

WRCPC Agenda

March 11, 2022

9:00 am to 12:00 pm

Video Conference

Chair: Richard Eibach

Minutes: D. Bergey

- 1. Territorial Acknowledgement
- 2. Welcome
- 3. Critical Reflection
- 4. Approval of Agenda
- 5. Declaration of Conflict of Interest
- 6. Approval of the February 11, 2022, Minutes (attached)
 - 6.1 Business Arising
- 7. WRCPC Staff (Bill Wilson) (5 min)
- 8. Culture Document for Information (Irene O'Toole) (sent separately) (10 min)
- 9. Staff Report on Work Achievements (Deb Bergey) (attached) (10 min)
- 10. Drug Action Update for Information (Irene O'Toole/Michael Parkinson) (5 min)
- 11. Youth Crime (Mark Pancer) (10 min)
- 12. Sharing of the CPC highlight Experiences (All members and staff) (60 min)
- 13. Closed Session (30 min)
- 14. Adjournment

Document Number: 3971883



WRCPC Minutes

February 11, 2022 9:00 am to 11:40 am

Video Conference

Present: Amanda Trites, Bill Wilson, Irene O'Toole, Janice Ouellette, Jenn Hutton, Joe-Ann McComb, Jonathan English, Kathy Payette, Kathryn McGarry, Kelly Anthony, Lu Roberts, Mark Pancer, Peter Ringrose, Richard Eibach, Rosslyn Bentley, Sara Escobar, Sarah Shafiq, Sharon Ward Zeller, Tom Galloway, Trisha Robinson.

Regrets: Cathy Harrington, Chris Cowie, David Jaeger, Doug McKlusky, Fitsum Areguy, Hsiu Li Wang, John Goodman, Karen Spencer, James Bond, Jamie Sheridan, Patricia Moore, Clarence Cachagee, Dave Dunk, Myeengun Henry, Barry McClinchey, Bryan Larkin, John Shewchuk, Angela Vanderheyden, Sue Weare

Staff: Abbi Longmire, David Siladi, Deb Bergey, Julie Thompson, Michael Parkinson, Shama Saleh

Guests: Alishau Diebold, Ingrid Pregel, Harriet Taylor, Jennifer Mains, Jesse Burt, Kate Bueckert, Meg Ruttan Walker, Paige Desmond, Shelley Adams, Sonia Dennis, Sumaya Abukar, Zowda Mohamed.

Chair: Richard Eibach
Minutes: D. Bergey

1. Territorial Acknowledgement:

Joe-Ann McComb provided both a territorial acknowledgement. Joe-Ann spoke about her own personal experiences and how they have helped her understand the experiences of the Indigenous people. She spoke about her commitment to daily reflections and that most recently she has been using the book, Embers, for meditations. We need to bring these words into our life, feel them, live them, and sit with them. She has considered how to make sense of these learnings and to entrench them in her personal and work life. Nothing in the universe grows from the outside in. She often reflects on the teaching "Walk gently on the earth and do each other no harm". There is a huge shift happening now, if we were to act collectively in this way,

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there would be a big change. She has never been told how to feel or what she should do. Her goal is to keep learning and listening.

2. Welcome:

Richard welcomed David Siladi back from parental leave. Before his leave, David had been instrumental in exploring the concept of critical reflections. David led those in attendance in a critical reflection exercise.

David is glad to be back. David thanked Joe-Ann for her reflection. On June 12, 2020, a presentation was given to Council of an evaluation of the pilot course: Reframing Crime, Justice, and Prevention by Carlos Luis Zatarain. The course aimed to deepen understanding of complex social issues and to foster skills for critical reflection, with a goal to develop a practice of critical reflection and action and building community capacity for social justice. One outcome was to apply a grounding exercise at the start of meetings. As the practice of land acknowledgement became more common, this offered a unique possibility. An opportunity was presented for reflection. While any questions can be used, they are a guide, which can change. David selected three questions provided to him by Irene that have been used by Clarence Cachagee. Who am I? Why am I? And what is my purpose in life? Because there will be a closed session at the end of the meeting, these questions can be revisited at that part of the meeting. For that session, David recommended: Who are we, why are we, what is our purpose in the community and beyond? The goal is to be in the present, and to respond vs react. The key is the process and practice. Members were invited to turn off their cameras and reflect on the questions.

