

## **WRCPC Agenda**

February 11, 2022

9:00 am to 12:00 pm

### **Video Conference**

Chair: Richard Eibach

Minutes: D. Bergey

1. Territorial Acknowledgement – Joe-Ann McComb
2. Welcome
3. Approval of Agenda
4. Declaration of Conflict of Interest
5. Approval of the January 14, 2022, Minutes (attached)
  - 5.1 Business Arising
6. Ontario's Child Welfare Redesign Strategy – Harriet Taylor (MCCSS) (30 min)
7. Break (10 min)
8. Draft Drug Policy Position Paper – Drug Action Team (30 min)
9. Coalition for Muslim Women – Actions to address hate crimes – Sarah Shafiq (15 min)
10. Anti Racism Updates – Lu Roberts / Mark Pancer (20 min)
11. Other Business
12. Closed Session (30 min)
13. Adjournment

## **WRCPC Minutes**

January 14, 2022

9:00 am to 11:30 am

### **Video Conference**

**Present:** Amanda Trites, Bill Wilson, Clarence Cachagee, Dave Dunk, Doug McKlusky, Irene O'Toole, James Bond, Janice Ouellette, Jenn Hutton, Joe-Ann McComb, Jonathan English, Judah Oudshoorn, Kathy Payette, Kathryn McGarry, Kelly Anthony, Lu Roberts, Mark Pancer, Myeengun Henry, Patricia Moore, Peter Ringrose, Richard Eibach, Sara Escobar, Sarah Shafiq, Sharon Ward Zeller, Tom Galloway, Trisha Robinson

**Regrets:** Angela Vanderheyden, Barry McClinchey, Bryan Larkin and Jamie Sheridan, Cathy Harrington, Chris Cowie, David Jaeger, Fitsum Areguy, John Goodman, John Shewchuk, Karen Spencer, Rosslyn Bentley, Sue Weare

**Staff:** Abbi Longmire, David Siladi, Deb Bergey, Julie Thompson, Mary Anna Allen, Michael Parkinson, Shama Saleh

**Guests:** Olga Vigil Letang, Fauzia Baig, Sydney Lane, Ingrid Pregel, Sanjay Govindaraj, Jake Linklater, Paulina Rodriguez, Cynthia Martin, Brian Hill, Suzie Taka, Mayor Berry Vrbanovic, Mayor Sandy Shantz, Mayor Les Armstrong

**Chair:** Richard Eibach

**Minutes:** M A. Allen

### **1. Territorial Acknowledgement:**

Sarah Shafiq shared a Territorial Acknowledgement.

As part of reconciliation with the Indigenous community, Sarah is committed to continuing to raise awareness of the cause of Indigenous Peoples. Within Sarah's community, she fully supports the allocation of funding to the Indigenous community through property tax. In Sarah's role with the Coalition of Muslim Women, she will continue along with the Coalition to facilitate conversations and to serve Indigenous neighbours and friends. Lastly, Sarah expressed great gratitude to the Indigenous

community for sharing their knowledge. She finds that there are many overlaps with her traditions, and it further deepens her bond and relationships with the community.

## **2. Welcome:**

Richard Eibach welcomed WRCPC members, staff, and guests

Richard shared that during the week, the CPC received upsetting news about the future of CPC staff positions. He added that he could not put into words the many strong feelings that many of the Council members might be feeling. He understands that there is a profound sadness. Given the complexities of the issues and the implications for the CPC, Richard added that the CPC would not be discussing the situation at today's meeting. The Council has a full agenda, many guests, and to try to insert the discussion in today's proceedings would not do any justice to the issue. Instead, the CPC will be holding a special session in the next week to provide a forum for the CPC to debrief about the issue. In addition, CPC will plan an event to celebrate the staff and the impact of their work in the community and beyond. The staff are so much the soul of the Council. Staff have always ground the work in the CPC's [values](#): Commitment, Collaboration, Compassion, and Courage.

Irene O'Toole thanked Richard Eibach for his leadership and advocacy in the last 18 months in trying to avoid the decision about staff positions. Irene shared that this is a moment for CPC to reflect on the love and care that the Council has for staff, for each other, and for the community. Irene shared the following two quotes. One quote sent by a friend of the Council.

"Do not be dismayed by the brokenness of the world. All things break. And all things can be mended. Not with time, as they say, but with intention. So, go. Love intentionally, extravagantly, unconditionally. The broken world waits in darkness for the light that is you."

— L.R. Knost

"Stand out. Someone must. It is easy, in words and deeds, to follow along. It can feel strange to do or say something different. But without that unease, there is no freedom. And the moment you set an example, the spell of the status quo is broken, and others will follow."

— Timothy Snyder

## **3. Approval of Agenda:**

Moved by Kathryn McGarry

Seconded by Douglas McKlusky

Carried

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

None

#### **5. Approval of the December 10, 2021, Minutes:**

Moved by Sharon Ward-Zeller

Seconded by Joe-Ann McComb

Carried

### **5.1 Business Arising**

#### **6. United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP):**

Myeengun Henry agreed to provide an overview about (UNDRIP) and to have an open a discussion about the actions and implications of the legislation for our community.

Myeengun began his presentation by reflecting on recent happenings and reminding the Council that life revolves in diverse ways (hardships and prosperity). The Council needs to find a way to encourage and to find that strength to move forward with the things that the Council considers important in the world. This is relevant to today's presentation as Myeengun shared about the history of a nation that has gone through hardships in a place that was meant for all to have, to love, to respect, and to honour. All things that are revealed in the [Seven Grandfathers Teachings](#).

The WRCPC had a discussion in December about UNDRIP. The declaration and legislation is new to Canada, but the development of UNDRIP happened over many years of conversations and dedication from many people around the world as they reflected on the life of Indigenous Peoples in all countries.

Myeengun's earlier role as the Chief of the Chippewas of the Thames led him into a world of knowledge keepers, and political leaders. This gave Myeengun inspiration to find out why and where the Indigenous Peoples, particularly in Canada, built that strength and honour to continue in a world that changed around them so rapidly. Myeengun has seen and witnessed the effects that the residential schools, and the

sixties scoop has had and continues to have on families (children and parents), grandparents, uncles, and aunts within the boundaries of Canada.

Myeengun shared that as Chief of his Nation, Band Councillor UNDRIP, and Indigenous advisor for the Law Society of Ontario and the OPP he has the opportunities to share Indigenous knowledge. Although sharing of Indigenous knowledge is a good step forward, it is critical to understand the Indigenous history and to move beyond the conversations.

Myeengun provided a smudging to guide the conversation with the Council members and light a candle to honour those children discovered at the residential schools. He also offered some words in his language to acknowledge the children and asked the meeting participants to think about their own family members. There is a love for this world and a love for each other and we need to find the path that we can see.

