You do things you thought you’d never do to get the next fix. Crimes. Stealing murders to get money. You go to jail. My aunt was an addict – on and off the streets. There was abuse. She was possessed by the Devil in the sickness.” – Person with lived experience*

*“People get arrested and put in jail. They get more connection. They are still using in there and the guards are sometimes in on it too.” – Person with lived experience*

*“As soon as you get busted with a drug, it takes everything you’ve got and then it makes it harder for you to get ahead if you’ve got that record against you. So, you do what you’ve got to do, you still got to survive, right? So, what you end up doing, you end up selling drugs, selling your body, you know.” – Person with lived experience*

*“More addiction. Selling your soul to get these drugs whatever... Doing things you shouldn’t be doing, you know what I mean? People wouldn’t be doing desperate things. Crime rate would go down.” – Person with lived experience*

**A few stated they do not know much, as they were not sure if there were other harms they were unaware of or had not considered before** (i.e., "they don’t know what they don’t know").

Some interviewees felt they are targeted by police, and as a result put themselves in precarious situations to use drugs – and a couple had even been targeted when exiting safe injection sites in Toronto.

*“We have to be sneaky about it. The “6” is watching us. They sit there across from the Safe Injection Site and get them on the sidewalk.” – Person with lived experience*

*“Because we have to go and hide to shoot it up and then a lot of people die that way [...] It should be the government that sells it or whatever. When it’s on the street, the dealers are cutting it...and there’d be less shootings and less a lot of things...people owing dealers.” – Person with lived experience*

Respondents shared some of the harms they, or family/ friends have experienced because of our current drug laws.

*“My cousin passed from an overdose. Had to hide what she was doing...methadone. Children’s Aid let her keep the kids. She took her friend’s drugs. Her mom was addicted to pills and overweight. The doctor gave her meds - she got 350 Valium/month. She sold them. The doctor lost his licence. Drug addicts are sick. Like diabetics need insulin, people who are bipolar need to take meds. People can die from withdrawal. We need to fix this problem and the family.” – Person with lived experience*

*“It’s hard to stop. People can get a prescription easily. No restrictions on it. They get it. And sell it.” – Person with lived experience*

*“I tested positive for fentanyl in cocaine. I spent 14 and a half years in jail. I was convicted for 1 oz. I did the Turning Point Program. Methadone helped kill the taste for booze.... It’s death in a needle... “I’ve done a lot of time in jail. People are in there for minor amounts and charged with trafficking. I’ve saved 30 people from fentanyl/purple heroin. That shit should be locked up.” – Person with lived experience*

*“I’ve died. I’ve jumped into cars, I’ve worked the streets and prostituted. I’ve seen it all and I’ve done it all.” – Person with lived experience*

*“I’ve lost 9 friends since Christmas from Fentanyl and other [drugs].” – Person with lived experience*

There was also a feeling of marginalization and segregation: they want to be integrated into society – not excluded.

*“Be respectful. We’re all corralled down here [Moss Park] and it’s not working. We need integration back into society.” – Person with lived experience*

*“Take a look out the window. There’s 3 buildings. The Gateway – ex-addicts who hate themselves and are now hating us. They were us. But now it’s a barrier. We need to get over the wall – Us vs. Them.” – Person with lived experience*

*“We need more programs to integrate. I was in a codependent relationship. I ended it. There was no progression. It has affected me emotionally. Sexually, mentally, physically. My Ex (of 7 years) has been in and out [of jail] for drug trafficking. The same cycle. Robbery – in the penitentiary for 5 years. It’s hard to have a normal life and integrate into society.” – Person with lived experience*

*“Women prostituting themselves. They never do that before, people not knowing how to use drugs properly, intravenous wise, hurting themselves. Just a shitty lifestyle, a shitty lifestyle. Most drug addicts forget about their family, their kids, they forget about their roots, their morals. You know it’s things like that – that goes on saying you’re supposed to be a good person. Okay well they turn into a bad person.” – Person with lived experience*

### Decriminalization

Respondents were asked what they think about alternative approaches to addressing drug use, like decriminalization. (A definition was provided: Under decriminalization, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal.) The definition was necessary for many to understand what decriminalization would entail. Moderators further explained that this would be in place for all drugs, i.e., not just cannabis.

