

March 6, 2023

To: Regional Municipality of Waterloo Community and Health Services Committee

From: Waterloo Region Drug Action Team

Re: Report PHP-HLV-23-001 / Drug Strategies

On behalf of the community-based Waterloo Region Drug Action Team (WR DAT) and for your consideration, we are pleased to provide comments and some historical context on report PHP-HLV-23-001 regarding drug strategies and plans, or rather, the lack thereof, in Waterloo region.

The Waterloo Region Drug Action Team is comprised of Waterloo region residents with interest, experience, and expertise in resolving a wide range of drug-related issues. Our membership includes direct service staff in shelter and outreach environments, drug policy professionals, academics from all 3 area post-secondary institutions, and persons directly affected by drug-related issues, among others, including members who were part of the original Integrated Drugs Strategy Community Task Force (2008-2011) facilitated by the Waterloo Region Crime Prevention Council to create the Waterloo Region Integrated Drugs Strategy (WRIDS). The WR DAT receives no funding.

Members are supportive of the Region's Corporate Strategic Plan 2019-2023, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.4: Prevent and reduce problematic substance use and its consequences. With the greatest respect for staff and others involved, we regret to inform Committee members that no comprehensive strategy of substance exists in Waterloo region that could meaningfully *facilitate or achieve* population-level progress on Objective 4.4., including, for example, substantial reductions in drug poisoning deaths and injuries, crime, and victimization.

A Brief History

The Waterloo Region Integrated Drugs Strategy (2011- present)

The 26-member Community Task Force that developed the Strategy - including Objective 4.4. noted above - were unequivocal that the Integrated Drugs Strategy must be **community-based and community-led** to succeed. The Task Force specifically noted with the utmost respect that large government systems such as public health and police services would - intentionally and not - impede innovation and progress on evidence-informed approaches. Indeed, some members of the WR DAT recall attempts by one or more of those systems to eliminate the entire drug strategy, and over subsequent years, delay, impede, and/or ignore specific life-saving, community-initiated programs, policies, and legislation now widely celebrated and promoted such as naloxone provision, supervised consumption services, safe supply, the *Good Samaritan Drug Overdose Act*, neighbourhood-based prevention opportunities, overdose monitoring and response, among others.

The 26-member Community Task Force was clear that folding the facilitation and implementation of the Strategy into a department of the Region or police services would not expeditiously advance the public interest on a range of drug-related issues. Report PHP-HLV-23-001 clearly demonstrates (again) that the WRIDS is no longer community-led, and is relatively indistinguishable from departments that are often politicized, bureaucratic, and

relatively risk-averse, sometimes guided more by mandates and political interests from provincial ministries than evidence-informed solutions to a plethora of drug-related issues. The WR DAT is compelled to note that many if not most of the initiatives identified in Report PHP-HLV-23-001 were established without initiation and/or support from the WRIDS or Public Health.

Data from the Office of the Chief Coroner of Ontario reflects the absence of progress from all levels of government to reduce a leading cause of acute death on a population-level. Municipalities, however, are capable of enabling community to affect success on a range of indicators of interest to local residents, the public, private, and non-profit sectors that government and its departments can not and/or will not initiate or implement.

The Opioid Response Plan (2018 - present)

In 2017, The Ministry of Health and Long Term Care allowed Public Health Units to develop an opioid response plan. In 2018, Waterloo Region Public Health established a 'Special Committee' and 4 initiatives that formed the Opioid Response Plan. The Plan noted:

“stakeholder working groups are being formed to develop action plans, along with timelines and indicators of success.... and will be updated based on the needs of the community and the changing opioid situation. Progress will be measured on identified strategies and progress reports will be provided to Regional Council.”

It is unclear that anything of substance has been achieved through the Special Committee / Opioid Response Plan in the last 5 years.