UNDRIP is a theory, thought and a way of being. It is a movement and a recognition that a process needs to take place in Canada. It is a renewed vision to ensure that history is not repeated. It is important to understand the history and the process that led to UNDRIP.

In March 2008, [James Anaya](#), was appointed by the United Nations as its Special Rapporteur for the rights and freedoms of Indigenous Peoples. James performed a study of the Indigenous Peoples around the world. Part of that study included reports of the negative impacts of colonization on the Indigenous communities. Colonize, as it relates to the Indigenous community, means to come to settle among and establish political control over (the Indigenous people of an area). Myeengun grew up in a residential school home and personally understood the negative impacts that colonization had on the Indigenous community. Before residential schools, the Indigenous community learned to be accountable for their actions in relation to Mother Earth. The residential schools attempted to colonize the minds of the Indigenous community in an effort to establish a country over the lands that the Indigenous Peoples have always lived on. Canada is called Turtle Island to the Indigenous community.

Decolonization is about “cultural, psychological, and economic freedom” for Indigenous people with the goal of achieving Indigenous sovereign. This is the right and ability of Indigenous people to practice self-determination over their land, cultures, and political and economic systems.

There is a common theme in the history among all the Nations around the world. Colonists pushed the Indigenous Peoples aside and Indigenous Peoples lost their

identity with the land because the colonizers exploited their understanding leading to the residential schools. Changing the minds, the thoughts, and the physical presence on Mother the Earth was a prominent and accepted way to expel Indigenous Peoples from their lands.

The United Nations saw the need to put something in place, a declaration, and a resolution, to ensure the acceptance of the Indigenous Peoples around the world back into the lands that they were born in.

Myeengun, understanding the impacts of the residential schools in his personal life, shared that he made the decision to not only educate but to implant himself in areas where he could make a difference. He took on the role as Chief of his people so that he could take a stand and fight for those things that were taken away through the establishment of the residential schools. Some call this a Two-Eyed view or [Two-Eyed Seeing](#).

When James Anaya studied the history of the Indigenous Peoples of Canada, he found atrocities towards the Indigenous community and the murdering of Indigenous children. He developed a report that the government previewed, but was denied entrance to Canada to deliver the report. The Assembly of First Nations passed a resolution to approve James access to Canada to deliver the report, but the resolution was not successful. When comparing Canada with the rest of the world on the standards of living, Canada ranked very high, but not for its Indigenous population. The Indigenous community ranked 63 as compared to the rest of the world.

Myeengun shared about the [Royal Proclamation of Canada in 1763](#), the Magna Carta of the Indigenous worldview that forbade settlers from claiming land from the Indigenous occupants. There was a need by the Indigenous community to have land set aside for them. He also talked about other treaties and [Two Row Wampum](#).

The formation of UNDRIP came from the understanding of these past historical events of the Indigenous Peoples around the world. Merchandizing and the commodity of land was more important than the original people of the land. There was a need to give back the rights and freedoms of the Indigenous Peoples.

[The United Nations Declaration on the Rights of Indigenous Peoples](#) UNDRIP was adopted by the United Nations on September 13, 2007, and on June 16, 2021, Canada's Senate voted to pass Bill C-15, into law. The UNDRIP Act received Royal Assent on June 21, 2021.

Initially, all Countries adopted the UNDRIP except for four countries, Canada being one of them. One of the potential contributing factors for not adopting UNDRIP, is that the Declaration provides the Indigenous community the right to make decisions based on their traditional territory.

The Declaration recognizes that the Indigenous community are the original inhabitants of Canada within the 43 articles of UNDRIP. Each article includes a factor that recognizes a way forward so that the Indigenous People can flourish and keep the land healthy e.g., Environment sustenance and clean drinking water for all.

Not many Canadians know that UNDRIP became law in Canada in 2021. UNDRIP is still considered an aspirational document that has no legal binding and needs to be defined. The Indigenous community is trying to deliver messages about the Declaration to start to implement it. In 2017 British Columbia enacted their laws based on UNDRIP.

There is some opposition in some Indigenous communities because of the trust factor eroded over the years. Trust needs to be rebuilt.

It is important for people and politicians to understand the plight, the history, and the want of Indigenous Peoples' desire to grow and live on this beautiful Mother the Earth together. She will dictate our mental and healthy state.

Myeengun encourages CPC, staff and guests to research UNDRIP. It is a tool and a framework. Indigenous Peoples have the right to prosperity, to honour, and to love.

The world and Canada needs to protect Mother the Earth. UNDRIP, Indigenous Knowledge Keepers, TRC Calls to Action, Indigenous recognition by the Canadian Constitution and individuals can help in achieving this goal.

Staff will post the presentation recording on the WRCP website soon.

### **Questions and feedback:**

Mayor Berry Vrbanovic asked if there were countries across the globe, which have adopted UNDRIP and have created models that the local community can look at and potentially advocate for those types of changes.

Myeengun shared that originally New Zealand did not adopt UNDRIP but eventually created something unique. They engaged the Māori Indigenous People in the government process and structure. Mayor Vrbanovic shared that this is an interesting comparable because New Zealand is also a commonwealth country with a similar colonial history to Canada.

James Bond asked how organizations could continue the Calls to Action efforts and at the same time advocate to the federal government to look at amending the constitution.

Myeengun shared that at one time, he advocated to the politicians, but he now invests time with the grassroots, circles, families, organizations, committees, and workplaces to build understanding instilled into the different professions. This is where change happens and where the advocacy starts to grow.

Irene O'Toole asked Myeengun how the Council could move from the words shared to implementing the actions. Myeengun shared that we need to sit together as a group and implement those changes in the work plans, and in the procedures.

Amanda Trites shared that the Māori Indigenous People are a perfect example of how change happens. If the community wants to implement change at both the community and federal level, British Columbia is a good example. British Columbia started at the regional level. The regions started implementing unique ways of building First Nations justice and the autonomy to create their own education system and plans. This has moved from the regional level to the provincial level. The issues that the communities are having are at the federal level, but they now have the backing of the regional and provincial levels.

Richard Eibach asked of ways that the organizations and sectors around the table could build awareness about Canada's commitment to UNDRIP.

Myeengun encouraged the CPC to share this information with the children and youth groups, associations, and schools. Myeengun shared that he would like to see UNDRIP in translated (in book form) into plain and simple language. An example is [The Mishomis Book - The Voice of the Ojibway](#) by Edward Benton-Banai, a traditional Ojibway knowledge book written like a story. This made an overly complex topic understandable. Myeengun suggested that perhaps the CPC would be interested in working together on a project to translate UNDRIP into simple and understandable language.

Mayor Vrbanovic shared that there has been substantial work done to localize another United Nations initiative, the [Sustainable Development Goals](#) (SDGS). This is an example when looking to localize UNDRIP into an understandable format. The use of children's games was suggested as a potential teaching tool.

