

## WRPCPC Agenda

February 12, 2021

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

### Video Conference

1. Land Acknowledgement
2. Purpose for the Land Acknowledgement – Richard - 15 minutes
3. Welcome – 5 min
4. Approval of Agenda
5. Declaration of Conflict of Interest
6. Approval of the January 15, 2021, Minutes (attached)

#### 4.1 Business Arising

7. WRCPC Elections: (Bios attached) – Chris Cowie – 30 minutes
  - 7.1 Chair
  - 7.2 Vice-chair
  - 7.3 Facilitating Committee
8. Break – 15 minutes
9. (Un)Safe Supply Update – Michael Parkinson - 15 minutes
10. Racial Justice Working Group Update – Richard Eibach/ Lu Roberts – 15 minutes
11. Strategic Plan Timeline – Deb Bergey – 15 minutes
12. Motions from Regional Council – Tom Galloway – 15 minutes ([12.5 Motion 5 – Upstream Initiatives](#))

13. Update on Keep Families Safe Campaign – Julie Thompson – 15 minutes
14. Executive Director Update – Deb Bergey – 5 min
15. Other Business
16. Adjournment

## WRCPC Minutes

January 15, 2021

9:00 am to 11:30 am

### Video Conference

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

**Regrets:** Andrew Jackson, Angela Vanderheyden, Barry McClinchey, Bryan Larkin and Mark Crowell, Carmen Abel, Cathy Harrington, Dave Dunk, Hsiu-Li Wang and Karen Quigley-Hobbs, John Shewchuk, Karen Spencer, Patricia Moore, Sarah Shafiq

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

**Guests:** Amanda Trites (Healing of Seven Generations), Myeengun Henry (Conestoga College), Sarah Escobar (House of Friendship), Ashley Warne (Crown Attorney's Office)

**Chair:** Richard Eibach

**Minutes:** M.A. Allen

### 1. Welcome:

Richard Eibach welcomed WRCPC members, staff, and guests.

As the Council begins the New Year with the challenges that the community has ahead of it, Richard asked the Council to try to adhere to the WRCPC's four core principles: Courage, Collaboration, Commitment, and Collaboration.

Richard addressed some recent community developments. There have been many discussions in the community regarding the Region of Waterloo Budget. The movement, Reallocate Waterloo Region, is requesting that the WRPS have a 0% budget increase and to reallocate the funds to Black and Indigenous led community initiatives that focus on the root causes of crime. Richard reminded the WRCPC

members that the Council has a long-standing policy on not commenting on other organizational budgets. WRCPC has been leading important conversations for over 25 years in the community and beyond about who is best suited to lead different aspects of upstream work. The [Integrated Model for Crime Prevention](#) was developed 15-years ago and articulates some of the concepts and principles about community led work on upstream prevention approaches. The Council is committed to the principle of cooperation and collaboration to coordinate strategies to further upstream intervention, prevent crime, and provide opportunities for the community and individuals to flourish. The CSWBP provides opportunities for the WRCPC to offer some leadership in helping to bring together constructive conversations.

The WRCPC is in the process of preparing a communication to Regional Council that draws together some of the WRCPC's perspectives on those issues and to try to address the broader conversations about upstream work, evidence based best practices to help to promote equity in the community and to further the goals of upstream prevention.

The Racial Justice Working Group has been exploring ways to connect the work of the WRCPC with the Black, Indigenous and other racialized groups within the community. The membership of this group will be expanded to amplify the work and to look at ways for the WRCPC to engage in the important community conversations and with the groups.

A Council member suggested asking the WRPS about their current upstream community- based initiatives programs where they work with the 'at risk' populations. Superintendent John Goodman has the mental health portfolio and lead some of those outreach programs for the vulnerable community. The Executive will be meeting with Chief Larkin to talk about the role of police on the WRCPC and constructive approaches going forward.

WRCPC, staff and guests introduced themselves.

## **2. Approval of Agenda**

Moved by Irene O'Toole

Seconded by Sharon Ward-Zeller

Carried

### **3. Declaration of Conflict of Interest:**

None

### **4. Approval of the December 11, 2020 Minutes**

Moved by Lu Roberts

Seconded by Doug McKlusky

Carried

#### **4.1 Business Arising:**

None

### **5. Nominating Committee Report:**

The Nominating Committee consists of the following Council members: Irene O'Toole (Chair), Richard Eibach, Joe-Ann McComb, Jonathan English.

After a review of the WRCPC Sector Slate 2021, The Nominating Committee recommended limiting the sector representation and increasing the community representation to reflect and engage representation from the broader community.

#### **5.1 Approval of the 2021 WRCPC Slate (attached)**

Irene O'Toole, Chair of the Nominating Committee asked to bring forward the WRCPC Sector Slate for 2021 for Council to review and approve.

Peter Ringrose asked for a Motion to go into Closed Session.

Seconded by Doug McKlusky

Carried at 9:28 a.m.

WRCPC approved the 2021 slate in closed session.

The Council returned to open session at 9:50 a.m.

## 6. Strategic Plan:

### a. Outlining the Process:

The WRCPC strategic plan process consists of the following three sections of work. The first part is the WRCPC Strategic Plan, which will identify the areas of focus for the organization. The second part is a business case to articulate clearly the value of WRCPC to the community and to Regional Council. Finally, a working group has been established to define clearly the upstream and restorative model. The work of each piece will come back to the Design Team for further discussion and review. All information will come back to the WRCPC for review and approval. Consultation will be part of the process. The draft Strategic Plan, business case, and upstream/ restorative justice model are scheduled to be reviewed and approved by WRCPC in April/May 2021. Presentation to Regional Council will be in May/June 2021 **Please attached PPT for key steps and timeline.**

In December 2020, the WRCPC reviewed its Vision Mission and Mandate Statements and provided feedback to the Design Team. The Design Team has reviewed the WRCPC feedback and is recommending changes to the statements.