Richard welcomed everyone to the meeting including guests from the Ministry, Youth Advisory Group, local media and the CPC drug action team.

3. Approval of Agenda:

Moved by Richard Eibach

Seconded by Kathy Payette

Carried

4. Declaration of Conflict of Interest:

None

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5. Approval of the January 14, 2022, Minutes:

Moved by Richard Eibach

Seconded by Joe-Ann McComb

Carried

5.1 Business Arising:

None

6. Ontario's Child Welfare Redesign Strategy:

Harriet Taylor, from the Ontario Ministry of Children, Community, and Social Services, presented the Child Welfare Redesign Strategy.

Harriet presented on why redesign is necessary and how we will get there. It is important to consider the voices of those who are not at this table and how we might engage them. The strategy is driven by key issues of over representation in the child welfare system of black, Indigenous and LGBTQ children. There are disparities in outcomes of education and employment.

The new strategy was launched in July 2020. It is a multi-year strategy with a goal of strengthening families, addressing systemic racism, improving service experience. The strategy has a vision of an Ontario where every child and youth has the supports they need to succeed and thrive.

The goal is to transform services for children in all sectors and to empower communities. The approach is to enable collaboration with other human services ministries – health, housing, early years. Overall, there are five pillars aimed at improving the child welfare with a robust data driven, evidence-based evaluation framework.

There was extensive community consultation, although this was not an exhaustive approach. There is a unique indigenous approach outlined in the Ontario Indigenous Children and Youth Strategy.

The strategy aims to move from a reactive to preventive approach with an integrated human service system. The strategy uses a life course approach focussed in community-based prevention using a strength-based trauma informed approach.

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Sonia Dennis from Waterloo Region Family and Children's Services spoke about the local focus of this work. Waterloo Region is trying to deliver service that meets the need of family and children in our region. There is also an over-representation of Black, Indigenous, racialized, and LGBTQ individuals in our local service. In 2016, FACS investigated the data. They recognized they do not have all the data for 2SLGBTQ2+. They have grounded their new strategy with a clear goal to address overrepresentation. The strategy is grounded in equity and the Truth and Reconciliation Calls to Action. Two unique service models have been developed in the organization. Two Row service understanding team with 30 plus staff has been developed and is led by Indigenous staff. This is a service model of how to work with FNMI families in the community. There is another service model that specifically approaches work with children, youth, and families that identify as black, immigrants and racialized. Similar to Harriet's presentation, they are looking at root causes based on the social determinants of health. Prevention, not just intervention. The Resilience Project is a community collective perspective. Keep children and their families at the centre of the work and change, and wrap around community partners. Their work is based in these communities but focus on whole communities. Their work is aligned with the Child Welfare Redesign principles.

Harriet shared her questions at the beginning of the presentation. If members have any thoughts they wish to share, Deb can forward to Harriet. She also asked whom else they should speak to as part of consultations.

Questions:

Kathy commented from the point of the child well-being mental health representative. She congratulated both the Ontario Ministry and the local FACS for their work. She commented that our Region is always ensuring children are well taken care of.

Peter supported Kathy's comments. He commented that it is a big project and farreaching. It is ambitious. Plans of this nature take a long time to implement and often need additional resourcing. He asked if there were plans for funding announcements from the Ministry for sector and partners to make this happen. Harriet responded that as they gather information from pilots and consultations that may inform future announcements. There is some funding for the prototype projects. They may look at shifting resources from intervention to prevention based on data.

Sara commented on the over-representation of populations. Naming is really important. It comes down to racism and colonized way of thinking which is deeply embedded. She asked how this work would address that. Sonia responded that the root of work is over-representation and how do we continue to dismantle racism. This is at the forefront in the local plan. It is not just a matter of redesigning or doing differently. They must

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address systems and decolonize the work using an anti-racist framework. It is decades of work that must be undone.