**Decriminalization was considered essential by many, so people who choose to use drugs (for personal use) do not end up in precarious situations, with a criminal record or spending time in jail.** Time in jail often leads to a worse situation.

*“Depending on the drug, right? Marijuana should be legal that’s for sure. I’d say maybe cocaine, fentanyl, the patches. I don’t know about heroine though.” – Person with lived experience*

*“Way better. No criminal record if you’re just doing it socially. But it can ruin your life. It’s an ongoing vicious cycle once you’re in.” – Person with lived experience*

*“That’s perfect. Allow a certain amount to use, but for distribution – prosecute for quantity.” – Person with lived experience*

*“That would work really well and take the strain off the legal system. We wouldn’t have as many people going to jail - it costs the government money to warehouse ‘criminals’. There would be fewer people dying, murdered.... Less stigma.” – Person with lived experience*

*“Pretty good approach. Negates prosecution of the little guy, but still illegal to push it.” – Person with lived experience*

*“You go into the system for marijuana and come out of jail wired and hooked on heroin.” – Person with lived experience*

*“Because if you decriminalize it right? Okay then you don’t have to sneak around and hide. Then people can sell it, legally. So you’re going to get a better quality drug. You’re going to know what’s been in it.” – Person with lived experience*

There was some hesitation to decriminalize all drugs, however, as this was seen as providing easier access to drugs. Drugs such as cannabis and mushrooms were seen as less harmful, however, heroin and cocaine – considered more serious – would need to be handled differently.

*“I don’t think it’s a good idea to legalize. I just know how bad those drugs are. If legal, then more people can justify taking them and would be okay to try things if the government says it’s okay.” – Person with lived experience*

*“A drug is a drug. Addiction is addiction. It depends on the person taking it...mental illness, pain management.” – Person with lived experience*

*“Okay for “normal” drugs – you can’t word it like that though. Maintenance drugs for medical reasons and health need control.” – Person with lived experience*

*“A really bad idea. It would make it more accessible and cheaper with more competition. More people might get hooked.” – Person with lived experience*

*“Don’t decriminalize heroin or cocaine – there’s no positive outcome.” – Person with lived experience*

*“There are unscrupulous drug dealers – you don’t know what it’s laced with.” – Person with lived experience*

*“Drug Dealers don’t care. They don’t care what they tried it with, so you know what I mean? The fact that you’re selling drugs to people, you know that they’re not really concerned about our health, individual well-being. So, this legalization – just that way alone would make it so much healthier.” – Person with lived experience*

### Legalizing and Regulating All Drugs

Respondents were asked for their opinion about legalizing and regulating all drugs. (Again, a definition was provided for clarification: Under legal regulation, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g., there are a range of approaches for alcohol, tobacco, prescription drugs).

**Many felt that legalizing and regulating some, if not all, drugs is a good idea.** Interviewees said they would feel safer having access to purer products (i.e., not laced and knowing what they are getting). They suggested the revenue generated from legalizing drugs could be used for programs such as detox, housing, etc. In addition to the government overseeing the sales and distribution of drugs, some suggested it should be sold through pharmacies, and one mentioned that other types of vendors should be available (i.e., privatized businesses should be considered).

*“Great idea. The drug war is an epidemic. If you can’t stop it, at least control it. They should have it controlled by government like Safe Injection Sites. Alcohol is the worst. It’s easily obtained and they get people attracted to it. It’s worse than marijuana or cocaine.” – Person with lived experience*

*“Alcohol is no different from crack. It’s an escape - clears my mind. But heroin...people are dying. It should be regulated or people will do a 4-point smash and be 6 feet under.” – Person with lived experience*

*“I’m a coke head. Recently my best friend died doing lines laced with Fentanyl. It would be nice to not have to put ourselves in danger to get what I want. Nice to trust what you have.” – Person with lived experience*

*“It shouldn’t be only at the LCBO or Shopper’s Drug Mart. Other vendors should be available. Heroin has to be through doctors. Bakeries could offer edibles – it’s better than smoking.” – Person with lived experience*

*“At least you’d know what you’re getting. I’d feel safer.” – Person with lived experience*

*“So, I wouldn’t feel sick, it would cost me \$1000/day. I died 30 times. I robbed 7 banks, did B&Es, armed robbery, intimidation, threatened death.... Look at Portugal. The crime rate went to non-existent – from 76% to 14%. People don’t commit crimes to get money to get drugs. It could work in Canada.” – Person with lived experience*

*“People die from it. It’s depressing. Some people drink, some do drugs.” – Person with lived experience*

*“It happens in other countries – why not here?” – Person with lived experience*

However, one respondent did not like the idea of the government making money from the sale of drugs. He felt that other problems (i.e., drug wars and crime) would still be there, if not worse. There was some concern cited about “bootleggers” (i.e., that the illegal sale would not be totally controlled).

