

(Un)Safe

Advancing Safe Supply

The impacts from the acquisition and consumption of unregulated substances in a criminalized environment continues to be a leading concern for individuals and communities across Canada. In particular, accidental poisoning fatalities have overwhelmed the capacity of individuals, communities, service providers, and others, with little end in sight.

This research shares insights from people who use unregulated drugs and lack stable housing, highlighting the intersection of multiple opportunities for improving health, safety, and well-being. By removing criminalization and replacing the toxic, unregulated market through 'safe supply' initiatives, the findings suggest immediate and cost-effective benefits for individuals, communities, not-for-profit, public, and private sectors.



Methodology + Demographics

In 2020, the Waterloo Region Crime Prevention Council surveyed people who regularly purchase and consume drugs from the unregulated market and who lack stable housing. People were asked about crime and victimization, housing and shelter, impacts related to COVID-19, and issues related to their acquisition, consumption, and criminalization of unregulated substances. Participants were asked about the current criminalized model and a legal model known as ‘safe supply’.

Survey interviews were voluntary, confidential, and conducted by outreach workers from July to September at shelters, encampments, and supportive housing sites in Kitchener, Ontario. A convenience sample was used to select participants, who were compensated for their participation. The findings are not characteristic of all persons who use unregulated substances and/or lack stable housing.



Who we spoke with:



43 people were surveyed

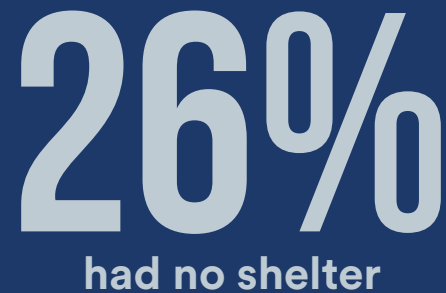
35 average age

14% identified as Black, Indigenous, or a person of colour

35% of people surveyed had been in Government care as a child and/or youth

Most participants are receiving Ontario Works or Ontario Disability income, sometimes supplemented by other income-generating activities

Housing + Shelter



93% indicated that harm reduction supplies on site at shelters is essential or important

91% indicated that permitting substance use on site in shelters is essential or important

80% indicated a self-contained apartment is their first housing choice, if a choice were available

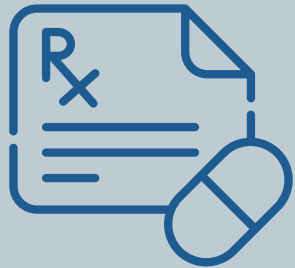


**“MANY OF MY
FRIENDS HAVE DIED IN
SHELTERS. THEY DIDN'T
HAVE TO IF THEY DIDN'T
HAVE TO HIDE THEIR
DRUG USE.”**

Substance Use



77%
use fentanyl
regularly



77% have tried methadone and/or buprenorphine as prescribed by a physician to treat opioid addiction

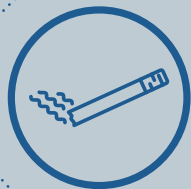
65% use crystal methamphetamine regularly

51% use both opioids/fentanyl and stimulants regularly



Average daily expenditure
on unregulated drugs:

> \$120



Smoking is the preferred method
of consuming opioids, including fentanyl



Injecting is the preferred method
of consuming crystal methamphetamine

COVID-19 Impacts

84%

said the price of
unregulated drugs
has risen

67%

said the quality of
drugs changed (drug
composition and
toxicity)*

*Unknown drug composition increases the risk of
accidental poisoning.



**“QUALITY IS WORSE,
CUTTING IT WITH MORE
RANDOM STUFF LIKE
BENZOS.”**

Accidental Overdose Poisoning

100% have witnessed an overdose before COVID-19

74% have overdosed at least once before COVID-19

33% have overdosed at least once since COVID-19 began*

88% have witnessed at least one overdose since COVID-19*



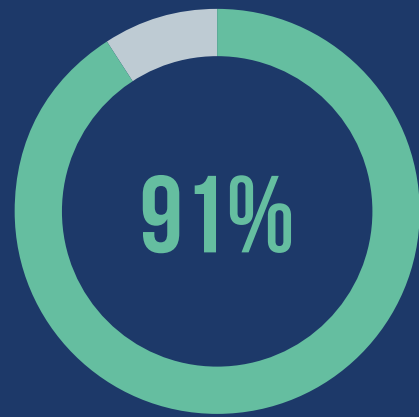
**“30 TO 40 PEOPLE
I KNOW HAVE DIED
FROM OVERDOSES. TWO
PEOPLE HAVE DIED IN
FRONT OF ME.”**