The WRCPC and guests reviewed the current and newly drafted Vision and Mission statements and provided feedback through focus group discussions. The feedback from these discussions will go forward to the Design Team for review and further discussion. A report will come forward from the Design Team to WRCPC at its February 12<sup>th</sup>, 2021 meeting.

b. WRCPC members, staff, and guests took a 10-minute break.

### c. Strategic Directions:

Deb Bergey provided an introduction to the concept of the Strategic Directions.

Deb asked the Council to keep in mind those things it would like to accomplish in the next 5-10 years. What differentiates the Council from the other collaboratives and what is already underway. When the Vision of the WRCPC is completed, what would be required to achieve that vision?

The hope is for the WRCPC to continue and build on the focus areas of the [Smart on Crime Community Plan 2015-2018](#). Are there pieces of the plan, which the WRCPC will need to continue, were there some that Council did not address, and were pieces to the plan the Council added?

The three focus areas are as follows:

1. Youth: Unleashing the Potential for ALL Youth
2. Neighbourhoods: Building Local Capacity for Change
3. Smart on Crime: Advancing the Momentum

Deb provided some examples of strategic directions versus actions. The direction is the objective and the action is the strategy to achieve that specific end.

Some of the areas of work that the WRCPC is currently working on and may want to build on are as follows:

- Safe Supply, overdose prevention
- Violence Prevention (family violence, human trafficking)
- Racial Justice
- Promotion of upstream approaches
- Youth Engagement Strategy (Iceland model)

Due to time constraints, the Council carried forward the strategic directions' conversation to the next meeting of the Council.

## **7. Community Safety and Well-being Plan (CSWBP):**

As of January 1, 2019, the Province has legislated municipalities under the [Police Services Act](#) to develop and adopt Community Safety and Wellbeing Plans (CSWBP). As part of legislation, municipalities are required to develop and adopt a CSWBP working in partnership with a multi-sectoral advisory committee outlined in the legislation.

In preparation of the plan, the municipal council must hold broad community consultations. Currently, the new deadline for the CSWBP is July 1<sup>st</sup>, 2021. This raises questions about the ability to hold fulsome consultations to inform the development of the plan before the deadline. The final approval will rest with Regional Council.

The general purpose of the CSWBP is to drive more resources towards upstream type prevention by front-loading those resources in municipalities across the Province. There are four areas of the overall framework that the Province has identified are:

1. Prevention
2. Social Development
3. Risk Intervention
4. Incidence Response

The WRCPC has always advocated for a planful approach to preventing and/or reducing victimization and fear of crime.

The WRCPC co-developed the [Integrated Model for Crime Prevention](#) 'Who Leads What & When' with WRPS in 2003. The federally funded neighbourhood crime prevention project known as 'Safe & Sound' (1999-2003) is the basis of the report. The investments in upstream prevention initiatives have the greatest potential for savings.

Last March in 2020, the WRCPC contributed some guidance on the development of the CSWBP. It suggested a strong focus on equity-based actions, good evidence, and the wisdom of community and the capacity to lead to systems change.

The Systems Change Champion Table of the Wellbeing Waterloo Region was the CSWBP Advisory Committee and worked together with the pandemic control group. In addition, a core-working group that reports to the Advisory Committee is responsible for writing the plan. The WRCPC was part of the core-working group helping to inform and write the plan.

Currently, at the Region of Waterloo there have been some changes to the staffing and to its organizational structure. The Administration is currently revisiting the roles of committees of the CSWBP and there may be an opportunity for the WRCPC to play a more constructive role in the development of the Plan.

Connie McDonald is the new Chief Communications & Strategy Officer in the CAOs' Office. Connie is responsible for strategy, equity, and communications. Part of Connie's portfolio includes the CSWBP. Deb Bergey met with Connie to talk about a more constructive role for the WRCPC in the development of the Plan.



Canadian Municipal Network for Crime Prevention (CMNCP) has provided consultations to help over 100 communities across Ontario to develop Community Safety and Well-being Plans. Connie McDonald has received the training information.

The Council expressed concern about having enough time to hold important community consultations before the July 1st 2021 deadline when the Plan is due. If there is an extension provision, the Council will be informed.

WRPCPC members, Richard and Tom, will be meeting with Bruce Lauckner to see what further role the WRCPC can play in addition to informing the Plan.

The WRCPC members supported the suggestion that WRCPC could play a more constructive role in the development of the Plan. It has the expertise and the framework for a broader community consultation that would be more comprehensive.

If WRCPC were to play a greater role in the development of the CSWBP, the Council may be prepared to ask for additional resources for a dedicated individual specifically for the development of the Plan. Depending on the circumstance, the Council may need to put some work on hold, so that staff can focus on the CSWBP.

Myeengun Henry asked for some data and statistics from the Council to assist in providing an informed opinion.

Myeengun asked if the WRCPC would be willing to consider a Land Acknowledgement at the beginning of the WRCPC meetings.

Kathryn McGarry supported the recommendation along with the WRCPC members.

#### **8. Safe Supply follow-up:**

Attached to the minutes are the questions and answers from the WRCPC December 13<sup>th</sup>, 2021, meeting.

Staff will make the video recording of the presentation available when it is ready for viewing.