Notwithstanding the value of public health functions, provincially-mandated and otherwise, the WR DAT submits to Committee members that a broader range of strategic interventions are required, and are more likely to materialize and be effective, at a fraction of the cost, when community expertise leads the facilitating and implementing process. Again, Report PHP-HLV-23-001 provides numerous examples of municipal, provincial and national programs, policies, and legislation facilitated and initiated outside of government-dominated structures, some of which were later assumed into core public health functions.

The Community Safety and Wellbeing Plan (2021 - present)

The Community Safety and Wellbeing Plan (CSWB) grew into provincial legislation from the now defunded Waterloo Region Crime Prevention Council. The CSWB compels municipalities to create a plan via the *Comprehensive Ontario Police Services Act, 2019*, S.O. 2019, c. 1:

PART XVI

COMMUNITY SAFETY AND WELL-BEING PLANS

251 A community safety and well-being plan shall,

- (a) identify risk factors in the municipality or First Nation, including, without limitation, systemic discrimination and other social factors that contribute to crime, victimization, addiction, drug overdose and suicide and any other risk factors prescribed by the Minister;
- (b) identify which risk factors the municipality or First Nation will treat as a priority to reduce;
- (c) identify strategies to reduce the prioritized risk factors, including providing new services, changing existing services, improving the integration of existing services or coordinating existing services in a different way;

The Region of Waterloo assumed responsibility for the preparation and implementation of a CSWB on behalf of the 7 local municipalities.

The local CSWB Plan is another missed opportunity for the 7 area municipalities to improve individual and community safety by meaningfully addressing drug-related issues, including issues of crime, victimization, addiction, and overdose - particularly for those residents disproportionately at-risk of life-threatening harms - as the local CSWB Plan appears to contain no strategies to address those specific risk factors identified in the Act.

Conclusion

Historically, and with the utmost respect for public service staff and Council, most local progress on drug-related concerns has been due to community-led efforts rather than corporate-government interests that dominate local plans/strategies and impede cost-effective efforts to improve both individual and community health and safety. The defunding of the Waterloo Region Crime Prevention Council, responsible for many of the life-saving initiatives identified in report PHP-HLV-23-001, has left a serious, life-threatening gap in Waterloo region.

The drug poisoning crisis has resulted in approximately 626 un-prevented deaths and innumerable, sometimes permanent, injuries - disproportionately distributed among local residents- across Waterloo region over the last 5 years. For context, that is approximately 7 times the number of fatalities due to motor vehicle collisions. By any metric, the drug poisoning crisis meets the formal definition of a public health emergency:

- An occurrence or imminent threat of a situation that poses a substantial risk of disease or injury to a population, and
- Has the potential to overwhelm routine capabilities to address the threat and/or the health consequences

There is no indication that drug-related fatalities, injuries, and other avoidable harms will decline in 2023 and beyond without a bold, evidence-informed approach grounded in the wisdom of community-based leadership. While it is highly unlikely a formal emergency declaration will be recommended by staff or emerge from the Board of Health, it is critical that Waterloo Region has an emergency response via *both* an authentic community-based strategy and a community-led facilitation mechanism. Currently, Waterloo region has neither.

Waterloo region does have resourced plans and strategies to prevent and/or reduce other important but far less common forms of death and injury, including but not limited to motor vehicle safety. The WR DAT posits that an authentic strategy to address drug-related issues is of high value across Waterloo region, including substantial benefits to over-burdened staff in the non-profit, voluntary, private, and government services (e.g. health, policing, social services) sectors. We respectfully contend that there is no value in doing the same things over and over and expecting different results.

There is significant drug-related expertise, experience, and motivation within regional communities and outside of existing big system 'strategies' and facilitation mechanisms. Further, the Region of Waterloo should become a collaborating partner in an authentic community-based, community-led drug strategy that is urgent, proportional to the scale of the crisis, and containing the hallmarks of traditional strategies such as targets, timelines, and dedicated resources.

On behalf of the volunteers of the Waterloo Region Drug Action Team, we wish you success in efforts to secure a healthier and safer community for all residents. If we can be of any assistance in advancing a community-based, community-led drug strategy, please do not hesitate to contact us.

Respectfully,

Waterloo Region Drug Action Team
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