*“Maybe it would work during the day, until everything is closed. Then the drug dealers come out anyways and it wouldn’t be regulated that much because everybody would find a loophole on how to get more anyways. That’s just what drug dealers so – or drug users do. They find a way.” – Person with lived experience*

### Consulting with Canadians

**The majority who we interviewed felt that the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs as well as legalizing/regulating drugs.** Interviewees felt that communication, i.e., having an open conversation (rational and emotional), with Canadians about these issues is important. Some felt it is our right as Canadians to have an opportunity to voice our opinions and have a say in issues.

*“Decriminalizing and legalizing it. It has to happen eventually. It has to.” – Person with lived experience*

*“There should definitely be a conversation to get opinions.” – Person with lived experience*

*“It’s always good to communicate with people. There could be information sessions, monthly gatherings through MPPs.” – Person with lived experience*

*“The Canadian public has the right to give feedback on what the government is going to do. I didn’t see too much consultation about marijuana. I want more public forums for the Canadian public to have more input.” – Person with lived experience*

*“Having discussions would lead to more informed decision and opinions.” – Person with lived experience*

*“People could have a voice, a say vs. just the government and the police.” – Person with lived experience*



*“Should talk about it...get a general consensus. Canada is open and liberal in these policies. More so than some other countries, e.g., in Turkey it is forbidden. Forbidden things are attractive.” – Person with lived experience*

A few, however, do not want to wait for consultations to eventually lead to action. They said something needs to be done now.

*“As long as they properly explain it. As long as there is a conversation. JUST DO IT – make the change and then talk about it.” – Person with lived experience*

*“What we’re doing now ain’t working. We need a change in attitude. Don’t just talk about it, like the subway. DO IT!” – Person with lived experience*

**A few questioned who would be consulted as that would have an impact on the outcome.** There was some concern that the average person does not understand the situation and that fear is a factor. They felt it is very important to ensure people who use substances are included in the conversation. People interviewed appreciated being asked about their personal perspectives, experiences and opinions on these issues as part of this initiative.

*“If you just talk to drug users you’re going to get a total ‘yes’. And if you just talk to non-drug users you’re going to get a ‘no’, right? I guess it would only be fair because people who don’t do drugs would have to put up with that and people who do would have to put up with the stigma that might come with it. You know what I mean?” – Person with lived experience*

*“We are having like a slow paradigm shift with folks speaking out, with all of the SIS’s and OPS’s opening up in the city – with all of the good research that’s coming out about how harm reduction actually works. So, I’m hoping that there would be a way. Obviously, I don’t know what would happen. I guess it would depend on who’s being consulted.” – Person with lived experience*

*“Always educate, don’t discriminate. So, you have to educate them first before you can even have a serious dialogue with them. The average person knows nothing about drugs, and know nothing about addiction – except for what they see in movies and hear on TV, you know. Right away you say drugs and everybody’s...oh that’s bad, people who do drugs are bad. That’s not fucking true.” – Person with lived experience*

**Some people with lived experience of drug use think that there needs to be more education of the general public about drugs.** They believe that many people do not understand the complexity of substance use issues, and there is fear, stigma and judgement to overcome. A couple even mentioned including health care practitioners in the discussion. They felt that physicians also need to be educated and/or given strict guidelines re: prescribing. It was also suggested to have police officers take training in psychology and/or have a nurse with them when dealing with people who use drugs.