Attached to the meeting package are the draft Terms of Reference for the Safe Supply Working Group. Michael asked Council members to let him know if they are

interested in being part of the working group. Typically, a Council member chairs or co-chairs the working groups.

A Safe Supply report will go forward to Regional Council.

This item was carried forward to the next meeting of the WRCPC.

## **9. Executive Director Update:**

### **Staff Updates:**

Richard Eibach and Deb Bergey welcomed Abbi Longmire as the new Communications Coordinator for Community Engagement. Abbi's start date is on January 18, 2021.

Richard Eibach and Deb Bergey thanked Jessica Hutchison for all her work with the WRCPC. Jessica's last day of work was on January 7, 2021. Jessica is a long-standing Friend of Crime Prevention.

The WRCPC will bring people in on an as needed basis to meet any research needs as David Siladi is still on leave.

Richard Eibach and Deb Bergey thanked the new members for attending today's meeting. The first meeting with the new membership will be on February 12, 2021.

## **10. Other Business:**

None

## **11. Adjournment:**

Moved by Irene O'Toole

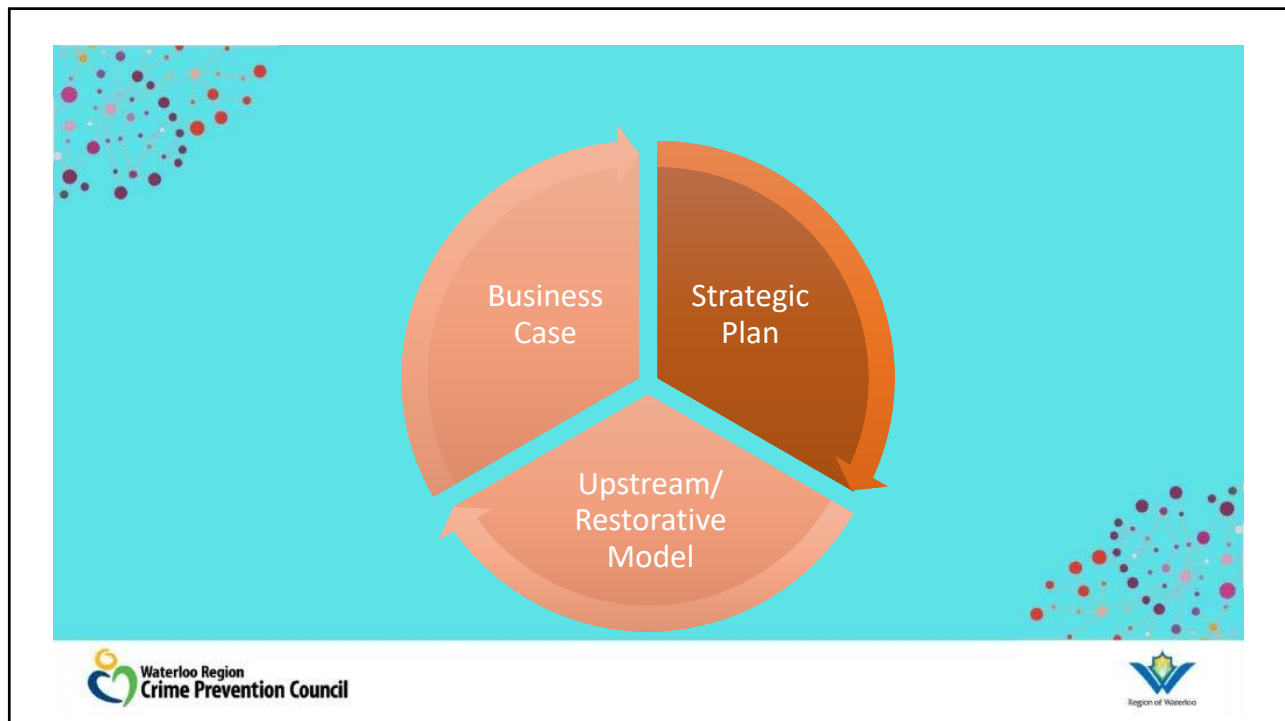
Seconded by Mark Pancer

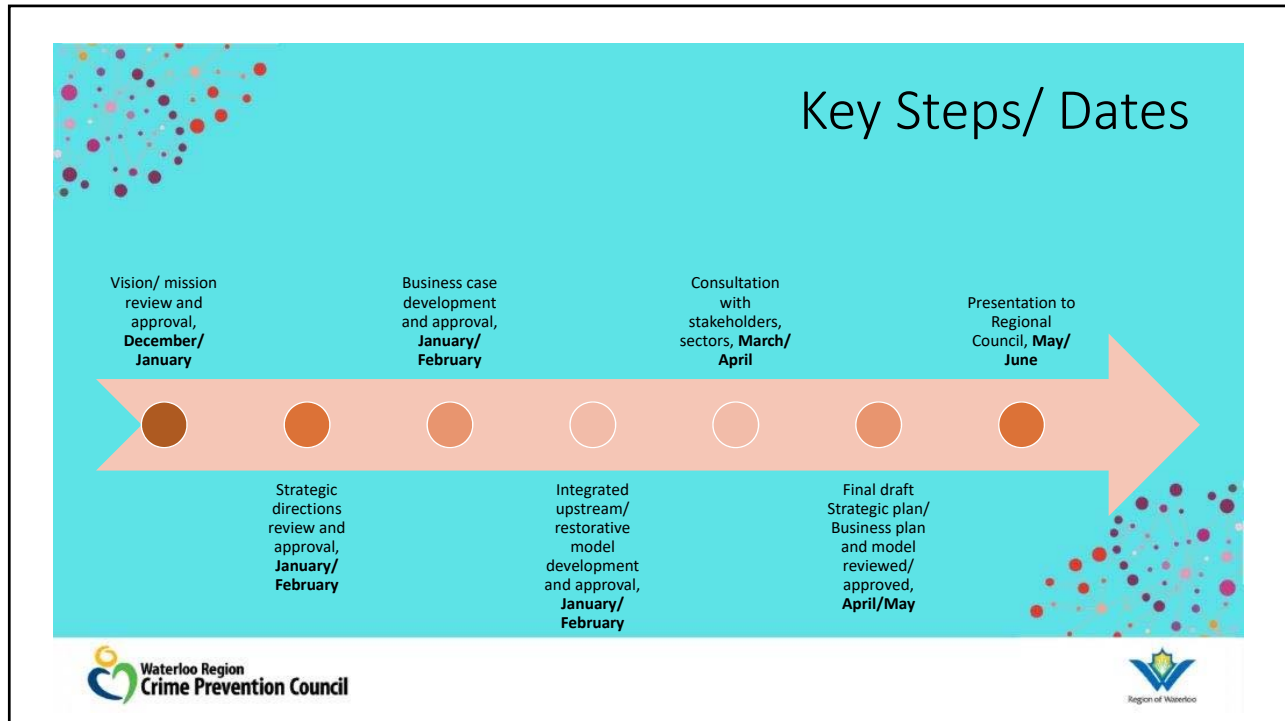
Carried at 11:36 a.m.



