

## WRPCPC Agenda

January 15, 2021

9:00 a.m. to 11:30 a.m.

### Video Conference

1. Welcome – 5 min
2. Approval of Agenda
3. Declaration of Conflict of Interest
4. Approval of the December 11, 2020 Minutes
  - 4.1 Business Arising
5. Nominating Committee Report – Irene O’Toole – 15 min
  - 5.1 Approval of the 2021 WRCPC Slate (attached)
6. Strategic Plan - Deb Bergey
  - a. Outlining the Process – 15 min
  - b. Vision and Mission – 30 min
  - c. **Break – 10 min**
  - d. Strategic Directions – 30 min
7. Community Safety and Wellbeing Plan – Deb Bergey/ Michael Parkinson – 20 min
8. Safe Supply follow-up – Michael Parkinson – 15 min
  - a. Questions (attached)
  - b. Working Group
9. Executive Director Update – Deb Bergey – 5 min
  - Staffing Updates
10. Other Business
11. Adjournment

## WRPCPC Draft Minutes

December 11, 2020

9:00 a.m. to 11:30 a.m.

### Video Conference

**Present:** Andrew Jackson, Arran Rowles, Bill Wilson, Carmen Abel, Chris Cowie, David Jaeger, Doug McKlusky, Irene O'Toole, Joe-Ann McComb Janice Ouellette, Jennifer Hutton, Jonathan English, Kathryn McGarry, Kathy Payette, Kelly Anthony, Lu Roberts, Mark Pancer, Patricia Moore, Peter Ringrose, Richard Eibach, Rosslyn Bentley, Sarah Shafiq, Shayne Turner, Sharon Ward-Zeller, Tom Galloway, Trisha Robinson

**Regrets:** Angela Vanderheyden, Barry McClinchey, Bryan Larkin and Mark Crowell, Cathy Harrington, Dave Dunk, Hsiu-Li Wang and Karen Quigley-Hobbs, James Bond, John Shewchuk, Karen Spencer and Kelly Bernier, Shirley Hilton

**Staff and Students:** Amy Moore (MSW Student), Deb Bergey, Jessica Hutchison, Julie Thompson, Michael Parkinson, Mary Anna Allen

**Chair:** Richard Eibach

**Minutes:** M.A. Allen

#### 1. Welcome:

Richard Eibach welcomed WRPCPC members, staff, and guests.

Richard Eibach acknowledged some of the challenges that the staff and the Council members have endured over the past year. These include the loss of the founding Executive Director Christiane Sadeler, the staff redeployment, and the organizational changes. He thanked staff and Council members for their forbearance and contributions in addition to their commitment to WRPCPC and to the important work moving forward. Richard also acknowledged Cathy Harrington for her leadership and her work in helping the Council develop a new vision. In addition, Richard acknowledged the sector representatives and the challenges they have all endured within their organizations in trying to meet the needs in the community over the past year.

#### 2. Approval of Agenda:

Moved by Sharon Ward-Zeller

Seconded by Kathy Payette

Carried

### **3. Declaration of Conflict of Interest: None**

### **4. Approval of the November 13, 2020 Minutes:**

Moved by Kathy Payette

Seconded by Kathryn McGarry

Carried

#### **4.1 Business Arising: None**

### **5. Presentation about Safe Supply Survey results:**

Michael Parkinson and Jesse Burt, an outreach worker with the Aids Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA), supplied an overview to the WRCP members about the key research findings involving people who use unregulated drugs and are without permanent shelter. Both presented the findings of the two local surveys conducted in late summer and early fall. The first survey administered at the YWCA overflow men's shelter in Kitchener focused on the low barrier shelter approach. The second survey administered to people who use drugs, are unsheltered, and or are in a local shelter system focused on safe supply. Surveyors asked participants about their experiences and perceptions related to area shelters and housing, substance use, safe supply, and crime and victimization. Please see PPT attached.

The primary focus of the surveys was to investigate the potential opportunities for upstream preventative and renewal approaches to issues multiplied by the COVID-19 pandemic related to drug use, mental health, housing etc. involving people who use unregulated drugs, and are without permanent shelter.

Michael thanked the following research participants and organizations that supplied their expertise: Jesse Burt, Katie Cook, Jay Solanki, YWCA, Working Centre, House of Friendship, ACCKWA, and staff of the YWCA overflow shelter that participated in the first survey.

The next steps include the following:

- Advancing solutions grounded in equity.
- Removing structural barriers.
- Both reports and material will be made available at the January 15<sup>th</sup>, 2021 meeting.
- A follow-up survey will be email out to the WRCP members, staff, and guests after today's presentation to help inform next steps.