*“Round tables...go to the street. You can’t learn this stuff from a book. You can’t tell me where I’ve been if you haven’t been there.” – Person with lived experience*

*“Should be done with people who are affected – users, their families, etc.” – Person with lived experience*

*“It’s a sickness, you don’t want to be stuck in that. There is shame. Help them [users] get up and out.” – Person with lived experience*



*“Should be some kind of conversation. Less guilt and shame. It’s hard when everyone goes against you – when you’re sick. It’s scary for people to hear about it.” – Person with lived experience*

*“The people who judge are people who don’t understand. There needs to be education.” – Person with lived experience*

*“Knowledge is power. Saves people’s lives.” – Person with lived experience*

*“Also, let people know ‘don’t do it’. Education and awareness. Even some addicts don’t know what they’re doing.” – Person with lived experience*

### Public Health Approach to Drugs

Interviewees were asked about their views on a public health approach to drugs. (A definition was provided: A public health approach to drugs can include increased access to prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs.)

**Most (two-thirds) of those with lived experience said they strongly supported a public health approach.**

*“Public Health knows more than the general public.” – Person with lived experience*

*“100% [support]. Best for users and the entire nation – to help people who are having problems with drugs and alcohol.” – Person with lived experience*

*“Trying to band together...more beneficial, productive and helpful. Not sweeping it under the rug, putting it out there rather than a Band-Aid solution.” – Person with lived experience*

Other interviewees said they somewhat supported it and one person was somewhat opposed.

*“[Somewhat] at this point. Maybe in 3-4 years I would strongly support. Let the apple tree grow. But don’t give up on us. Be there.” – Person with lived experience*

*“It’s saying it’s okay to be a crackhead or a meth head. It’s better than dirty needles, but it’s still not healthy. Rehab is the most important thing.” – Person with lived experience*

*“They are trying to help in the end. Less needles on the street. Less chance of disease – AIDS, hepatitis p C... a support system for people struggling with drugs.” – Person with lived experience*

### Final comments from participants:

*“There’s a place in BC where nurses give needles. It was on W5 or Fifth Estate. They’re doing it in BC. Ontario should follow.” – Person with lived experience*

*“Laws cause crimes and violence.” – Person with lived experience*

*“I don’t think all drugs should be decriminalized. They’ll kill you. They’re used in raves and can fry your brain. All you’re doing is selling people death.” – Person with lived experience*

*“It’s a sickness – you don’t want to be stuck in that. There’s shame. Help them get up and out.” – Person with lived experience*

*“You know, I hope it works. I hope you guys are able to do something soon because you know a lot of people are dying because of this – and I’m tired of my friends dying, right? And I think that if we were able to go into a pharmacy, get clean, safe drugs, we wouldn’t be having these issues any more, you know? I’m tired of losing my friends.” – Person with lived experience*

# 6 Appendix

## 6.1 Open Link Survey Questionnaire

### Participate Now!

Please take a few moments to read the discussion paper and fact sheets posted on the website. The information in these documents provide background to the questions asked in this survey.

### Online Community Dialogue

Around the world, governments are considering different approaches to drugs. Some countries are decriminalizing drug use and possession while other countries are legalizing and regulating drugs. Change is happening in Canada too. It will soon be legal for adults to purchase cannabis for personal use. Amid the current opioid overdose crisis, some health officials and professionals working with people in the community are also calling for a new approach to other drugs.

How could we change our approach to drugs? What would a public health approach to drugs look like for Canada? Toronto Public Health is conducting a community dialogue on this topic that includes community sessions and this online survey. This initiative was recommended as part of the *Toronto Overdose Action Plan*, endorsed by the Toronto Board of Health in March 2017. The results of the community dialogue will be included in a report from Toronto's Medical Officer of Health to the Board of Health in summer 2018.

Submissions will be accepted until **May 28, 2018**.

### Demographics

Toronto Public Health is committed to an open, transparent and inclusive process for this initiative. We would appreciate you taking a few minutes to tell us a bit about yourself. These questions are optional and demographic information will not be linked to your individual responses. However, answering will allow us to better understand the range of perspectives contributing to this discussion.

D1.

What are the first 3 digits of your postal code?

D2.

What is your age?

- Under 18
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 and over
- Prefer not to answer

D3.

With what gender do you identify?

- Man
- Woman
- Another gender identity
- Prefer not to answer

D4.

Which of the following **best** describes your race?