WRCPC Strategic Plan  
Update

January 15, 2021





## Vision

### Current Vision

A safe and promising future for all people in our community.

### Revised Draft Vision

A safe and just community where everyone has the resources and opportunities to thrive.

## Current Mission/ Mandate

### Mission

We advance ideas and actions that alleviate root causes of crime and improve social well-being.

### Mandate

We engage and connect citizens, decision makers and service providers in order to reduce and prevent crime, victimization and fear of crime through:

- Information sharing
- Public education and awareness raising
- Promotion of partnerships
- Focused problem solving
- Evidence based interventions
- Policy development
- Advocating for change
- Support of grassroots initiatives
- Advising local government
- Capacity building

## Revised Draft Mission

We work in and with community to prevent social harms.

We accomplish this through driving systemic change by listening to and engaging with community, advancing ideas, promoting upstream, evidence-based prevention strategies and building partnerships.

## Current Values

**Collaboration** – We believe that crime prevention cannot be done by any one person or organization. It takes all of us working together in partnership.

**Commitment** – We believe that the creation of a safe and promising future for all people in our community takes time and perseverance.

**Compassion** – We believe that a compassionate world is a peaceful world and this becomes possible when everyone is treated with dignity, equity and respect.

**Courage** – We believe in honest dialogue, challenging misconceptions, facing uncertainty and, at times, making bold decisions.

## Break out Group Discussion



## Strategic Directions

- What do we want to accomplish? What is no one else doing?
- What do we have underway?
- What are we trying to achieve in the next 5-10 years?
- What would it look like if we had a **A safe and just community where everyone has the resources and opportunities to thrive.**

**Strategic Directions** are clear, measurable, and can be supported by a number of **strategic** initiatives across an organization. They provide direction to teams on day to day work.

## 2015-2018 Smart on Crime: Priority areas

- **Youth:** Unleashing the Potential of ALL Youth
  - “Reduce the apathy [that] a socially neglected child has and future crimes will be reduced. If we can show them that they are a part of the world around them, then they will value their involvement in the community rather than fight against the world.”
- **Neighbourhoods:** Building Local Capacity for Change
  - “A strong sense of belonging in a neighbourhood or community will go a long way to preventing crime.”
- **Smart on Crime:** Advancing the Momentum
  - “Root causes are hard to single out. The interrelationship of risk factors needs to be considered...”

## Examples strategic directions vs actions...

- **Strategic Objective:** Win the competition
  - **Action:** Training plan
- **Strategic Objective:** Unleashing the potential of ALL Youth
  - **Action:** Develop a longer term project to demonstrate that investments in early childhood prevent crime and victimization.
- **Strategic Objective:** Neighbourhoods: Building the capacity for change
  - **Action:** Advocate for longer term investments in neighbourhood interventions rooted in good evidence and community experience.



## Areas of Current Work

- Safe supply, overdose prevention
- Violence prevention (family violence, human trafficking)
- Racial justice
- Promotion of upstream approaches
- Youth engagement strategy (Iceland model)

## Break out Group Discussion



## Next steps

- Design / Vision team will review all input/ feedback and prepare drafts for February meeting
- Consultation will begin after our March meeting. Begin to think about how you can engage others in your sector or focus area. What support will you need? Consultation materials will be provided. Staff can support as needed.

## WRPCPC Meeting

February 12, 2021

As per Governance policy, only those who have been a member of Waterloo Region Crime Prevention Council (WRPCPC) for a minimum of one year can seek these positions. Regional elected officials and staff are not eligible for the Chair and Vice-Chair positions of WRCPC.

The Facilitating Committee (FC) is comprised of Past Chair, Chair, Vice-Chair of WRCPC and 4 elected members of WRCPC plus a Regional Liaison. The Vice-Chair of WRCPC chairs the Facilitating Committee.