Kathryn McGarry put forward a motion to organize a working group to support the next steps of the surveys.

Seconded by Kathy Payette

Carried

Deb Bergey, Michael Parkinson, and Jesse Burt will discuss the selection of the working group participants.

Included in the next steps will be to mobilize the working group and identify the organization or persons that will take the lead. In addition, a report to Regional Council will follow.

Staff will attach questions and answers from the WRCPC members, staff, and guests, about the presentation as an added section to the minutes.

## **6. Break: 10:11 a.m.**

## **7. Vision Strategic Planning:**

The WRCPC, staff and guests participated in a visioning exercise.

Richard Eibach acknowledged and thanked the interim Executive Director, Deb Bergey for her leadership and support.

Deb Bergey presented a review of the WRCPC's journey and an exploration of the visioning process. The presentation included WRCPC progress to date, the confusion and trepidation Council experienced about the how and what to change, the need for a clear strategic direction for 2021 based on the Smart on Crime 2015-2018 evaluation, upstream thinking, restorative practice, and the integration of an equity lens.

The Council also reviewed its Catalyst Model of Change.

Deb presented the main themes from 'The Smart on Crime 2015-2018' evaluation regarding WRCPC's role (Backbone Support, Knowledge Exchange, and Community Engagement) along with the recommendations from the evaluation.

Council watched Upstream Approaches video presented by David Siladi and highlighted at the Justice Dinner 2018.

Jessica Hutchison shared an overview of how the Restorative Approach and Restorative Region complement the WRCPC's context and upstream thinking.

A restorative approach is about accounting for the structural and systemic factors that have contributed to harm in the first place and advocating for changes to prevent the harm from happening within the inequitable systems and structures in our society.

The WRCPC members reviewed its Vision, Mission, Values, and Mandate and participated in focused group discussions. The following is the question posed to participants: 'With upstream and restorative approaches, as well as equity, as a core WRCPC focus, what if anything should change in our vision, mission mandate?'

The next steps will be for the Design team to review all input from the Council meeting and focus groups, and draft a refreshed vision, mission, and mandate.

The Council will review the refreshed vision, mission, and mandate at its next meeting on January 15<sup>th</sup>, 2021 where a facilitated conversation will take place to identify priorities for the

Council's work. The Design Team will then review all the draft priorities and consult key stakeholders.

The Council will review the draft priorities, draft Community Plan, and determine the best organizational model to conduct this work.

In March 2021, the WRCPC will present the new Community Plan and organizational model to Regional Council.

#### **8. Nominating Committee update:**

On behalf of the Nominating Committee, Irene O'Toole provided an update to the WRCPC.

Members of the Nominating Committee include Lu Roberts, Chris Cowie, Jonathan English, Richard Eibach and Deb Bergey as the staff support person.

The WRCPC Sector Slate will come forward at the January 15, 2021 meeting for Council approval. Elections of the Executive positions will be held at the Council's inaugural meeting on February 12, 2021.

The Nominating Committee reviewed the current WRCPC sector list using the new visioning process as a lens for decision-making. It is an interim one-year plan reviewing the sectors to ensure representation of the community as the community is currently in the process of carrying out.

Please send Council representation recommendations to Deb Bergey and Irene O'Toole. The commitment to the WRCPC vision of crime prevention and root causes, equity and strategic thinking are important considerations when seeking representation. In addition, representatives need to share WRCPC's core values and have the time and resources to attend meetings.

#### **9. Executive Director Update. None**


**10. Other Business:** None

**11. Adjournment:** No quorum

**Safe / Unsafe**

Overview of key research findings involving people who use unregulated drugs and without permanent shelter.

WRPCPC, December 2020



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**Acknowledgements**

All research participants  
Jesse Burt  
Katie Cook  
Jay Solanki

YWCA  
Working Centre  
House of Friendship  
ACCKWA  
Staff of the YW Overflow Shelter



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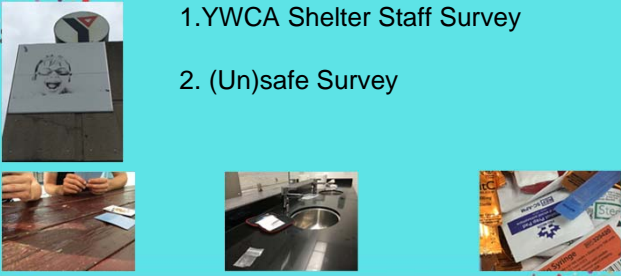
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**1. YWCA Shelter Staff Survey**