- Indigenous (e.g. First Nations, Inuit, Métis)
- Asian – East (e.g. Chinese, Japanese, Korean)
- Asian – South (e.g. Indian, Pakistani, Sri Lankan)
- Asian – South East (e.g. Malaysian, Filipino, Vietnamese)
- Black – African (e.g. Ghanaian, Kenyan, Somali)
- Black – Caribbean (e.g. Jamaican, Trinidadian)
- Black – North American
- Indian-Caribbean (e.g. Guyanese with origins in India)
- Latin American (e.g. Argentinean, Chilean, Costa Rican)
- Middle Eastern (e.g. Egyptian, Iranian, Israeli, Palestinian)
- Mixed background
- White – European (e.g. English, Greek, Italian, Portuguese, Serbian)
- White – North American
- Other(s) (Please specify):
- Prefer not to answer

D5.

Please choose what **best** describes you.

- Community member
- Service provider or volunteer who works with people who use drugs
- Someone who uses/used drugs
- Family member or friend of someone who uses/used drugs
- None of the above

**Main Questionnaire**

Q1

To what degree do you think the current approach to drugs in Canada is working?

**[Pop-up box to appear if hover over “approach”]:**

In Canada, alcohol, tobacco and prescription drugs are regulated by governments. The possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence.

- Working well – no need to change
- Working somewhat – modifications should be considered
- Not working well – changes need to be made
- Don’t know

Q2

Please explain

Q3

How much do you know about the health and social harms caused by laws that make it a crime to possess certain drugs for personal use?

**[Pop-up box to appear if hover over “crime”]:**

In Canada, the possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence.

- A lot
- Some
- Not much
- Nothing at all / I had never considered there may be negative impacts

Q4

Do you think the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs?

**[Pop-up box to appear if hover over “decriminalizing”]:**

Under decriminalization, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal.

- Yes
- No
- I'm not sure

Q5

Do you think the federal government should consult with Canadians about legally regulating all drugs?

**[Pop-up box to appear if hover over “regulating”]:**

Under legal regulation, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g., there are a range of approaches for alcohol, tobacco, prescription drugs.).

- Yes
- No
- I'm not sure

Q6

To what degree would you support a public health approach to drugs?

**[Pop-up box to appear if hover over “public health approach”]:**

A public health approach to drugs can include increased access to comprehensive, evidence-based prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs.

- Strongly support
- Somewhat support
- Neither support nor oppose
- Somewhat oppose
- Strongly oppose

Q7

Please explain

Q8

Do you have any further comments or suggestions about Canada's approach to drugs?

No Comment **[EXCLUSIVE CHOICE]**

**Call to Action**

Thank you for participating in this consultation.

Share this with family and friends and encourage them to participate in this consultation.

[Icons/links for social media: Facebook, Twitter, Reddit, LinkedIn, Google +]

[Auto-generated text to include:] I shared my thoughts on a public health approach to drugs. Have you? [link]

What are the next steps? Follow Toronto Public Health on social media for the latest news.

[social icons – [Twitter] [Facebook] [ LinkedIn] [YouTube]]

## 6.2 General Public Survey Questionnaire

N=500 Toronto, Online

Standard survey introduction and screening (e.g. Region, age, gender)...

1. **As you may know, in Canada, alcohol, tobacco and prescription drugs are regulated by governments. The possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence. To what degree do you think the current approach to drugs in Canada is working?**

Working well – no need to change

Working somewhat – modifications should be considered

Not working well – changes need to be made

Don't know

2. **As far as you know, what are the negative health and social effects of the Canadian laws that make it a crime to possess certain drugs for personal use?**

OPEN END TEXT BOX

None

3. **Research has identified a range of harms caused by our drug laws, including stigma and discrimination, increased rates of HIV and hepatitis, and difficulty finding employment or housing due to a criminal record.**

**Before today, how much had you read, seen or heard about the potential health and social harms of Canadian laws that make it a crime to possess certain drugs for personal use?**

A lot

Some

Not much  
Nothing at all

**4. Some people feel Canada should take a public health approach to drugs that are illegal now.**

A public health approach to drugs includes **increased access to comprehensive, evidence-based prevention, harm reduction and treatment services**. It can also include the **decriminalization of drugs for personal use and possession or the legal regulation** of drugs.

(Under **decriminalization**, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal. Under **legal regulation**, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g., like alcohol and tobacco))

**To what degree would you support a public health approach to drugs that are illegal now?**

Strongly support  
Somewhat support  
Somewhat oppose  
Strongly oppose  
Neither support nor oppose

**4B. And why do you say that? OPEN END TEXT BOX**

**5. In the past year, have you...**

- A. Personally...
- B. Been with friends or family that have...