Regional Administration Liaison (1)

Douglas Bartholomew-Saunders, Commissioner, Community Services Department

### **Nomination slate for the elections: Chair, Vice-Chair and the Facilitating Committee members**

The following members have allowed their names to stand for the positions listed below:

<b>WRPCPC Member</b>	<b>Bio</b>	<b>Chair</b>	<b>Vice-Chair</b>	<b>FC</b>
Richard Eibach		X		
Irene O'Toole			X	
Peter Ringrose				X
Jenn Hutton	Jennifer Hutton (she/her) joined Crime Prevention Council (CPC) in 2019. She represents the Domestic Violence Sector and is currently the CEO of Women's Crisis Services of Waterloo Region. Prior to working with Women's Crisis Services eight years ago, she worked in children's and adult mental health. Jennifer has a			X

WRCPC Member	Bio	Chair	Vice-Chair	FC
	<p>Master's in Social Work and a Master's in Business Administration. She joined Crime Prevention Council due to her passion for our community and stayed for the upstream approaches and the council's work in raising awareness and addressing systematic barriers. Jennifer is interested in joining the Facilitating Committee, as now is a pivotal time for the CPC. She wants to lend her voice to ensure that the Council's amazing work in our community is highlighted and for new avenues to continue and expand this work is pursued.</p>			
Mark Pancer	<p>I have been a member of CPC since February of 2014, the year I retired as a professor in the community psychology program at WLU. I represent Research and Evaluation on the Council. I am a firm believer in prevention and upstream approaches, and have worked with a wide range of prevention programs, such as Better Beginnings, Better Futures, and inREACH, for over thirty years. I have served as chair of AGORE (the Advisory Group On Research and Evaluation) since I began on Council, and am currently a member of the committee that is developing CPC's Youth Engagement Strategy (YES).</p> <p>I think it is vital that the CPC advocate for evidence-based, upstream approaches in dealing not only with crime, but also with the many other social ills our community faces. These kinds of approaches have the greatest chance of success in dealing with social problems, while at the same time saving money and avoiding a whole lot of pain. I joined CPC because I felt that membership would allow me to contribute to one of the few organizations in our community that is giving voice to the need for systemic upstream approaches in addressing significant social problems. I would like to participate in the Facilitating Committee because I feel that the CPC is at a critical juncture in its existence, and needs to ensure that it remains an independent voice for prevention and systemic change.</p>			X

WRCPC Member	Bio	Chair	Vice-Chair	FC
<b>Kathy Payette</b>	<p>M. Psych., CCLC, is a Director of Children’s Mental Health Services at Lutherwood, the Mental Health Advisor to the Kids’ Health Links Foundation, Chair of the Ministry of Health: Children’s Mental Health (CMH) Planning Council, member the Wellbeing Waterloo Region Connectors Hub and Advisory Council, the WWR/WRCPC Design team, CMH Lead Agency Advisory Council, Waterloo Region Pandemic Planning Group (and Keep Families Safe Campaign), Child &amp; Youth Planning Table, and an alumni member of the Waterloo Region Suicide Prevention Council. She has been a member of the WRCPC representing Children’s Mental Health since 2014 and has worked with children and families for over 35 years, specializing in the areas of child and adolescent mental health, suicide prevention and crisis intervention. Kathy is a past an associate faculty member at McMaster University and spent 15 years as a member of the Child and Adolescent inpatient team at Grand River Hospital. With her years of experience, Kathy’s passion is to ensure the needs of families struggling with mental health issues are heard and understood within Waterloo Region. She has a strong community lens and has been a catalyst for change in Waterloo Region (Integrated Case management within CMH, community wide Transition to Adult Services for youth [TAY] protocol, region wide Emergency rooms diversion program for children and youth). Stakeholder relationships have included the Ministry of Health, Ministry of Community &amp; Social Services, and Ministry of the Attorney General, community agencies, agency staff, families, and youth.</p> <p><b>Why would I like to be considered for a position on the WRCPC Facilitating Committee?</b></p> <p>With my background related to supporting community planning, collaboration and networking and my passion to get to the roots of issues and to facilitate shifts in thinking and change opportunities, I feel I would be a good fit and strong advocate on the CPC Facilitating Committee. My personal values are in alignment and it would be a privilege to continue to support the CPC in an enhanced way.</p>			X

WRCPC Member	Bio	Chair	Vice-Chair	FC
<b>Trisha Robinson</b>	<p>Dear Crime Prevention Members,</p> <p>I have been a member of the Crime Prevention Council since 2016.</p> <p>Originally, I was asked to sit on the Council as a rural sector representative and more recently as a community representative.</p> <p>I fully support the efforts of the Council to look at Crime Prevention through a social development lens and to help create a safer community by understanding the root causes of crime and working with other like-minded people to create the necessary changes.</p> <p>I believe my experience with budgeting and dealing with matters of urgencies as a private sector agency Executive Director and my keen interest in rural, poverty, and Indigenous issues could be of value to the Facilitating Committee.</p> <p>I would be pleased to serve on the Committee if given the opportunity.</p>			X
<b>Lu Roberts</b>	<p>My name is Lu Roberts; I am a member of Sandy Lake First Nation and have lived in the Waterloo Region since 2005. I am a graduate of both UW and WLU, graduating with my Master in Social Work. I have been a member of the WRCPC since mid-2019, although I have been involved with WRCPC in different capacities throughout the years: as a speaker for events (porch chat, library event) as well as partnering on initiatives. I am passionate about social justice and addressing the needs of the Indigenous community. My role as the Indigenous Justice Coordinator at Waterloo Region Community Legal Services (WRCLS) focuses on areas of poverty law and social justice. I felt the values of the WRCPC fit in with the work that I do at WRCLS but also personally as I am committed to advancing the work of anti-colonialism and Indigenization. I began as the Indigenous Sector Representative, but currently I am a Member at Large with a focus on Poverty Law and the Indigenous Community. I am involved with numerous committees and</p>			X