**2. (Un)safe Survey**



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Fatalities: Region of Waterloo PHE Area	2019	2020	% Change
WRIDS: Suspected opioid-related	63 (59)	87 (to 09-12-20)	+ 47%
OCC: Drug-related to October	93	118	+ 27%
Ontario			
ODPRN: Projected Ontario opioid-related poisoning fatalities	1512	2271	+ 50%

Sources: Ontario Office of the Chief Coroner, WRIDS, ODPRN




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### Key Considerations

- Acquisition** – all of the steps required for obtaining unregulated drugs
- Consumption** – pharmacology
- Criminalization** - phenomenology


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### Context: YWCA Overflow Shelter Survey

Multi-agency collaborative as a COVID-19 response with diverse staff group

Replaced St. Mark's overflow at YMCA, Kitchener


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**Context: YWCA Overflow Shelter Survey**

Temporary shelter for men who don't 'fit' into shelter system due to restrictions, rules, substance use and/or mental health, etc.

Allowed substance use onsite, harm reduction supplies

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**YW Overflow Survey**

"I always felt awkward approaching the subject of substance use in previous jobs as it was simply not allowed. There was a "realness" and honesty to much of the relationships I built at overflow that I can't compare to anywhere else." - Staff

"The low barrier approach also saved many human lives to fatal overdoses, as they were never alone or judged when they were using, just supported." - Staff

"The benefit to guests with harm reduction is the development of trust/confidence between guests and staff ...this model reduced overdose occurrences and emergency calls." - Staff

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**YW Overflow Survey**

Select Key Findings include:

- 1) Support for onsite harm reduction supplies and drug consumption
- 2) Support for a "low barrier" approach
- 3) Value of onsite ancillary services, supports, medical care

Full Report in January, 2021

"Overall I came to realization that a more dignifying approach to drug use is a win-win situation. Guests stay healthy (making it cost effective in the long run) and it gives them more opportunities to overcome addiction and get access to services." - Staff

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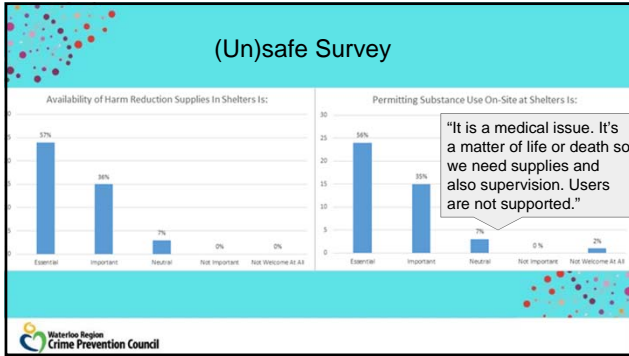
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Health Canada / Santé Canada  
*Your health and safety... our priority. / Votre santé et votre sécurité... notre priorité.*

Controlled Substances and Cannabis Branch  
 Office of Controlled Substances  
 June 2019

"Every shelter should have a safe use room."

**Application Form**

**Subsection 56(1) Exemption from the Controlled Drugs and Substances Act for Urgent Public Health Need Sites**

<https://uphns-hub.ca/>

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### Context: (Un)safe Survey

Primary focus of survey: 'safe supply'

A clear poisoning crisis of preventable deaths and injuries, exacerbated by COVID-19

Emerging evidence base

Significant community interest locally and beyond

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## What is Safe Supply?

Prescribing of pharmaceutical equivalents for people using unregulated drugs to prevent / reduce both **individual and community** harms, including death, due to the **acquisition, consumption and criminalization** of unregulated drugs.



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## Key Considerations

**Acquisition** – all of the steps required for obtaining unregulated drugs

**Consumption** – pharmacology

**Criminalization** - phenomenology



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## Methodology

Convenience sample of people who use unregulated drugs **and** lack a permanent home

Voluntary interviews conducted by 3 outreach staff in Kitchener

July 8 to September 18, 2020

Focus questions: housing, obtaining-consumption of unregulated substances, safe supply, crime and victimization



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### Limitations

Participants were selected based on:

- Strength of existing relationship to surveyor
- Perceived mental acuity in the moment
- Availability to interview for 60 minutes

The findings are not representative of everyone who uses unregulated substances



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### Demographics


Total: 43 participants

Average age: 35 years old (range from 19-57)