*March 17 - September 18, 2020

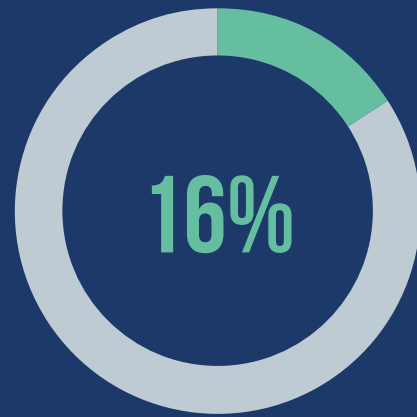
Crime + Victimization



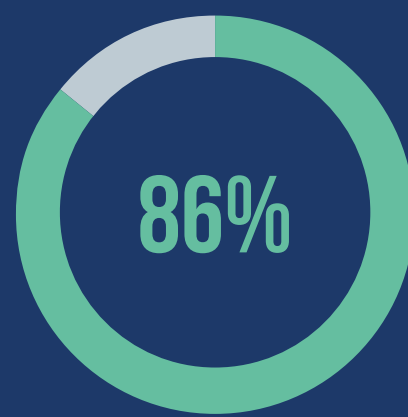
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have been a victim of crime
since COVID-19 began



report being victimized
every day



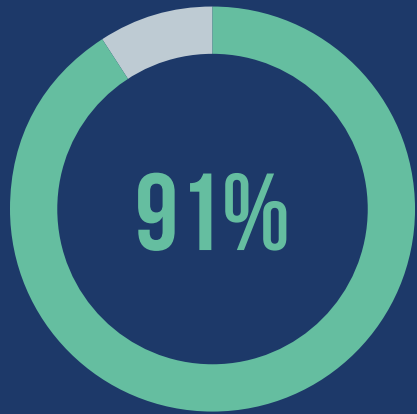
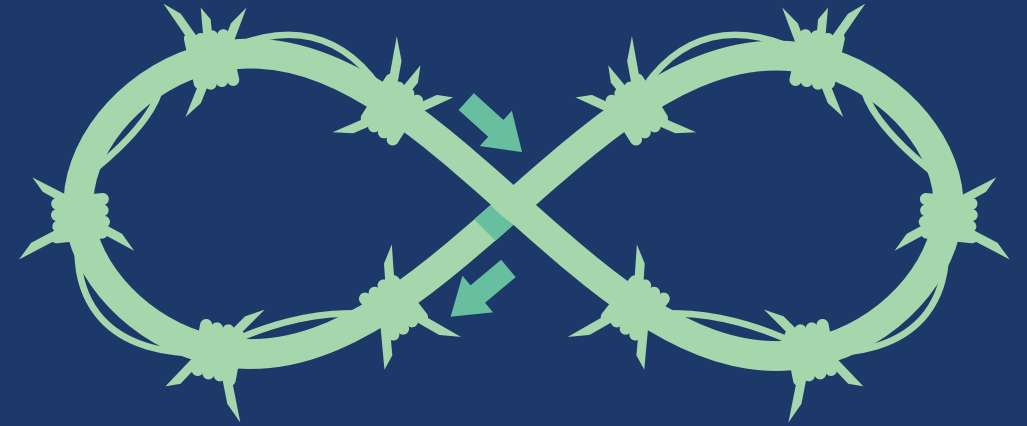
of victimized participants
never informed police

Rates of victimization were similar preceding COVID-19

**“THE DANGERS OF GETTING
ATTACKED IS EVERY DAY.”**

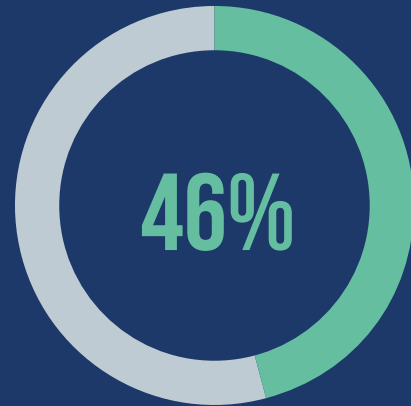
**“A PIMP WILL TRY AND
SELL ME, PUSH ME,
BECAUSE HE KNOWS
I DON’T HAVE ANY
MONEY. MY SAFETY IS
AT RISK EVERY DAY.”**

Crime + Victimization



have participated in an activity, excluding simple possession, that could put them in conflict with the law

Similar rates for the period preceding COVID-19 were reported



of participants reported such activities occurring daily

Incarceration



95%
have been incarcerated as an adult



12
average number of incarceration periods per participant

“I DON’T EVER THINK ABOUT GETTING CAUGHT WHEN I’M DOPESICK.”

“EVERYONE THAT I MET IN JAIL HAD AN ADDICTION. NO ONE WANTED TO BE A CRIMINAL, NO ONE WANTED TO STEAL.”

Acquisition of the means to purchase unregulated drugs

Participants were asked about the process required to acquire the means needed to purchase unregulated drugs, and about the purchasing and consumption experience.