[MULTI SELECT]

Consumed alcohol  
Smoked a cigarette  
Consumed cannabis or hashish  
Taken prescription drugs for medical purposes  
Taken prescription drugs for non-medical purposes  
Taken other drugs (heroin, cocaine, etc.) for non-medical purposes  
None of the above [EXCLUSIVE]  
Prefer not to answer

Standard demos (region, age, gender, education, household composition, income)



### 6.3 Community Dialogue Discussion Guide

#### TORONTO PUBLIC HEALTH – COMMUNITY DIALOGUE: DRUG POLICY

**TUESDAY, MAY 22, 2018**

**LOCATION: Metro Hall**, 55 John Street, Toronto Room 308, 3<sup>rd</sup> Floor

**THURSDAY, MAY 24, 2018**

**LOCATION: Mimico Centennial Library**, Auditorium, 47 Station Road

**TIME: 6:00-9:00 pm (3 hours)**

#### **1. Welcome, introduction, ground rules, etc. 6:00-6:15**

- a. **Thank you** for attending
- b. **Overview of the session purpose:** To get your thoughts and perspectives about drug policy in Canada. You have handouts on the table to refer to. These materials were also posted on the website. Open, transparent and inclusive process for the consultation
- c. **Good engagement practices:** full participation, respect opinions of others, don't interrupt others when speaking, feel free to ask questions
- d. **Facility details:** bathrooms, refreshments, etc.
- e. **Keypads:** explain how to use keypad to answer questions. Test function with all participants. So that we can get a sense of who is in the room, we would like you to use your keypads to answer a few demographic questions. Please be assured your anonymity will be maintained. Answering will allow us to better understand the range of perspectives contributing to this consultation.

#### **SHOW QUESTIONS**

##### **D1.**

What is your age?

1. Under 18
2. 18 to 24 years
3. 25 to 34 years
4. 35 to 44 years
5. 45 to 54 years
6. 55 and over
7. Prefer not to answer

##### **D2.**

With what gender do you identify?

1. Man
2. Woman
3. Another gender identity
4. Prefer not to answer

**D3.**

Which of the following **best** describes your ethnicity?

1. Indigenous (e.g. First Nations, Inuit, Métis)
2. Asian – East (e.g. Chinese, Japanese, Korean)
3. Asian – South (e.g. Indian, Pakistani, Sri Lankan)
4. Asian – South East (e.g. Malaysian, Filipino, Vietnamese)
5. Black – African (e.g. Ghanaian, Kenyan, Somali)
6. Black – Caribbean (e.g. Jamaican, Trinidadian)
7. Black – North American
8. Indian-Caribbean (e.g. Guyanese with origins in India)
9. Latin American (e.g. Argentinean, Chilean, Costa Rican)
10. Middle Eastern (e.g. Egyptian, Iranian, Israeli, Palestinian)
11. Mixed background
12. White – European (e.g. English, Greek, Italian, Portuguese, Serbian)
13. White – North American
14. Other(s)
15. Prefer not to answer

**D4.**

Please choose what **best** describes you. Are you giving us your feedback as...?

1. Community member
2. Service provider or volunteer who works with people who use drugs
3. Someone who uses/used drugs
4. Family member or friend of someone who uses/used drugs
5. None of the above

**Pre-dialogue pulse:** SHOW QUESTION

**Q1.** In Canada, alcohol, tobacco and prescription drugs are regulated by governments. The possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence.

To what degree do you think the current approach to drugs in Canada is working?

1. Working well – no need to change

2. Working somewhat – modifications should be considered
3. Not working well – changes need to be made
4. Don't know

SHOW RESULTS

SHOW QUESTION

**Q2.** How much do you know about the health and social harms caused by laws that make it a crime to possess certain drugs for personal use?

1. A lot
2. Some
3. Not much
4. Nothing at all / I had never considered there may be negative impacts

SHOW RESULTS

- f. **Introduce Ipsos team** (unbiased third-party, research first, etc.) **and presenters** (looking to hear your honest, open opinions and thoughts)

**2. [PLENARY] Pre-amble introducing overall purpose and flow of session 6:15-6:20**

Purpose of today: Why you're her, why we're doing this now (background / context); provide a framework for feedback

**3. Opening Remarks (5-10 min) 6:20-6:30**

- Opening remarks, and why this is an important issue for Toronto Public Health and our city

**4. Current Landscape of Drug Use and Criminalization 6:30 – 7:00**

**Two presentations, followed by keypad questions/results and discussion  
Public Health Expert (10-15 min)**

- What is our current approach to illegal drug use?
- What harms have resulted from criminalization?
- What constitutes a public health approach?