Myeengun offered to take further questions. The Council will continue with discussions and CPC will follow-up with the suggestions made.



## **7. Indigenous Updates:**

Lu Roberts congratulated KW Urban Native Wigwam Project for the successful funding from the [Ministry of Housing, and Diversity and Inclusion](#) for a new housing development in Cambridge, Ontario.

Amanda Trites shared that within the Family Court system the Office of the Children's Lawyer (OCL) are requesting proof of status from the First Nation, Inuit, and Métis Community members in Family Court involved in Family & Children's Service WR. If they do not provide proof of status, community members cannot claim that status and proceed with support. This is a racialized and systemic issue. If the families cannot prove their status, the Courts will not award their children to their home.

Richard Eibach asked Council members to reach out to Amanda Trites to help with suggestions or to help navigate through the system.

Tom Galloway shared that the Region of Waterloo initiated through its Anti-racism Advisory Group rent subsidies and childcare services for the Indigenous community and families.

## **8. Break (10 min)**

## **9. Truth and Reconciliation Commission of Canada: Calls to Action (TRC) Update:**

Judah Oudshoorn thanked Myeengun Henry for sharing his knowledge, wisdom, and strength with CPC members, staff, and guests this morning. He is present in many spaces in the community and beyond by not only sharing his knowledge but also building people up. Myeengun's presentation applies to many of the CPC's work and the TRC's Calls to Action efforts.

Judah provided a recap of how the CPC got to this point of the TRC's Calls to Action work. He also highlighted a few of the efforts to help move that work forward and provided an opportunity for a discussion.

Judah shared that he was struggling to present because he had two thoughts in his mind, Myeengun's knowledge sharing, and the other is about the decisions made that affect the CPC staff. He has some questions that he would like to send on to the CPC forum for next week. He added that along with his love for Myeengun. He also wanted to express a deep love for every one of the staff. Staff have helped to put Waterloo Region and the CPC on the map and are truly world-class.

In September 2021, the CPC was invited to read the TRC Calls to Actions and to bring forward some suggestions of the Calls to Action areas that the CPC could potentially take on. After this discussion, the Council decided that it would like to continue the work in an area and assigned Judah to lead those conversations.

Judah started by consulting some Indigenous colleagues on the Council by asking them about their experience during the CPC conversations about the Calls to Action. They shared that the Council took a very colonialist type of approach. During Myeengun's presentation, he spoke about the [Two-Eyed Seeing](#) approach. A colonialist approach is only seeing out one way, which is a tunnel vision approach. During those conversations, the Council did not pause to think about how the Council wanted to do that work. Judah had the opportunity to spend some time at Crow Shield Lodge with Clarence Cachagee. There was not an intellectual approach to the conversation, but rather a relational approach. Clarence challenged Judah about the how and the why of the work, how do we sit together, how do we be together, how do we do a relationship together in a way that honours the land. Myeengun also challenged the CPC at today's meeting. The settlers are the ones that are the cause of the problems, and it is not the settlers' place to put the responsibility back on to the Indigenous community to solve the problems. Settlers usually take a colonist approach.

Clarence Cachagee challenged the Council to use the Indigenous perspective and lens during discussions about the Indigenous related issues and matters rather than bringing in a colonialist's lens or mind frame. The Indigenous community should always be engaged and should lead these conversations. The Council needs to start connecting with our hearts and not with our heads and put the agendas aside. Clarence is open to have a further conversation with any of the Council members about this.

Judah shared that as the Council continues to develop its identity, it is important to slow down and try to do things in a relational way. He encouraged the Council to engage the Indigenous individuals and colleagues without placing the work on the Indigenous community.

Judah asked the Council members as to how it wanted to proceed with this work.

Irene O'Toole asked about finding a space and time for Council to meet to go through a healing process, possibly at Crow Shield Lodge. This could happen at a future meeting.

There was also a suggestion by James Bond about possibly structuring the Council meetings around Indigenous approaches like the Circles.

Richard Eibach shared that Judah, Clarence and Myeengun have challenged the Council to build a true relational approach to the Calls to Action. Richard asked the Council members to share other ways that the Council can bring that into practice.

Joe-Ann McComb shared the neighbourhood work finds it difficult to sit in a scholarly space because scholarly and policy space does not always roll out seamlessly to the grassroots and on the ground with the people. The Cambridge neighbourhoods are trying to undertake the TRC Calls to Action in a very human way. Joe-Ann and the neighbourhood colleagues would be fully committed to taking a relational approach and moving the work outside its neighbourhood circle.

Myeengun Henry shared that the Stirling Mennonite Church wanted to build awareness about UNDRIP outside its church circle and decided to do that by walking from Kitchener, Ontario to Ottawa. Along the way, the church group stop in at Mennonite churches along the way and went through the passages of UNDRIP. Myeengun suggested that the Council implement the TRC Calls to Action into the Council meetings. Myeengun also suggested finding a way to share through the media.

Judah asked the Indigenous colleagues within the Council meeting if they would be interested in leading portions of the work.

Amanda Trites shared that it would be difficult to take the lead because of all the current commitments and future commitments with the anticipated funding for the Healing of the Seven Generations. Our First Nations and Inuit People can lead, but the Indigenous community really needs the support of the Allies to move their words into action and walk alongside the Indigenous community. The First Nations and Inuit People that are leading the changes are burning out, and the Indigenous Community worry about their Elders that have the knowledge and are taking the lead in the work. Amanda recommended that the best way for the Allies to move into action is to share the learnings from knowledge sharing, taking classes, and reading books and relevant legislation to neighbours, friends, family, organizations, and the systems. Allies can also promote the Indigenous organizations, programs, and initiatives. Amanda challenged each Council member to take their learnings and to implement them in their everyday life.

Judah thanked Amanda for the challenge.

Kelly Anthony shared that sometimes inaction is based in the fear of taking the wrong action. Kelly shared with grace that many are trying in diverse ways to move the efforts forward, but it may not be visible. She teaches about Social Determinants of Health in a class at the University of Waterloo. There may be an opportunity for Council members

to share their efforts. For some it is not the beginning, but the continuing of the work and persevering. Kelly shared that she is not abdicating responsibility but seeking help.

Judah thanked Kelly for teaching about Social Determinants of Health.

Clarence shared that it is about commitment and investment. Clarence asked the Council how committed people are to walk in harmony with the Indigenous Peoples. The WRCPC provided a workshop on Allyship that included all the components of what it means to be an Ally. Allyship is a verb. It is about action.

Judah shared that this is an open question and an invitation, and Judah welcomes any further questions and ideas.