Sex: 24 males, 19 females

BIPOC: 14%

Been in Government Care: 35%



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### Demographics

Official Income: 97% receiving OW or ODSP

Sheltered Status: Sheltered 74% vs Unsheltered 26%

OST History: 65% have tried methadone and/or buprenorphine treatments

Adult incarceration: 95% have been jailed at least once



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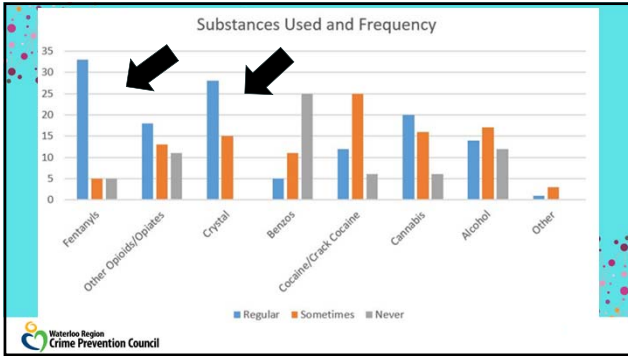
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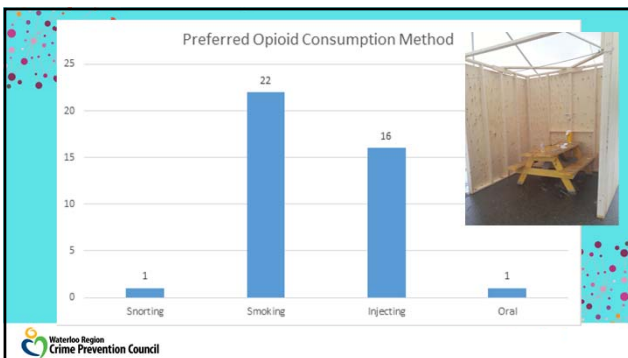
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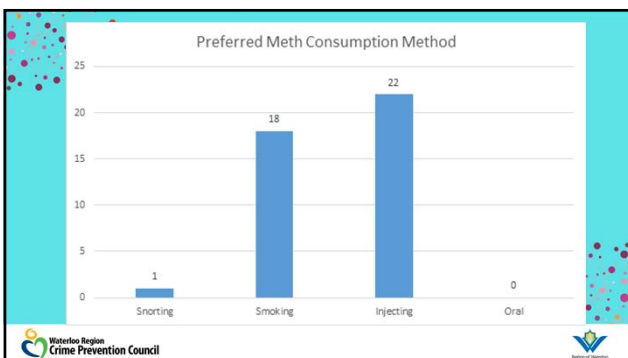
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### Results - Substance Use

COVID impacted both Quality and Price of the unregulated market

How much do you think individuals spend each day?

- A) \$15 / day
- B) \$86 / day
- C) \$120 / day
- D) \$325 / day




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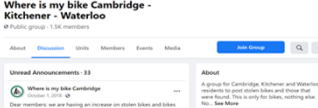

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### Results - Obtaining

The "hustle"  
Theft, dealing, scraping, panhandling, and sex work  
Full time job or more  
Cycle of charges - courts - incarceration - charges - courts - incarceration...  
Exposure to violence and victimization

"Getting dope takes up my whole life, every day."

"I have to do more crime to get what I need. I don't want to steal."


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### Results - Consumption

Avoiding withdrawal is paramount  
Drug supply is toxic and uncertain  
Witnessed (multiple) friends/family die from overdose  
Unhealthy street-level relationships  
Broken relationships with families, friends  
Absence of harm reduction supplies = poor health

"I don't remember weeks of my life because of the bad dope."


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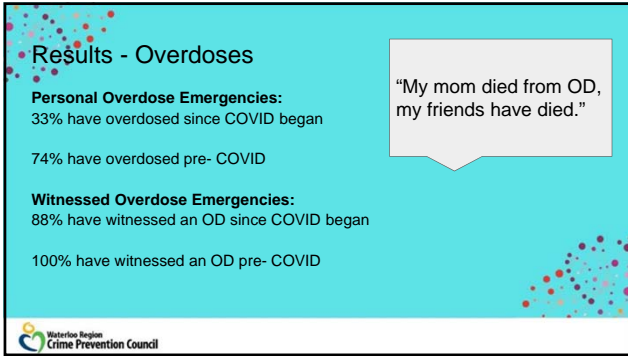
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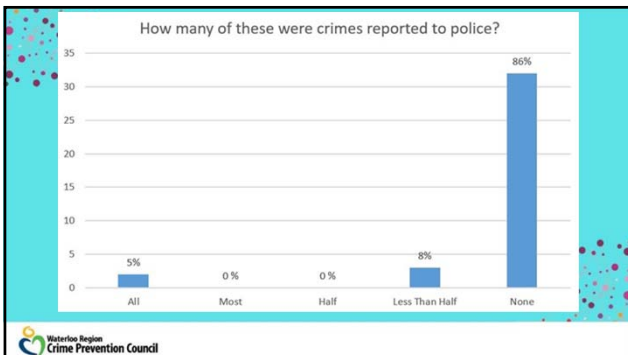
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### Results - Crime