Amanda asked whom in the indigenous communities' bracket, urban or on reserve, was included in this plan? Locally they were not consulted, and they worked directly with the Two Row team at FACS Waterloo. She could see many of the issues that would be presented and barriers for First Nations, Métis, and Inuit people. Harriet responded they have spoken to some connections but would like to have more contacts locally.

Sarah commented that new immigrants, newcomers are coming here and looking at the culture that devaluing of parents of different cultures. It is an individualist society. The state has taken over many of the roles that collectivist societies are used to seeing. There are pros and cons to both models. However, there is a power imbalance in the school and child welfare system. Lip service is paid to valuing parents needs. We need a balance between the two. If a child is going through a problem, everyone will know, except for the parent. E.g. School, doctor etc. The parent finds out when things are out of hand. Harriet thanked Sarah for her feedback.

Kelly commented that in Public Health they call this a wicked problem. Unravelling all the issues. She compared the work undertaken in child welfare vs postsecondary. There is a gross under-representation of people of colour. Post secondary is not as far along. It is not representative at all. It is a long road; post secondary is not even on the road. Child welfare is further along. Post secondary will follow along, as they often do. Harriet commented that the name Child Welfare Redesign does not do it justice; it is really Social Welfare redesign.

Richard suggested the local group Ok2beme would be a good group to connect with, as this is an important experience in this work.

7. Draft Drug Policy Position Paper:

Irene and Sara, as co-chairs of the CPC Drug action team, provided an introduction.

Sara introduced the members of the Working Group: Jesse Burt, front-line worker with ACCKWA; Kourtney King, Sanguen Safe Supply Program; Jennifer Mains; and Judah Oudshoorn. Sara explained that this position paper has been created because there are people trying to survive the poisoned supply and current policies are failing. In the past, the working group has led with their hearts to communicate the need for change. However, others have asked for data. Therefore, to move forward, the working group want to bring the data and the heart together.

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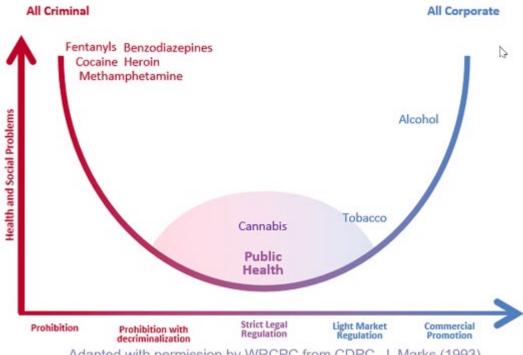
Michael Parkinson began the <u>presentation</u> on the position paper. He reminded members of the Unsafe Research reported on last year and the CPC was instrumental in supporting the grant for the \$2.5 million safe supply project.

The draft policy position paper is titled Issues of Substance. The paper was created to explore a variety of different drug policy and law options. We are currently firmly in prohibition. This model is 114 years old and there is no expectation that the outcome will be different. There is a long history in Waterloo Region of producing drugs and alcohol, illegally. Prohibition began with alcohol, which was about keeping young and white children safe from drugs and liquor. In 1908, the Opium Act was established. There was no evidence of meaningful and positive impact on supply or demand. Bill C-214 has been recently up for debate. This legislation is based on the remnants of moral temperance, with a focus on addiction to solve the crisis. While evidence shows that addiction is a high-risk factor for dying, 39% of people who passed away were addicted to drugs, meaning 61% are not addicted. Many people use drugs or alcohol but do not use it problematically.

Prohibition was a failure because it did not work. Policies and laws do more harm than good. Cannabis was added to the list of prohibited substances with debate, and this decision was reversed a few years ago. The Opium Act grew out of Chinese immigration and was a form of racism.

The following diagram shows the range of controls. On left are strategies aim at prohibition and laws. On the right, there is a complete absence of laws and restrictions. The sweet spot is in the middle, where cannabis lives currently.

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Adapted with permission by WRCPC from CDPC, J. Marks (1993)

The figure below shows the degree of policing involvement in various models. There are several regulatory options considered currently. Bill C-5 repeals some mandatory minimums. Section 56 allows for federal exemptions to substance use, which is what the Consumption Treatment Site on Duke Street uses. This removes the criminal nature of use. Some municipalities are asking for exemptions for municipal boundaries.