### **10. Nominating Committee Update:**

Irene O'Toole shared that the nominating process as reflected in the Terms of Reference will not occur at the January meeting and asked for the following motion:

That the Council support an exemption to the nominating process by not bringing forward CPC 2022 slate for approval as stated in the WRCPC Terms of Reference.

Moved by Irene O'Toole

Seconded by Sharon Ward Zeller

Carried

### **11. Culture Update:**

Irene O'Toole shared that over the course of 4 years the Council has experience oppression and a struggle to retain its culture. Looking forward to the future work of the Council, it was decided that it was important to take inventory of that culture and to revive it. In communities a cross the globe view the WRCPC as a collaborative body made up of many organizations and perspectives and walks of life that has been able to find consensus to chart a course and move to action towards that goal. This gift is attributed to Christiane Sadeler and the staff that have been the backbone that have guided the Council through the decades.

The group met on Tuesday, January 11, 2022, to try to identify the elements of the culture and are intending to bring that information forward to the Council.

Over the last 28 years, the Council has changed the thinking in the local community. Irene shared several of the WRCPC identifiable culture elements:

- Relationships
- Safe space
- Consensus driven – This is a journey and not a race
- Bringing truth to the surface – Division comes from fear
- Value and Culture = Trust
- Trust the community
- Grace
- Patience
- Respect
- Mission driven
- Creative
- Nimble
- Nonjudgemental
- Authentic
- Collaborative
- Trust
- Connected and loved

The small working group will have two more meetings before it reports back to the Council at a future meeting.

Bill Wilson appreciated the meeting and shared that what stood out for him was the working relationship between the staff and the Council members. Developed over the years, the relationship is unique and from his experience, he has not seen in the private industry nor seen in the government organizations.

## **12. Executive Director Update:**

Deb Bergey shared that it has been an extremely difficult week for staff and the Council. The staff team will be able to complete some particularly important work before the end of March 31, 2022. Deb welcomes back David Siladi.

Deb expressed her gratitude to the Council and to the staff because they are a formidable team and incredibly supportive of one another.

Julie Thompson added that the Abbi Longmire is working on a newsletter that will be going out next week. An email invitation will be sent out announcing the 4-speaker series events. The work will wrap up by the end of March 2022. There are also several

events planned using Chelsea's Story. Chelsea's Story will be moving into the schools in April 2022 after four years in making. Communication will go out in the next couple of months. A podcast is also planned.

### **13. Other Business:**

The second CPC Indigenous workshop will be held in March 2022:

<https://www.eventbrite.ca/e/the-allyship-journey-with-indigenous-peoples-first-steps-considerations-registration-240580983197>

Sarah Shafiq mentioned the January 29th is the National Day of Remembrance of Quebec Mosque Shooting and Action Against Islamophobia.

CMW has proposed several ways individuals and organizations can take part. Please email Sarah Shafiq at [sarah.shafiq@cmw-kw.org](mailto:sarah.shafiq@cmw-kw.org) for suggestions.

Sara Escobar shared an event at the Waterloo Public Library. It is an Author Talk with Denise Davy, author of Her Name was Margaret will be joining Jesse (ACCKWA) and Sarah in a virtual conversation about her book, homelessness, and the mental health system. <https://calendar.wpl.ca/event/5965739>

### **14. Adjournment:**

Moved by Irene O'Toole at 11:35 am

# **Issues of Substance: Prohibition, Decriminalization, and Legalization with Strict Regulation**

**DRAFT**

**Not for circulation**

**WRCPC - February 2022**

## Introduction

In November 2021, the Waterloo Region Crime Prevention Council adopted the following Motion:

“That WRCP’s ad hoc committee on drug-related issues develop a position paper with recommendations on drug policy models for Council’s consideration, specifically reviewing:

- a. Status quo (prohibition of certain drugs)
- b. Decriminalization (of simple possession of certain drugs)
- c. Legalization with strict regulation

In addition, the ad hoc committee will present the key findings and recommendations to WRCP in 2022. The subcommittee will follow a similar process undertaken for the WRCP’s position paper on prostitution. The committee will review the available evidence and the wisdom of the community, highlighting the advantages and disadvantages of the models, and bringing a recommendation to Council for consideration and potentially, adoption by WRCP as a formal position.”

The Committee is comprised of three Council members, one former Council member, and two community professionals engaged in direct service provision to people who consume unregulated drugs. The Committee met frequently, conducted an informal literature review, drew on local evidence and wisdom, participated in several related law and policy presentations, and, with more than a century of combined, relevant experience between the members, developed indicators, and came to consensus on a recommendation for the membership of the Crime Prevention Council.

The Committee is pleased to share the findings with Council for consideration.



## Policy options

**1. Prohibition:** the production, distribution, sale, and possession of certain drugs is criminalized by the *Controlled Drugs and Substances Act* and subject to criminal sanctions.

**2a. Partial decriminalization of simple possession:** The possession of certain drugs is subject, at the discretion of police, to administrative sanctions (e.g. fines, court diversion measures) or, in some proposed models criminal sanctions, below certain ‘thresholds’.\*\* Production, distribution, and sales remain criminal offenses.

**2b. Decriminalization of simple possession:** The possession of certain drugs is decriminalized at certain ‘thresholds’\*\* with no administrative or criminal sanctions. There may be allowance at certain thresholds for selling and/or sharing. Production, distribution and sales remain criminal offenses.

**3. Legalization with strict regulation:** Certain drugs are legalized, and subject to federal and provincial regulations (e.g. quality control standards, retail sales, marketing etc.) concerning production, distribution, sales, possession, and consumption.