WRCPC Member	Bio	Chair	Vice-Chair	FC
	<p>working groups that centre around Indigenous issues as well as with community organizing and justice. Since joining WRCPC, I have been involved with the Design Team, Nominating Committee, and the Communications and Outreach Working Group: Racial Justice.</p> <p>I would like to participate on the Facilitating Committee as I feel that I would be able to bring a perspective with the aims of shifting the work to address the changing landscape and needs of our community using an Indigenous lens. Since being a part of the WRCPC working groups, I feel well prepared to be a member of the Facilitating Committee.</p>			
<b>Sharon Ward-Zeller</b>	<p>Sharon joined the WRCPC 9 years ago because she wanted to help create a more caring community in which all persons could enjoy a safe and equitable environment. After a 30-year management career in retail sales and human resources, a sudden severe vision loss introduced her to the community of persons with disabilities. This allowed her to join and lead and/or educate many groups advocating for her peers. They include the Canadian National Institute for the Blind, the Waterloo Wellington Training and Adjustment Board, the Ontario ODSP Support Program, Guide Dogs for the Blind, Grand River Accessibility Advisory Committee, Regional Municipality of Waterloo, Waterloo- Wellington Brain Injury Association, KW Access-Ability, Waterloo Regional Crime Prevention Council, etc. Sharon volunteered on various CPC subcommittees as to represent persons of diverse lived experience and feels her knowledge will help the Facilitating Committee in its ability to consider the needs of all persons in our community.</p>			X

## Mary-Ann Allen

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**Subject:** FW: Crime prevention and upstream intervention

Memorandum to: Members of Regional Council  
From: Waterloo Region Crime Prevention Council  
Re: Crime Prevention and Upstream Intervention  
Date: 19<sup>th</sup> January, 2021

The call by ReAllocate WR and supporting community members for a re-allocation of funding to Black- and Indigenous-led community initiatives is promoting substantial discussion regarding the capacity and delivery models needed for upstream prevention approaches.

As an advisory committee of Regional Council, and in the context of ongoing conversations about community safety, the Waterloo Region Crime Prevention Council (WRCPC) offers the following for your consideration:

- Upstream prevention initiatives grounded in equity improve community health, safety and well-being, have a net positive return on investment, and reduce the burden on mid and downstream providers.
- It has been a reality for many years that a high percentage of 911 calls to police in the evenings, overnight, and on weekends are not primarily about law enforcement but about social, health and other community crises or concerns, for example, mental health, drug overdoses, homelessness, neighbourhood disputes, etc.
- In the absence of sustained support for upstream and midstream initiatives, downstream interventions such as enforcement and justice services respond by default, outside of their core training and mandates, often because no one else has the capacity. It is a system that is unfair to those trained in enforcement, and too often, for those calling for assistance. Particular groups of people – including but not limited to Black, Indigenous and Persons of Colour – too often experience such interventions not as protective but as harmful. Community services with specialized skills and the mandate lack the capacity to respond, particularly on a 24-7 basis.
- The demand placed on police to provide a response to thousands of social and health crises is a significant burden that is reactive. Community-led [prevention initiatives](#) remain the most effective and efficient alternative, as outlined in the joint WRCPC-WRPS report '[Who Leads What and When](#)' (2005).
- The Provincial requirement to develop a Community Safety and Well-being Plan by July 1, 2021 provides an excellent opportunity in which to consult, plan and accelerate evidence-based approaches in prevention, social development, and incident response.

The WRCPC remains grateful to Regional Council for supporting community-led, innovative and evidence-based approaches to prevention and welcomes the opportunity for expanding dialogue on these issues. The WRCPC is widely regarded as a national model for crime prevention through social development, including issues of community safety and upstream prevention. We continue to be available to assist our regional



neighbours, organizations, staff and elected officials, and embrace opportunities for on-going discussions that enhance health and safety for everyone.

Sincerely,  
Richard Eibach

Acting Chair of WRCPC

## **(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 WRCPC, Council received an overview of two new WRCPC 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 WRCPC 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 WRCPC 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

**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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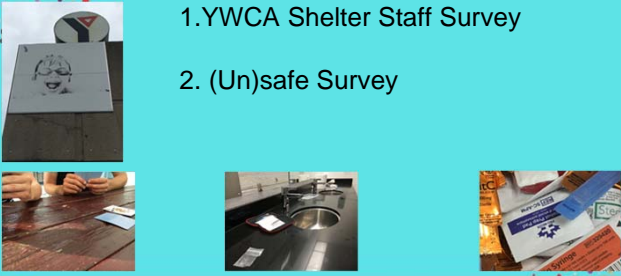
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**1. YWCA Shelter Staff Survey**