**Person with lived experience (5-10 min)**

- Impacts of criminalization on the lives of people who use drugs

Let participants know they can ask the presenters a few clarifying questions if they have any.

**Small group discussion led by Ipsos and TPH Facilitators – 8-10 tables 7:00 – 7:20**

SHOW BOTH QUESTIONS, THEN DISCUSS RESULTS AT ROUND TABLE DISCUSSION

**Q3.** What are your views of our current approach to drugs in Canada?

**Q4.** What are your thoughts about the harms related to the criminalization of drug use?

*Prompts (if needed):*

- *What was your key takeaway from the presentations you just heard?*
- *What was the most surprising thing you heard?*

**Plenary Summary (lead by Ipsos) 7:20 – 7:30**

- **1-2 Key findings** from each table (presented by table facilitator or volunteer)

**5. Alternatives to Our Current Policy (10-15 min) 7:30 – 7:45**

**One presentation, followed by keypad questions/results and discussion**

**Drug Policy Expert**

- What are the alternatives to our current approach to drug policy?
  - Decriminalization (e.g. Portugal)
  - Legal regulation

Let participants know they can ask the presenters a few clarifying questions if they have any.

**Small group discussion led by Ipsos and TPH Facilitators – 8-10 tables 7:45 – 8:15**

SHOW QUESTION, THEN DISCUSS RESULTS AT ROUND TABLE DISCUSSION

**Q5.** What are your views about these alternative approaches (e.g. decriminalization, legal regulation)?

*Prompts (if needed):*

- *What are the benefits?*
- *Do you have any concerns? And, if so, how could they be addressed?*

SHOW QUESTION

**Q6.** Under decriminalization, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal.

Do you think the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs?

1. Yes
2. No
3. I'm not sure

SHOW RESULTS - DISCUSS

SHOW QUESTION

**Q7.** Under legal regulation, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g., there are a range of approaches for alcohol, tobacco, prescription drugs.).

Do you think the federal government should consult with Canadians about legally regulating all drugs?

1. Yes
2. No
3. I'm not sure

SHOW RESULTS – DISCUSS

SHOW QUESTION

**Q8.** A public health approach to drugs can include increased access to comprehensive, evidence-based prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs

To what degree would you support a public health approach to drugs?

1. Strongly support
2. Somewhat support
3. Neither support nor oppose
4. Somewhat oppose
5. Strongly oppose

SHOW RESULTS - DISCUSS

**Plenary Summary (lead by Ipsos) 8:15-8:30**

- **1-2 Key findings** from each table (presented by table facilitator or volunteer)  
(again, will this be kept very brief – one or two key items discussed)

**6. Wrap and Thanks 8:30 – 8:45**

**Post-dialogue pulse: SHOW QUESTION**

**Q9.** To what degree do you think the current approach to drugs in Canada is working?

1. Working well – no need to change
2. Working somewhat – modifications should be considered
3. Not working well – changes need to be made
4. Don't know

SHOW PRE & POST RESULTS

- What’s shifted? Why? (Ask a few people in the audience to share what shifted for them and why)
- Thank you for participating

## 6.4 Lived Experience Discussion Guide

### TORONTO PUBLIC HEALTH – COMMUNITY DIALOGUE: DRUG POLICY ONSITE INTERVIEWS

DATE	LOCATION
<b>Monday, May 28</b> 1:30 pm	Unison Community Health Centre 1651 Keele Street
<b>Tuesday, May 29</b> 10:00 am	LAMP Community Health Centre Etobicoke
<b>Wednesday, May 30</b> 1:00 pm	Fred Victor Centre 145 Queen Street East
<b>Thursday, May 31</b> 12:00 pm	Agincourt Community Services Scarborough 4155 Sheppard Ave East (between Midland and Kennedy)

#### INTERVIEW #:

#### INTRODUCTION

- **Moderator introduction**
- **Invitation to participate and interview purpose:** To get your thoughts and perspectives about drug policy in Canada. The interview will take approximately 20 minutes and you will receive an honorarium (\$25) for participating in our survey.
- **No right/wrong answers;** honest opinion/perspective; confidentiality