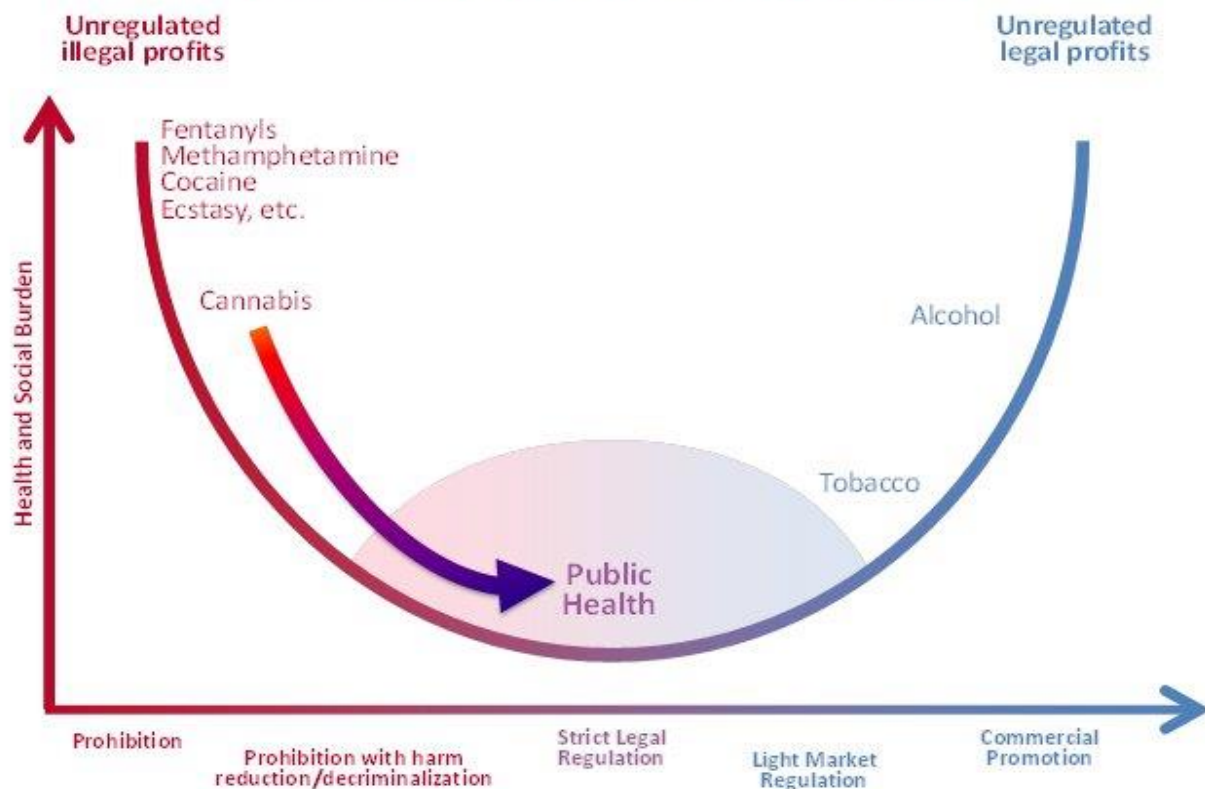
\*\* Thresholds is a term referring to limits on quantities of a particular substance one is permitted to possess before trafficking charges are possible. Establishing thresholds is extremely challenging and contentious given the range of individual dose tolerances, issues of sharing/splitting, bulk buying for personal use, subsistence selling etc.

## Key Concept One: The Paradox of Prohibition

This concept, shown below, was adapted for WRPCPC’s submission on the legalization-regulation of cannabis in 2018. Central to the model for the best possible health and safety outcomes is a regulatory regime which is neither full prohibition nor full laissez faire marketplaces, both of which are motivated solely by profit, characterized by the absence of regulation and high health and social burdens.

For example, alcohol is among the most dangerous of recreational drugs but the policy experience of alcohol prohibition led to worse health and social outcomes than a legal-regulated model. As public health knowledge and interest increased over time, regulations have been introduced to, for example, develop quality control standards, restrict marketing practices etc.

## The Paradox of Prohibition



Adapted by WRCPC / @DrugsWRCPC (with permission from the Canadian Drug Policy Coalition) from Marks, J. (1990). The paradox of prohibition. In Hall, W. (Ed.), *Controlled availability: Wisdom or disaster?* (pp.7-10). Kensington, NSW: National Drug and Alcohol Research Centre.

## Key Concept Two: Phenomenology vs Pharmacology

There is significant evidence that points to Canadian drug law and policy creating more harms than benefits. That is, current drug laws and policies (phenomenology) create harms not inherent to the pharmaceutical characteristics of a particular substance. A Provincial Chief Coroner recently surmised that:

“... not only are the policies and laws that we currently live under misinformed, I really believe they are actually doing harm. We are punishing people who are already experiencing problematic use, we are using all sorts of resources, law enforcement, courts, jails to further harm people who are already suffering.”

Locally, WRCP's (Un)Safe research (N=43) showed extremely high levels of victimization (91%) associated with consumers accessing unregulated drug markets, and further, a reluctance to report these crimes to police (86% of crimes were unreported) - a function more of criminalization than any pharmaceutical properties. Similarly, the WRCP's efforts that led to the establishment of Canada's *Good Samaritan Drug Overdose Act* included local research demonstrating that fear of police attendance meant most witnesses to an overdose emergency would not call 911. Finally, the absence of quality control standards in prohibition and decriminalization models is a policy choice that leads to the availability and consumption of substances with unknown and often harmful ingredients and dosages, and the abandonment of basic institutional consumer health and safety protocols - key contributors to the worst poisoning crisis in Canadian history. These are among the many examples of policy-induced harms.

Separating the pharmacological characteristics of opiates and opioids from phenomenological characteristics might look like this:

Opiates/Opioids	Pharmacology	Phenomenology
Euphoria, sedation, pain mgmt.	X	
Withdrawal	X	
Constipation	X	
Decreased sex drive, appetite	X	
Flushing	X	
Overdose poisoning		X
Viral infections		X
Bacterial infections		X
Violence		X
Crime and victimization		X
Enforcement-Courts-Corrections-P&P		X
Discrimination, stigmatization		X

Adapted by WRCPC with permission c/o Dr. Martin Schechter, NAOMI, 2006.



### Key Concept Three: Choices - Prohibition, Decriminalization of Simple Possession, Legalization with Strict Regulation

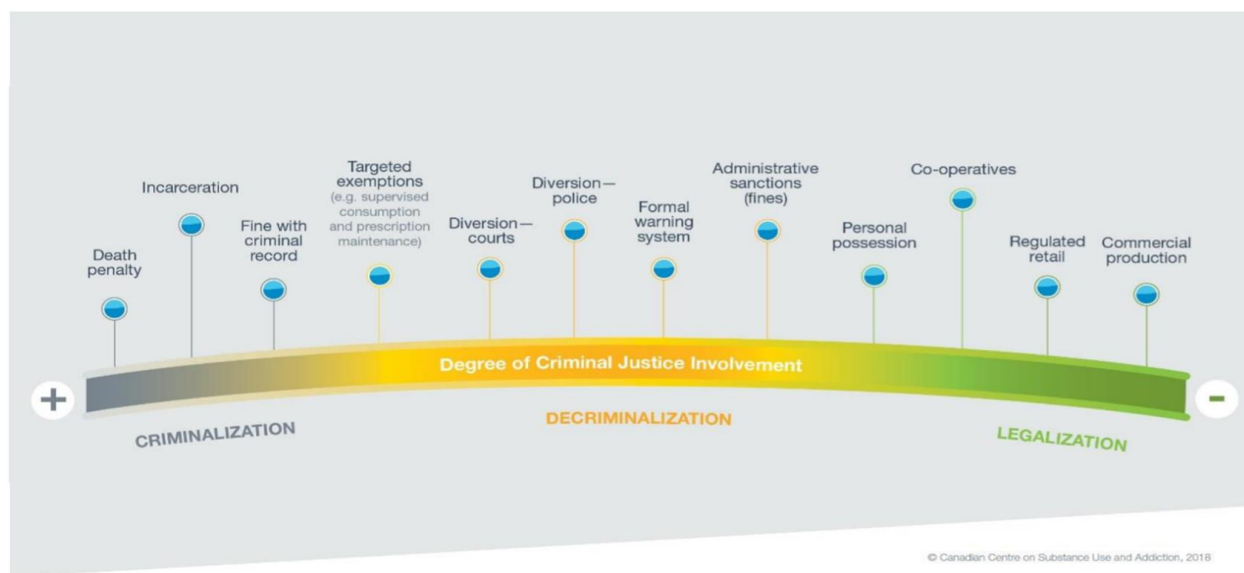
Canada's first narcotic law - *The Opium Act* of 1908 - was rooted not in evidence but rather, racism and moral temperance movements. Other substances have been prohibited over the last 114 years, enshrined in the *Controlled Drugs and Substances Act* (CDSA). Indigenous, Black and persons of colour continue to be intentionally and disproportionately harmed, injured and killed - by a wide margin - through the on-going application of narcotic laws firmly rooted in colonialism.