**2. (Un)safe Survey**



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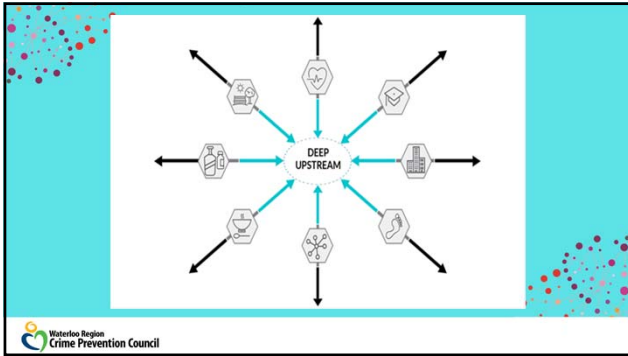
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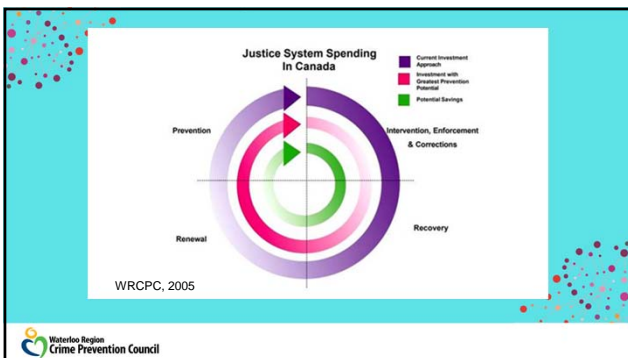
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Fatalities: Region of Waterloo PHE Area	2019	2020	% Change
WRIDS: Suspected opioid-related	63 (59)	87 (to 09-12-20)	+ 47%
OCC: Drug-related to October	93	118	+ 27%
Ontario			
ODPRN: Projected Ontario opioid-related poisoning fatalities	1512	2271	+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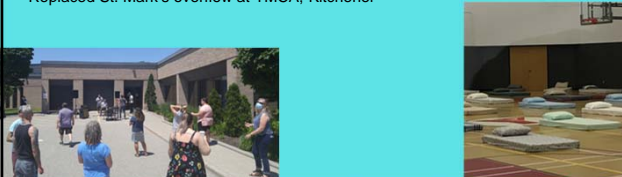

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### Context: YWCA Overflow Shelter Survey

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

Replaced St. Mark's overflow at YMCA, Kitchener


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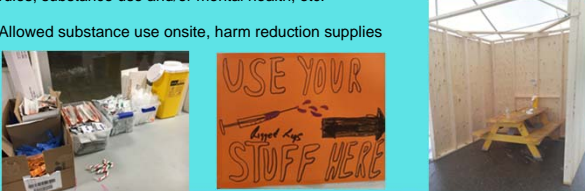
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**Context: YWCA Overflow Shelter Survey**

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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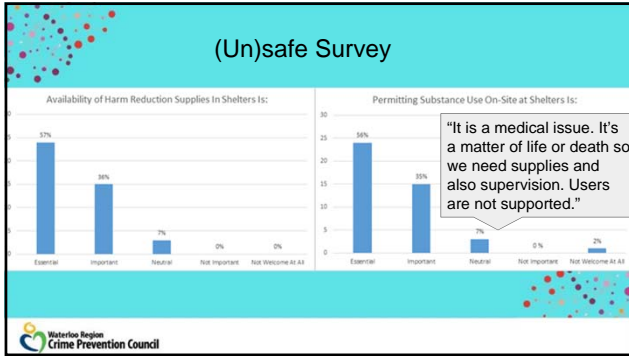
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Health Canada / Santé Canada

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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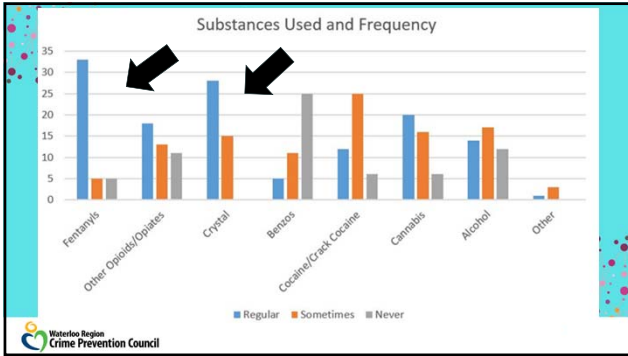
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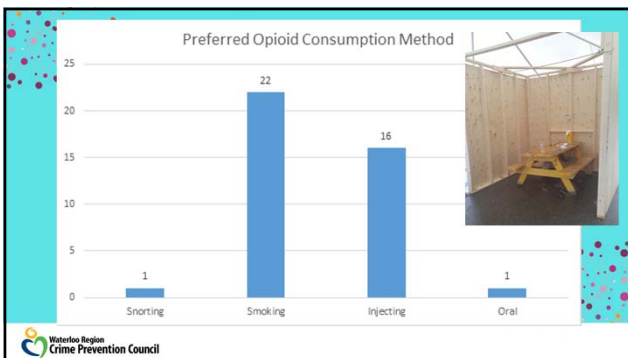
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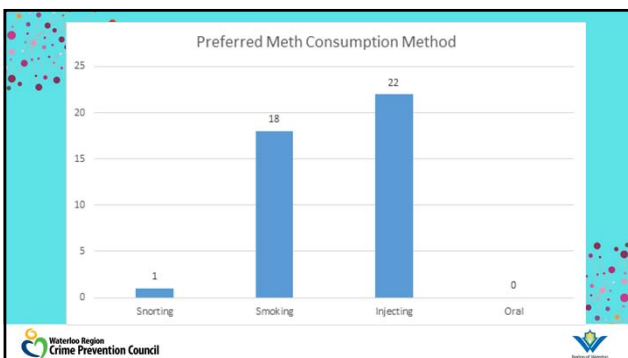
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## Results - Substance Use

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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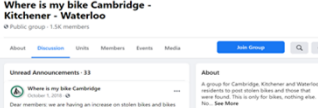