95% of participants have been incarcerated as an adult

46% of participants commit criminal code offences **daily** (exclusive of possession)

"It's a 24 hour chase. Fentanyl helps me feel normal. I'm no longer in emotional/physical pain. My brain is always asking "where is my fix?" I have to use every couple of hours or else I get dopesick. The longer you're sick, the worse person you become – start doing unspeakable things, get way more desperate"



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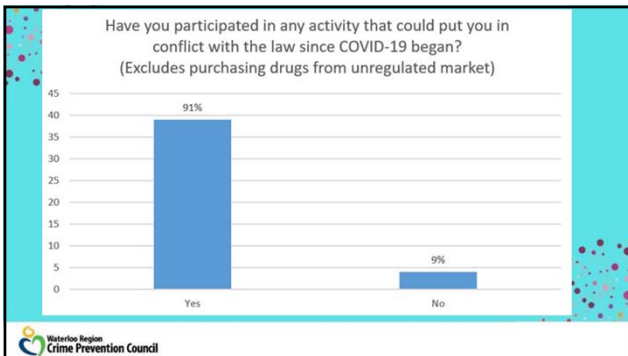
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### What is Safe Supply?

Prescribing of pharmaceutical equivalents for people using unregulated drugs to prevent / reduce both **individual and community** harms, including death, due to the **acquisition, consumption and criminalization** of unregulated drugs.



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### Results - Impacts of Safe Supply - Obtaining

- Stop engaging in the hustle
- Free up time... and money
- Enables ways and means to housing
- Mental health improvements anticipated
- Enable healthier choices (less risky behaviour)
- Improves self-concept
- Provides opportunity to leave abusive relationships
- Re-establish relationships and authentic friendships (not tied to drugs)

"It would be more dignified going to a pharmacy, it would change the way I look at myself, therefore, the way I act in the world"



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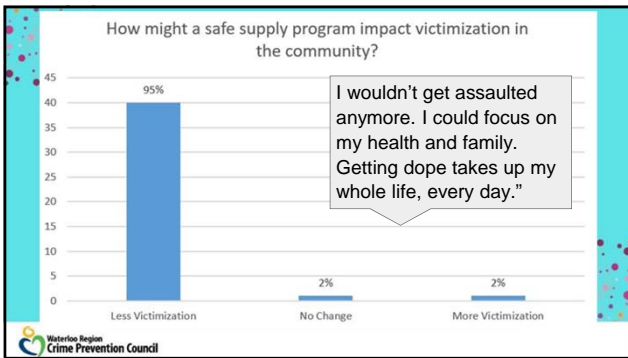
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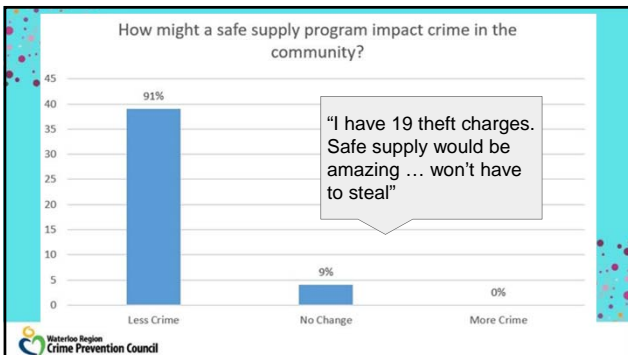
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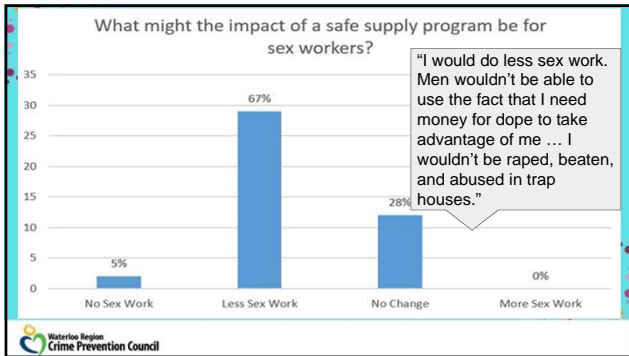
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### Results - Impacts of Safe Supply - Consumption

Known dose + composition + supplier = withdrawal mgmt., reduced OD risk

More connected to health, medical professionals  
Improvements in physical health  
Improvements in self determination  
Less stigma  
Re-establishing and/or new healthy relationships

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“I wouldn't have to feel sick as I have a script I can make work. I would be seen as a human and not some junkie, like walking into a bar for a beer. I would know what I was taking, I wouldn't have to fear being poisoned.”