Despite being the dominant intervention across Canada via the disbursement of billions of dollars of public funding annually, and despite the best efforts of staff within enforcement and justice systems, there remains an absence of evidence demonstrating sustained impact in reducing the supply of (or demand for) currently illegal substances on a population level. In 2011, WRCPC's Waterloo Region Integrated Drugs Strategy recommended the Government of Canada evaluate the effectiveness of drug law and policy. Today, efforts from Waterloo Region Police Service place Waterloo region in 6th

in national rates of 'opioid-related offenses' - primarily possession charges - and 2nd in Ontario.

The CDSA is a federal statute within the jurisdiction of Parliament. Related, Health Canada can grant certain exemptions to the CDSA, for example, S. 56 exemptions that permit supervised consumption services, Urgent Public Health Needs Sites or, potentially, decriminalization of simple possession within municipal boundaries. A handful of large municipalities have submitted S. 56 exemption requests for municipally-based decriminalization. Almost 50 years after the Le Dain Commission's Final Report of the Commission of Inquiry into the Non-medical Use of Drugs recommended the end of criminal sanctions, a 2021 expert advisory committee convened by Health Canada recommended "that Health Canada end criminal penalties related to simple possession and most also recommend that Health Canada end all coercive measures".

A wide range of law and policy choices have always been available to elected officials in Canada. Related Bills currently under consideration include Bill C-5 (repeal of select mandatory minimums, amendments to the CDSA) and a private members bill, C-216 (*An Act to amend the Controlled Drugs and Substances Act and to enact the Expungement of Certain Drug-related Convictions Act and the National Strategy on Substance Use Act*). These are among the current opportunities currently before Members of Parliament.

**Figure 1: The Regulatory Continuum**

## Policy Options

In considering the drug policy options, the WRCPC subcommittee chose key indicators and evaluated them against each policy option. Options 2a and 2b generally combined. The indicators are not intended to be exhaustive. The indicators are not weighted, though clearly, for the Committee, a model that prevents thousands of accidental drug poisoning fatalities and injuries annually is preferable to models that facilitate thousands of preventable deaths and injuries. To our knowledge, this is a novel approach in Canada.

Indicator	Prohibition	Decriminalization of simple possession	Legalization with Strict Regulation
<b>Manufacturing and Distribution</b>	<b>No change</b> <ul style="list-style-type: none"> <li>- Low or no production standards</li> <li>- No health and safety standards for labourforce, operations, environment</li> <li>- Subject to violence, including homicide, for participants and communities</li> <li>- Enforcement activities can escalate violence</li> <li>- Uncertain product quality trending over time toward more toxic products</li> <li>- No age restrictions</li> <li>- Distribution is inherently dangerous between sellers-retailers-consumers.</li> <li>- Crime and victimization unlikely to be reported</li> <li>- No taxation</li> </ul>		<b>New</b> <p>Licensed manufacturers are strictly regulated by health and safety standards, and subject to compliance inspections and sanctions for violations</p> <p>Distribution and retail sales are strictly regulated by health and safety standards, and subject to inspection and sanctions for violations</p> <p>Taxation in effect</p>
<b>Quality Control (QC)</b>	<b>No or low QC standards</b> <ul style="list-style-type: none"> <li>- Unknown composition, quality, dosage</li> <li>- High risk of cross contamination</li> <li>- No standardized labeling</li> <li>- No application of core consumer health and safety protections</li> </ul>		<b>QC standards</b> <p>Licensed manufacturers consistently produce pharmaceutical-grade substances with safer ingredients, standardized dosages, appropriate labeling etc.</p> <p>Establishment of universal standards, inspections and if necessary, enforcement of QC standards</p>
<b>Drug Poisoning Deaths and Injuries</b>	<b>Highest risk</b> of accidental poisoning deaths and injuries		<b>Lowest risk</b> when consuming as directed
<b>Psychosocial impacts on consumers</b>	Creates and perpetuates false and negative beliefs, stereotypes and structural	2A and 2B are likely to produce different outcomes  Potentially reduces	Enables self-determination and autonomy  Removes barriers to

	<p>discrimination from governments, elected officials, health and social service systems and providers, family members, society at large etc. Reducing autonomy and perceived self-worth.</p> <p>Fear of criminalization and reliance on unregulated marketplaces decreases mental health, produces unhealthy relationships, increases vulnerability, isolation, and traumatic events, facilitating instability.</p> <p>Reliance on unregulated markets leaves consumers vulnerable to victimization, isolation and unhealthy relationships</p> <p>Fear of being poisoned by a toxic drug supply causes instability and reduced mental health</p>	<p>some stigma and discrimination aimed at consumers.</p> <p>May assist in sustaining and/or improving relationships with family, friends, and community.</p> <p>Reliance on unregulated markets leaves consumers vulnerable to victimization, isolation and unhealthy relationships</p> <p>Fear of being poisoned by a toxic drug supply causes instability and reduced mental health</p>	<p>seeking connection, support, and treatment</p> <p>Removes ties to unhealthy relationships related to the unregulated market</p> <p>Breaks cycles of trauma and vulnerability caused by the unregulated market</p> <p>Eliminates the psychosocial harms of incarceration and fear of poisoning</p>
<b>Impacts on life opportunities for consumers</b>	<p><b>Low</b></p> <p>Criminal sanctions are extremely disruptive to labour force participation, educational attainment, family-friend relationships, personal health, international travel etc.</p> <p>Little to no remedy for</p>	<p><b>Low to medium</b></p> <p>Improved chances of employment, educational attainment, interpersonal relationships, travel etc.</p> <p>Limits to opportunities imposed by accessing a criminalized, unregulated market</p>	<p><b>Medium to high</b></p> <p>No inherent instability in a regulated marketplace</p> <p>Reduces barriers to employment, housing, employment, education, interpersonal relationships etc.</p> <p>Price, product, and retail stability avoids negative</p>