1. What is your age?
  1. Under 18
  2. 18 to 24 years
  3. 25 to 34 years
  4. 35 to 44 years
  5. 45 to 54 years
  6. 55 and over
  7. Prefer not to answer
  
2. With what gender do you identify?
  1. Man
  2. Woman
  3. Another gender identity
  4. Prefer not to answer

3. Which of the following **best** describes your ethnicity?
  1. Indigenous (e.g. First Nations, Inuit, Métis)
  2. Asian – East (e.g. Chinese, Japanese, Korean)
  3. Asian – South (e.g. Indian, Pakistani, Sri Lankan)
  4. Asian – South East (e.g. Malaysian, Filipino, Vietnamese)
  5. Black – African (e.g. Ghanaian, Kenyan, Somali)
  6. Black – Caribbean (e.g. Jamaican, Trinidadian)
  7. Black – North American
  8. Indian-Caribbean (e.g. Guyanese with origins in India)
  9. Latin American (e.g. Argentinean, Chilean, Costa Rican)
  10. Middle Eastern (e.g. Egyptian, Iranian, Israeli, Palestinian)
  11. Mixed background
  12. White – European (e.g. English, Greek, Italian, Portuguese, Serbian)
  13. White – North American
  14. Other(s)
  15. Prefer not to answer
  
4. In Canada, alcohol, tobacco and prescription drugs are regulated by governments. The possession of certain drugs, such as cocaine and heroin, for personal use is a criminal offence.  
  
To what degree do you think the current approach to drugs in Canada is working? Do you think that:
  1. This approach is working well, and there is no need to change it
  2. This approach is working somewhat, and that some modifications should be considered
  3. This approach is not working well, and substantial changes need to be made
  4. Don't know
  
- 4b. Can you tell me a bit more about why you think that?
  
5. How much do you know about the health and social harms caused by laws that make it a crime to possess certain drugs for personal use? Would you say that you know:

1. A lot about the health and social harms,
2. A fair amount about the health and social harms
3. Not much about the health and social harms
4. Nothing at all / I had never considered there may be negative impacts

5b. Would you be comfortable sharing some of the harms you or your friends have experienced because of our drug laws?

6. Can you tell me what you think of some of the alternative approaches to addressing drug use, like decriminalization?

Note: Provide definition of decriminalization if needed.

*Under decriminalization, the possession of drugs for personal use is allowed, but the production and sale of drugs remains illegal.*

7. What about legalizing and regulating all drugs? What do you think about that option?

Note: Provide definition of legal regulation if needed.

*Under legal regulation, the possession of drugs for personal use is legal under certain circumstances, and the production and sale are regulated by government in various ways (e.g., there are a range of approaches for alcohol, tobacco, prescription drugs.).*

8. Do you think the federal government should consult with Canadians about decriminalizing the personal use and possession of all drugs? By consultation, we mean should the government talk with Canadians about whether decriminalizing all drugs is a good idea.

1. Yes
2. No
3. I'm not sure

8b. Do you want to say a bit more about why you think that?

9. Do you think the federal government should consult with Canadians about legally regulating all drugs? Again, here we are wondering whether you think that the government should talk with Canadians about whether legalizing and regulating all drugs is a good idea.

1. Yes
2. No
3. I'm not sure

9b. Do you want to say a bit more about why you think that?



10. A public health approach to drugs can include increased access to prevention, harm reduction and treatment services. It can also include the decriminalization of drugs for personal use and possession, and strict control and regulation of drugs

To what degree would you support a public health approach to drugs? Would you say that you:

1. Strongly support a public health approach to drugs?
2. Somewhat support a public health approach to drugs?
3. Neither support nor oppose a public health approach to drugs?
4. Somewhat oppose a public health approach to drugs?
5. Strongly oppose a public health approach to drugs?

11. Do you have any further comments or suggestions about Canada's approach to drugs?

**CLOSE**

Thank you so much for your time and for participating in our survey.

The information you've provided will be part of a report that is going to the Toronto Board of Health in July. If you're interested in having a copy of that report, we can take your email address now or you can get a copy from this agency as we'll be sending it to them as well.

Provide honorarium and get signature.