“People would not die because they know what they are getting. People would not be traumatized by seeing people die or overdose”

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### Results - Impacts of Safe Supply on Community

- Reductions in crime and victimization
- Reductions in 'public nuisance, disorder'
- Reductions in downstream service burden
- Reduced financial burden on public and private sectors
- Fewer people arrested, in courts and in prisons

"Save taxpayers money, way less small crimes, less need for police, less court cases. 80% of people in jail is drug related. Overall increase community well-being."

"It would reduce crime, it would stop the cycle of daily in and out of jail all the time."




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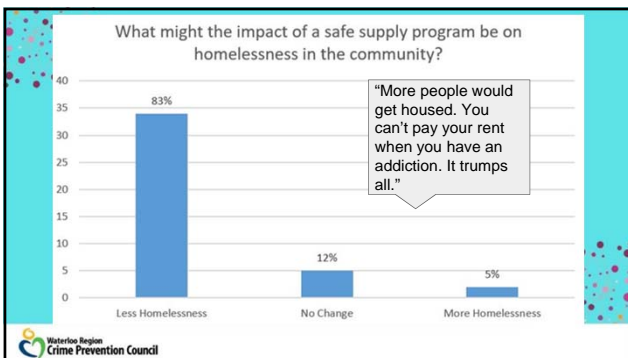
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### Summary of Key Findings

- Crime and victimization are a significant - and under-reported - individual and community harm.
- Ability to access employment, housing, health care, social services etc. is currently dependent on the acquisition, consumption and criminalization of unregulated drugs for survey participants.
- Removing criminalization via safe supply and on-site consumption services significantly changes the conversation, expands opportunities toward safer and healthier, and is perceived to reduce structural, social and individual stigma.




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## Summary of Key Findings

- Clear support for low-barrier approaches in shelters
- Clear support for onsite provision of harm reduction supplies
- Clear support for shelter options allowing onsite drug consumption
- Meet people where they are at




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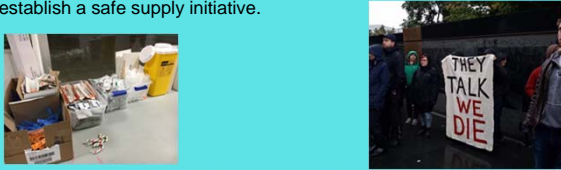

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## Safe Supply

90% of participants would be willing to join with others to help establish a safe supply initiative.


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## Local Resolutions

### WRIDS, 2020



The Waterloo Region Integrated Drug Strategy  
**Safe Supply Initiative**

The WRIDS will work to address public health issues related to substance use, including... (text continues)


### City of Kitchener, 2020

WHEREAS the City of Kitchener calls on the Provincial and Federal governments of health and mental health to support and fund the provision of safe supply initiatives in our community; and  
IN THAT THE City of Kitchener shares the mission with our local health authorities and health care providers to encourage representation of safe supply initiatives... (text continues)

### City of Waterloo, 2020

2) The City of Waterloo urge the Federal and Provincial Governments to continue to make further and substantial investments into upstreaming efforts, including health and mental health, affordable and mixed-use housing, anti-racism and decolonizing education, harm reduction, and drug legalization with strict regulation in order to enable a more integrated and collaborative social service system that fairly compensates frontline social service providers.

3) The City of Waterloo remains an active participant in anti-racism initiatives and advance recommendations.




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The College recognizes that providing pharmaceutical-grade alternatives to the toxic street supply, both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, can enable physicians to support patients with opioid use disorder and reduce their risk of overdose and death. The College also recognizes there have been reports that the pandemic has further exacerbated the risks and potential for harm among patients with opioid use disorder. For example, there are indications that the street supply has become increasingly more toxic, leading to a significant increase in opioid-related deaths.

**RISK MITIGATION**  
IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

**Substance Replacement Therapy in the Context of the COVID-19 Pandemic in Quebec**  
Clinical Guidelines for Physicians

**Overview: Managed Opioid Programs**  
Managed opioid programs using prescription hydromorphone, buprenorphine and/or morphine successfully reduce death and saving greatly.