	<p>ancillary interpersonal crimes and victimization (e.g. unlikely to seek police assistance)</p> <p>Unpredictable product creates uncertainty about adverse effects (e.g. bootleg benzodiazepines in fentanyl products incapacitating consumers for several hours, causing amnesia etc.)</p>	that can require significant energy, time and money.	health, safety and wellbeing outcomes
<b>Consumer Eligibility</b> (e.g. age, health condition, sale premises etc.)	<b>No restrictions</b> in support of individual or public health and safety		<b>Regulated</b> with eligibility standards supporting individual and public health and safety
<b>Prevalence of substance use</b>	<p>Reducing and/or delaying demand for psychoactive substances is best advanced through sustained universal prevention policies and programs addressing, for example, the structural determinants of health, the calls to action of the Truth and Reconciliation Commission, the articles of the UN Declaration on the Rights of Indigenous Peoples etc.</p> <p>Early studies of Canada's legal-regulatory change to cannabis suggest mixed results, and no discernable impacts on overall prevalence.</p> <p>New cannabis-related funding was/is directed to enforcement and education with no new prevention capacity, limiting demand-side opportunities.</p>		
<b>Health care and social service engagement and capacity for 'compliance'</b>  (Of note, 61% of poisoning fatalities do not meet the clinical criteria for	<p><b>Low</b></p> <p>Criminalization and systemic carceral logic increases the risk of ill health and socio-economic well-being, and prevents and/or hampers engagement and provision of quality service for both consumers and practitioners, including</p>	<p><b>Low to medium</b></p> <p>Potential engagement opportunities and service improvement via potential reductions in discrimination and stigma associated with criminalization and carceral logic.</p> <p>Reduced risk to health and well-being if</p>	<p><b>Medium to high</b></p> <p>Consumers can access health and social services without fear of criminalization and, in time, service discrimination.</p> <p>Capacity of ancillary services (e.g. housing and other structural determinants of health,</p>

<p>'opioid use disorder', and health care utilization in the week and/or month before death is common.)</p>	<p>initiation, diagnosis, treatment and related pathways to improved health.</p>	<p>incarceration is not an option.</p> <p>In circumstances where mandatory, non-carceral sanctions are applied and capacity of ancillary services are significantly established and/or expanded (e.g. housing and other structural determinants of health, addiction treatment, primary care etc.), benefits may be possible. Conversely, it is likely most people consuming unregulated drugs do so occasionally, and require no administrative sanctions.</p>	<p>addiction treatment, primary care etc.) - especially for select populations - remains limited however legalization improves personal stability and capacity to utilize and maintain 'compliance'</p> <p>Improved health and medical knowledge in research, diagnosis and treatment.</p>
<p><b>Application of Enforcement and Justice Systems</b></p> <p>(e.g. police, courts, corrections, probation and parole, agencies administering diversion sanctions)</p>	<p><b>No change</b></p> <p>Continues to disproportionately harm people without stable housing; low income individuals and neighbourhoods; people with mental health issues; Black, Indigenous and people of colour; women and youth.</p> <p>Continued risk of victimization, compromised health and socio-economic well-being via reliance on an unregulated marketplace, and administrative or criminal sanctions.</p> <p>No change to gun-</p>	<p><b>Low (A) to moderate (B) change in possession offenses only</b></p> <p>Production and distribution offenses remain.</p> <p>Continued risk of victimization, compromised health and socio-economic well-being via reliance on an unregulated marketplace, and administrative or criminal sanctions.</p> <p>No change to gun-related violence.</p> <p>No evidence of effectiveness to positively affect</p>	<p><b>Substantial reductions</b> in production, distribution, and possession offenses</p> <p>Establishment of regulatory inspection, enforcement and justice mechanisms.</p> <p>Decline in gun-related violence.</p>

	<p>related violence.</p> <p>No evidence of effectiveness to positively affect demand or supply.</p>	demand or supply.	
<b>Individual and Community Safety (Violence and Victimization)</b>	<b>High</b> <p>Prohibition via enforcement of CDSA is inherently unsafe for both individual and community safety.</p>	<b>High</b> <p>No safety improvements as no change to prohibition of production, distribution and 'retail' mechanisms. Market disruptions via enforcement measures can provoke violence. Retail transactions remain inherently risky.</p>	<b>Low</b> <p>Community safety improvements expected via legalized- regulated production, distribution and 'retail' models.</p> <p>Overall, safety is anticipated to improve.</p>
	<p>For no/low income consumers, self-managing withdrawal symptoms via the unregulated market is expensive, time consuming and sometimes, dependent on funding through risky acquisition activities (i.e. survival sex work, petty crime, selling small quantities of drugs, recycling material etc.).</p> <p>The regulatory models here may not address issues of crime and safety for all no/low income persons living with substance(s) addiction. Targeted interventions such as 'safe supply' programs, improved treatment and support programs etc., are necessary to improve individual and community safety.</p>		
<b>Burden on Downstream Services</b>	<b>High</b> <p>Health, financial, social, and psychological burdens are overwhelming and traumatizing service systems and staff, including first responders, hospitals, enforcement-justice systems, physical and mental health services, shelter staff etc.</p>	<b>High - Medium</b> <p>Similar to prohibition.</p> <p>Potential reduction in justice system costs.</p>	<b>Low</b> <p>The least financial, health, social and psychological burden to affected downstream services.</p> <p>Significant cost reductions to enforcement and justice systems in particular.</p>
<b>Costs to Taxpayers</b>	<b>High</b>	<b>Medium - High</b>	<b>Low</b>

	Cost of every system hospitalizations, injuries, EMS, police, incarceration and the continuous cycle	Similar to Prohibition with potential cost savings via court and corrections (A and B) and enforcement (B).	Reduces financial burden on affected, publicly funded services.  Revenue via taxation is an option.  New costs in regulations, inspections and enforcement
Impact on regions and people outside of Canada	<b>High</b>  Demand for unregulated substances is met by transnational production-distribution entities, and dependent in whole or in part, by corruption, bribery, violence and threats of violence, including death, to people, state institutions including enforcement, courts and corrections, elected officials, journalists, farmers, legal professionals, ancillary services and many others, including people not directly participating in the drugs trade.  Militaristic interventions to disrupt production-distribution activities can be harmful to, for example, people and communities who rely on farming for income. Ecological damage and cultural dislocation, especially for Indigenous communities, is a common feature.		<b>Low</b>  Reduces or eliminates domestic reliance on international drug markets.  Regulated, domestic production remains an option.