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## Results - Obtaining

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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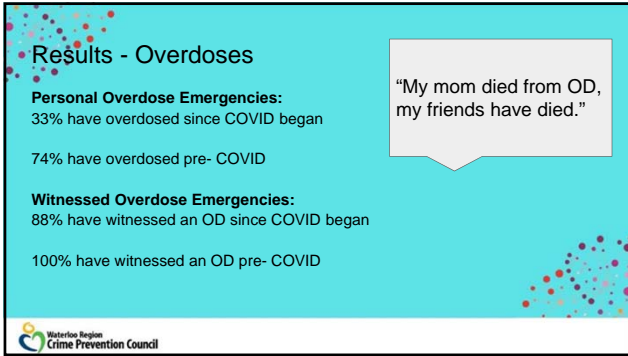
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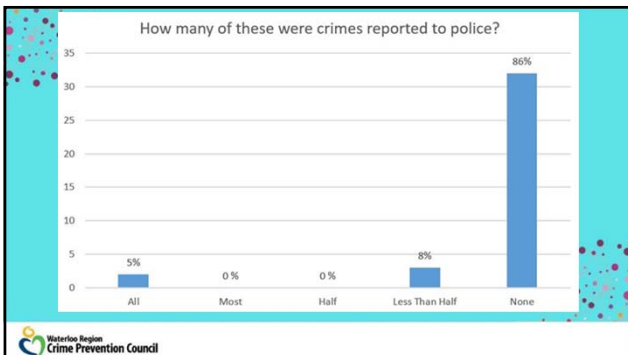
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### Results - Crime

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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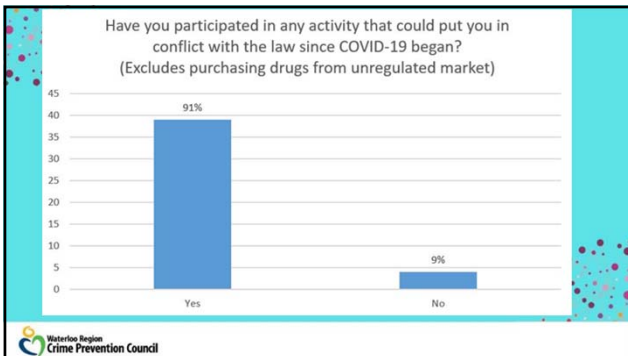
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### What is Safe Supply?

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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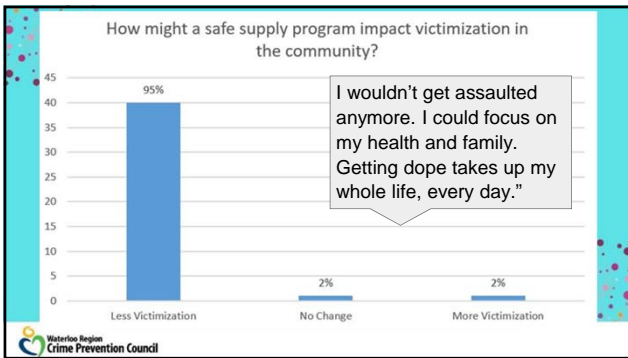
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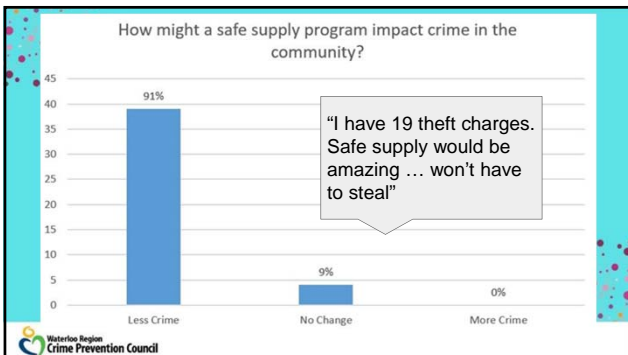
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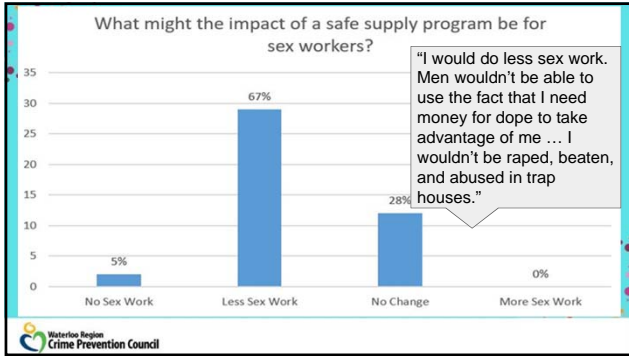
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### Results - Impacts of Safe Supply - Consumption

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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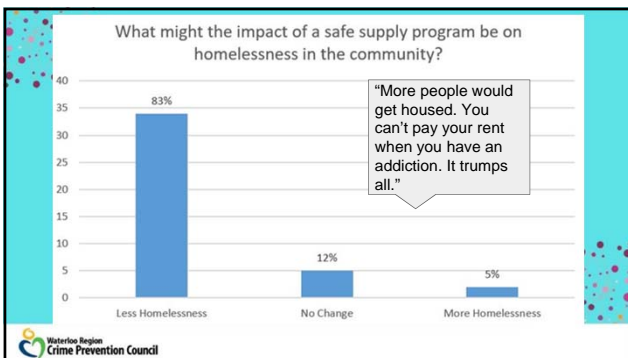
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### Summary of Key Findings

- 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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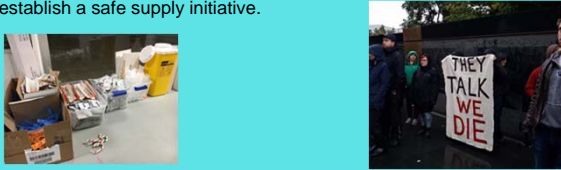

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## Safe Supply

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.

Waterloo Region Crime Prevention Council

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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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