- Reducing the risk of poisoning death from toxic substances bought on the unregulated market
- Eliminating many of the negative consequences that arise from persons comorbidly seeking to avoid opioid withdrawal
- Facilitating opportunities to engage in care and treatment via psychosocial supports

By stabilizing the craving-withdrawal cycle, managed opioid programs undercut the unregulated market and have been found to reduce crimes such as shoplifting, theft, violence, drug trading and/or sex work. Substantial financial benefits are found in the enforcement and justice sectors.

**Injectable Opioid Agonist Treatment for Patients with Opioid Dependence: A Review of Clinical and Cost-Effectiveness**

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**Next Steps**

- Advancing solutions grounded in equity
- Removing structural barriers
- Sharing reports and materials in January
- Complete the email survey

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## **(Un)Safe Questions and Informal Short Replies**

The following questions were generated in the chat line at WRCPC's December 2020 meeting. Questions are in bold, with replies following.

**Safe supply naysayers will be the same mostly as CTS naysayers. They argued it would encourage consumption. The evidence suggests otherwise. Is there the same evidence for safe supply?**

Here is a story: WRCPC was at a SCS (CTS) event at the Dunfield Theatre in Cambridge a few years back, after which panelists were to take additional questions in the lobby. I barely made it to the lobby, and barely got out of the theatre by midnight, as 'naysayers' were peppering me with questions. And here's the thing that occurred in those discussions – people who disliked SCS were supportive of 'safe supply'. They understood safe supply as a pragmatic, public health response not just to drug poisoning but to people breaking into their sheds, cars etc. Cambridge is often maligned for the SCS debates, but it is also the first place in the region to identify the benefits of safe supply, following discussions between the Coroner and WRCPC.

The evidence for safe supply, in my opinion, should draw from the 30 years of evidence from safe supply in a therapeutic context. Evidence on safe supply specifically is new, though what has emerged aligns well with those therapeutic studies. WRCPC summarized this in 2 pages for Cambridge Council in 2018 and it is available [here](#) on the WRCPC website. Support for safe supply from B.C., Quebec, the Ontario College of Physicians and Surgeons and others is based on the available evidence.

**Most safe supply naysayers do not want their tax dollars to supply drugs to users.**

This may be true, but perhaps no one has really laid it out for people. Perhaps the WRCPC Un(Safe) research will assist. From the sole tax concern perspective, safe supply is inexpensive versus common alternatives, primarily, doing nothing or relying on enforcement-justice systems. But so was InREACH. And upstream prevention efforts. That said, bold political leadership from Mayor McGarry, Kitchener Council, Waterloo Council and the Federation of Canadian Municipalities is helpful in elevating the conversation toward a public health approach grounded in equity.

**Great presentation. Is safe supply more accurately described as “free safe supply”, and if so, would those addicted to alcohol argue for the same?**

Safe supply or safer supply is probably the right term. It may well be free for some people but others may have out-of-pocket expenses. It's a bit complicated at the moment. To be a low barrier approach for people with no/low income, free would be the way to go.

Whether people addicted to alcohol would argue for the same I have no idea. The WRCPC flagged 'managed alcohol programs' as a need in Waterloo region about 15 years ago, based on excellent evidence of benefits to individuals and community at the time. Several Canadian communities have established MAPs.

### **Clients also don't want to be called snitches as that endangers them as well**

This may be a comment to in relation to the victims in the WRCPC study not reporting to police. And the comment above is appreciated, because it is a real thing, and somewhat related to not reporting crimes to police.

### **How can safe supply, like CTS, encourage wrap around services?**

Another fine question! Safe supply, done right, removes substantial chaos – think acquisition, consumption and criminalization - from people's lives and opens up a lot of time to start making different choices. This is partly why homelessness declines among participants. And health care engagement improves. If the services are in place, most people on safe supply will access them.

### **Assuming you will get there but how is safe supply different than opioid replacement therapy?**

Well, Waterloo region will not get there without some senior level assistance. WRCPC has worked on one federal grant proposal with area health providers and if that is successful, it will still be a small albeit fine contribution. There is only so much one can do off the side of one's desk. Population level interventions are desperately needed, and the preliminary 2020 OD poisoning data is as brutal as WRCPC predicted 10 months ago when we flagged COVID-19 as a likely contributor to increased deaths and injuries.

Safe supply is quite similar to opioid replacement therapy but with different medications and, depending on the program, different 'supports.'

### **If clients are more stable they can participate in positive personal health prevention**

Yes, this is true, from both a prevention and treatment perspective of matters concerning physical health, such as Hepatitis and HIV/Aids. And what's not to love about that – cheaper and healthier for everyone!