### Recommendation:

The subcommittee of the Waterloo Region Crime Prevention Council recommends legalization with strict regulation of substances as the approach that offers the greatest potential for both individual and community health, safety and well-being, and the lowest financial burden to taxpayers.

February 9, 2022

To Whom It May Concern,

The Waterloo Region Crime Prevention Council (WRCPC), established in 1993 as a community-led Advisory Committee to Regional Council, is a national model for collaborative crime prevention through social development. The WRCPC functions as a collaborative systems catalyst between all orders of government, public, private, and not for profit entities, voluntary organizations, and communities-at-large.

In 2008, the WRCPC identified the bootleg fentanyl as a potential threat to the health and safety of Canadians, formally advising of their detection in Ontario and Quebec in 2013 and 2016. In addition to advancing initiatives across the prevention spectrum among non-governmental entities, the WRCPC has facilitated several related life saving measures in law, policy, planning and programming at municipal, provincial and national levels. The WRCPC retains a continuing interest in preventing and reducing accidental drug poisoning arising from the consumer demand for, and robust supply of, unregulated substances.

In 2017, the Council recommended a response that was urgent, proportional (to the scale of the crisis), and collaborative, with targets and timelines for reducing fatalities and injuries to be supported by a dedicated and rapid deployment of resources. In 2021, the Council unanimously passed a resolution seeking urgent and proportional assistance from appropriate levels of government and related stakeholders on behalf of community members and service providers.

**Specifically, the Council recommends:**

- 1. Expediting low-barrier financial and structural supports for establishing and expanding safe supply initiatives;*
- 2. Immediately supporting the establishment of Urgent Public Health Needs Sites (UPHNS) among organizations seeking to prevent accidental deaths and injuries onsite through UPHNS Overdose Prevention Services, and as necessary, funding for support staff;*
- 3. Urgently establishing financial and structural support to accommodate people who inhale substances – the leading modality of consumption at the time of drug poisoning deaths - but who are systematically excluded from existing supervised consumption sites locally, provincially, and throughout most of Canada.*

**Supply and Demand**

Canada's drug poisoning crisis – affecting both individual and community health and safety, alongside substantial public and private resources - continues to accelerate toward worse, not better. The data continues to reflect the absence of urgent and proportional interventions. Coroner data from 2021 points to the continued escalation of un-prevented drug poisoning deaths, in Waterloo

region, and beyond. There is no expectation that unregulated drug markets can be eliminated, or become healthier and safer, within a policy framework where basic consumer health and safety regulations governing most other foods, drugs and consumer products are not permitted by law. Unregulated drug markets are expected to remain robust, impermeable to supply-side interdictions, and dangerous, fuelled by funding and policy directions established more than a century ago.

The chronic absence of sustained, authentic, upstream and mid-stream prevention initiatives increases the demand for both regulated and unregulated drugs, lowers outcomes on both individual and community health, safety and socio-economic indicators, and overwhelms downstream providers and funders. Financial and structural support for authentic, community-led upstream prevention approaches makes the prevention of problematic substance use – and more - among children and young adults possible, reducing the burden on a range of publicly and community funded downstream interventions.

Waterloo region, and other communities across Canada, regularly experience periodic mass casualty emergencies related to the considerable variability in the toxicity of drugs supplied by unregulated markets. In the absence of urgent population-level initiatives, mass casualty events will remain a certainty, alongside an unsustainable and significant burden of un-prevented trauma on critical direct service staff, first responders and others.

The WRCPC continues to witness unrealized opportunities for significantly reducing accidental drug poisoning deaths and injuries. The WRCPC, community, and systems partners welcome your urgent assistance to enable opportunities proportional to the scale of the crisis in a collaborative effort grounded in equity.

## **Safe Supply**

The WRCPC acknowledges and sincerely appreciates the federal support for a local safe supply initiative. The evidence points to tremendous benefits for program participants, the community at large, and both public and private budgets. However, the time-limited grant meets just a tiny fraction of the current demand from people at risk of accidental death and injuries. Together with area collaborators, the WRCPC is concerned about the people precluded by capacity constraints to access the current initiative, and about sustaining if not immediately expanding the safe supply efforts, in advance of funding cessation in March 2023. Persistent structural barriers of concern include but are not limited to, for example, the absence of all of the necessary medications on the Ontario Formulary.

## **Overdose Prevention Sites (OPS), Consumption and Treatment Services / Supervised Consumption Sites (CTS/SCS)**

The WRCPC acknowledges and welcomes the low-barrier opportunity courtesy of Health Canada for the establishment of Overdose Prevention Sites (OPS) via Urgent Public Health Needs Sites (UPHNS) Class Exemption process. There are clear benefits for citizens, direct service staff and first

responders, particularly in shelter and congregate residential settings where locally, the majority of people are regularly consuming unregulated substances, and are among those at the highest risk of being accidentally injured or fatally poisoned. Epidemiological data, primary research from WRCPC (UnSafe, 2020) with people lacking stable housing, and qualitative data with direct service personnel, strongly support the urgent public health need to establish OPS sites. While the federal advice in 2020 was to use homelessness funding provided to Service Managers across Canada, this is not an opportunity in many municipalities, locally and beyond. Funding - primarily for staffing an UPHNS OPS at interested organizations - would facilitate progress, and reduce the psycho-social burden on an already traumatized – and diminishing - workforce.

Finally, the WRCPC recognizes the current limit of 21 CTS facilities is arbitrary, deadly, and inadequate to meet the crisis-level needs identified in communities across Ontario. The WRCPC supports the removal of the 21-site limit alongside immediate initiation of inhalation accommodations in communities that have identified SCS/OPS/CTS as an urgent public health need.

## Inhalation

Coroner data demonstrates that inhalation (smoking) is the modality most often indicated at the time of overdose poisoning deaths. However, while federal provisions exist for the accommodating people who inhale unregulated drugs, inhalation options are not a feature of the local CTS, or most other supervised consumption facilities in Canada. Compliance with provincial smoking legislation is not a barrier.

Research conducted by WRCPC with people lacking stable housing and regularly consuming unregulated drugs found that most local people consume fentanyl via inhalation. This is not unique to Waterloo region. Funding the provision of inhalation infrastructure in new and existing consumption facilities – SCS, CTS and OPS - would greatly improve equity in health services and is guaranteed to reduce the risk of death and injuries, among other benefits.

The WRCPC continues to recommend an urgent and proportional response via structural and financial assistance to resolve a clear crisis of health and safety. The WRCPC welcomes conversations grounded in equity in a collaborative effort to advance evidence-informed solutions guaranteed to reduce un-prevented poisoning deaths and injuries locally and beyond. On behalf of the membership of the WRCPC and collaborating stakeholders, I look forward to those conversations.

Regards,



Chair, WRCPC