It is critical to note that many, if not most, people who use unregulated drugs to manage withdrawal do not engage in activities that could put them in conflict with the law. However, there is a relationship between addiction or dependency, and acquisitive crimes such as break and enter, theft, etc., when other options do not exist. Survey participants spoke frequently about the shame of committing criminal activities to fund substance use, and the absence of alternatives.

The “hustle” describes the activities needed to obtain funds to avoid withdrawal and can include theft, dealing drugs, scrapping-scavenging, panhandling, and sex work.



“I WAS PUTTING MY
FREEDOM AT RISK
EVERY DAY. MY
CHARGES ARE ALL
ADDICTION-RELATED.”

Participants indicated that the hustle is more than a full time job requiring significant time, energy, and resources. The hustle is risky, with increased exposure to violence and victimization.

Acquiring the means to purchase unregulated drugs opens individuals to the expensive and potentially harmful cycle of criminal charges, courts, and corrections. Most participants have had multiple experiences with enforcement and justice systems, highlighted the harms of incarceration, and stated that enforcement of the criminal code is not an effective deterrent.

Participants often mentioned the financial costs of acquisition activities to public budgets, the private sector, individuals, and the community at large.

UnSafe Supply: The Unregulated Market

Participants identified several key themes related to 1) acquiring the means to purchase unregulated substances, 2) the purchasing transaction, and 3) the consumption of unregulated drugs in a criminalized environment:



- Avoiding withdrawal is paramount.
- Drug supplies are chronically toxic and uncertain.
- Witnessing multiple friends and/or family members die from overdose is common.
- Experiencing an overdose emergency is common.
- Drug dependence is expensive.
- Financing unregulated drugs is time-consuming, dangerous, and demanding.
- Unhealthy relationships are often tied to drug acquisition.
- Broken relationships with families and friends are common and not desired.
- The absence of harm reduction supplies and drug consumption facilities in area shelters facilitates poor health outcomes, including death.
- Feelings of shame, stigma, and isolation are common.
- The criminalization of drug consumption affects service eligibility and delivery.

**“GETTING DOPE TAKES
UP MY WHOLE LIFE,
EVERY DAY.”**

Safe Supply: Individual-Level Expectations

Safe supply initiatives provide pharmaceutical equivalents - currently by prescription only - to people using unregulated opioids, stimulants, and benzodiazepines.

Participants were asked about what the impacts might be for themselves and other people using unregulated drugs if those substances were made available through a pharmacy. Overwhelmingly, participants expected significant improvements in health and safety, saying safe supply would:



- Eliminate the need to hustle.
- Free up significant time, energy, and resources.
- Enable re-directing of income to basic needs.
- Provide clarity and stability.
- Enable ways and means to stable housing.
- Improve mental health.
- Enable health care engagement, healthier choices.
- Improve agency and autonomy.
- Provide an opportunity to leave abusive relationships.
- Allow for re-establishing relationships and authentic friendships.
- Reduce stigma and discrimination
- Improve positive community engagement.
- Reduce crime and victimization.
- Reduce overdose emergencies.

**“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.”**



Safe Supply: Community-Level Expectations

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95%

said less
victimization
would occur

91%

said less
crime
would occur

72%

said less or
no sex work
would occur

83%

said less
homelessness
would occur



- Fewer people in the enforcement - courts - corrections - probation cycle.
- Reduced burden to first responders, health-medical systems, enforcement-justice systems, service providers, and community members.
- Reduced financial burden on public, private, and not-for-profit sectors.

“IT WOULD REDUCE CRIME, IT WOULD STOP THE
CYCLE OF DAILY IN AND OUT OF JAIL ALL THE TIME.”

“SAVE TAXPAYERS MONEY, WAY
LESS SMALL CRIMES, LESS NEED
FOR POLICE, LESS COURT CASES.
80% OF PEOPLE IN JAIL IS DRUG
RELATED. OVERALL INCREASE IN
COMMUNITY WELL-BEING.”

Summary



Access to employment, housing, health care, social services, etc. is highly affected by the acquisition, consumption, and criminalization of unregulated drugs.



Removing criminalization via safe supply, and on-site shelter consumption services, significantly changes the conversation, expands safer and healthier opportunities, and is expected to reduce structural, social, and individual stigma and discrimination.



Crime and victimization are significant, and under reported, individual-level and community-level harms.



There is clear support for safe supply, on-site consumption, and access to harm reduction supplies.



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Acknowledgements

Conversations and related research efforts were held on the Haldimand Tract, land that was granted to the Haudenosaunee of the Six Nations of the Grand River, and within the territory of the Neutral, Anishinaabe, and Haudenosaunee peoples.

We are grateful for the generous involvement of study participants, without whom this research would not exist. We sincerely hope their contributions inspire equity-based improvements in health, safety, and well-being.



For more information please contact 519.575.4400

www.overdoseprevention.ca