**Do we have data on the effect of safe supply for individuals currently being prescribed their supply?**

None in Waterloo region, but some Ontario and BC data. Upshot: very positive, and similar to the benefits described in this WRCPD rapid review from 2018 found [here](#).

**Excellent, excellent research. I'm very grateful to Jesse and the other surveyors for their work (Michael, too, I guess). I would imagine that it would take a significant amount of pre-existing trust/relationship to get this sort of quality data. I'm excited about the possibilities of the research for helping us understand how better to respond to human suffering/pain/trauma.**

Thanks! The WRCPD has a long history of having the relationships necessary to reach into communities of people who are marginalized and/or victimized. Not just history, but a desire to ensure that those at a distance to standard public consultation and research are included in policy and programming decisions about their lives, even if it takes much more effort.

**Trying to support clients caught in this cycle creates compassion fatigue even PTSD in the care providers. I doubt most police cadets imagine 80% of their work will be drug related.**

So. Much. Trauma. Fatigue. Exasperation. Tears. Death. It's a long list. Those least equipped to 'deal' with this crisis have largely been left trying to hold it all together. It's an impossible task and for those still living, they're lives are forever changed but direct service experiences and, importantly, systemic indifference to a predicted and largely preventable tragedy.

**Phenomenal work Michael, Jesse and all. Truly excellent insights to help the conversation.**

Merci! We were fortunate to have WRCPD provide the space to do leading-edge work, and the relationships to complete those surveys.

**Excellent study. It deserves wide circulation.**

Thanks – it was a lot of work to get it off the ground!



WRCPC is working on materials to disseminate the research but the real question is whether a concerted, population-level effort can be realized.

Several years ago, WRCPC called for an urgent, proportional and collaborative response with targets, timelines and dedicated resources.

**Is Safe Supply made available to an individual for the rest of their life?**

As long as needed is the short answer. Really depends on person and the protective factors in place – good housing, healthy relationships etc. – that the person possesses and/or the ‘system’ provides. I would guess most folks will come off it and only a few will go lifetime. People tend to stabilize at the optimal dose and use declines- not increases- over time. Evidence suggests several pathways that follow participation – addiction treatment, housing, employment etc.

**This amazing research needs to go to Regional Council.**

February is a possibility!

**KW4 OHT Steering Committee and Members would appreciate accessing the January Report.**

Excellent – KW4 OHT will be key to transforming knowledge into action that makes a difference!

**What are the stats on Safe Supply leading more people to treatment?**

Most of the historical evaluations have been in a therapeutic context, with some evidence to show that participants went on to abstinence or reduced or different use through their own accord or through more formal treatment programs. Most of the people we surveyed have already tried methadone and/or buprenorphine multiple times. I would suggest that there is a treatment component to safe supply if only because it reduces so much of the harms that are barriers to ‘treatment’. So.... it is not a stretch to say safe supply is ‘treatment’.

**Great work thank you!**

**Thank you. Amazing work!**

**DRAFT: Waterloo Region Crime Prevention Council Ad hoc (Un)Safe Committee**  
December 2020

At the December 11, 2020 meeting of WRPCPC, Council received an overview of two new WRPCPC reports in advance of public release in late January. The reports provide insight into people who regularly use drugs from the unregulated market AND who lack stable, permanent shelter and/or are unsheltered. The second report (Un)Safe probes specifically on issues of 'safe supply'.

Council motions directed staff to create a committee of Council and community to advance report recommendations, primarily 'safe supply'. Additionally, staff were requested to bring the reports to Regional Council.

Staff are recommending that the purpose of the committee be:

1. To facilitate the operationalization of 'safe supply' initiatives in Waterloo region and
2. Assist in the dissemination of the reports and related materials to enhance knowledge of key findings such as 'safe supply'.

The Committee shall disband at the direction of the Committee or Council. The Committee will provide regular updates to the WRPCPC membership.

The Committee Chair or Co-chair shall be a member of Council. A second Council member on the Committee will be ideal.

Staff are recommending one meeting per month not exceeding 2 hours in length, with the first meeting up to 3 hours in length and occurring in late January. Committee members are to advance priorities between meetings.

The first meeting could include the following agenda items:

1. Introduction of members, and interest in the Committee
2. Review and approval of Terms of Reference
3. Appointment of Chair and Co-chair
4. Overview of 'safe supply' options, with key findings from local WRPCPC research
5. Local safe supply opportunities and barriers
6. Identification of key priorities to:
  - a. Advance low barrier safe supply initiatives
  - b. Advance report findings on 'low barrier' approaches based in equity