There are three models to consider.

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- 1) Prohibition: the production, distribution, sale, and possession of certain drugs are subject to criminal sanctions.
- 2) a) 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 offences.
- b) Decriminalization of simple possession: the possession of certain drugs is decriminalized at certain 'thresholds' with no administrative or criminal sanctions. Production, distribution, and sales remain criminal offences.
- Legalization with strict regulations: 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.

With model 1: Prohibition, early data with cannabis shows that there is no increase/ no decrease.

With the partial decriminalization of simple possession only, a person can hold a gram of fentanyl without being charged. The threshold is how much can I carry before being charged? The difference in the two models of decriminalization with simple possession is in the administrative sanctions. In one model, there can be administrative sanctions such as fines and mandatory addiction treatment. An individual is better served in not having administrative sanctions.

There are federal government consultations on model 3 nationwide. There is some role for the provinces. This model would legalize and regulate supply, production, and sales.

Jesse presented on the indicators the working group prepared. The full report has more detail. Manufacturing/ distribution is done by organized crime and there is no regard for health and safety and often is done for trafficking reasons. Toxic, dangerous drugs are easier to smuggle and there is higher profit. In a legal market, drugs are tested and labelled. It is often described as Russian roulette in the criminalized market. People do not intentionally overdose, but there is an unknown composition. Decriminalization would not stop death because there is no product quality. Stopping death should be the ultimate goal.

The psychosocial indicator identifies unhealthy relationships and victimization. Decriminalization improves some of these factors, but there is still a fear of being poisoned. It does not completely remove fear. Legalization with strict regulation really improves sense of wellbeing. It impacts opportunities. With decriminalization, you cannot seek assistance from police. With legalization, there are many other options for

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employment/ education, healthier relationships. Decriminalization leaves access to drugs wide open. In the regulated market, there are stricter controls on who accesses drugs, i.e., youth.

Indicator	Prohibition	Decriminalization (simple possession)	Legalization with Strict Regulation
Manufacturing and Distribution	×	X	✓
Quality Control	X	X	/
Drug Poisoning Deaths and Injuries	×	X	/
Psychosocial impacts on consumers	×	-	/
Impacts on life opportunities for consumers	×	-	/
Consumer Eligibility	×	X	✓

The next chart below illustrates other indicators. Without fear of being criminalized, an individual can access health and social services much more. When considering, enforcement and justice there is more impact to people without housing, people of colour. The FDA spends 30 trillion annually to stop supply of drugs and is 1% effective. Criminalization does not stop the flow of drugs. In the Unsafe research conducted by CPC, the average number of incarcerations was 12. Criminalizing does not deter drug use.

Organized crime and gun violence are linked to unregulated markets, impacting community safety. Legalization would undercut the market, reducing the power and structure of the markets. There is a cost to the system for emergency medical services and health care. It is not just the overdoses, it's also the crimes associated with the market. Undercutting the illegal market will alleviate costs. In Portugal, this worked so well, 90% of money on punishment was redirected toward supports. There is an impact on other countries. There is harm in Latin America and South East Asia, those countries at the lower end of the economic scale. Mexico in 2006 was a major producer. Mostly for the US but also Canada. In Mexico, they proposed to decriminalize all drugs; the US government said no and offered military support for drug producing

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organizations. The violence really started then and 48,000 Mexicans lost their lives and not necessarily people in drug trade. The escalation of death continues. It is the same in Canada, when there are drug market crackdowns gun violence follows.

Indicator	Prohibition	Decriminalization (simple possession)	Legalization with Strict Regulation
Health care and social service engagement	X	-	~
Application of Enforcement and Justice Systems	X	-	\
Community Safety (Violence and Victimization)	X	X	/
Burden on Downstream Services	X	-	/
Costs to Taxpayers	X	-	/
mpact on people outside of Canada	X	×	✓

The working group is recommending that CPC endorse legalization with strict regulation.

Richard thanked Jesse, Sara, and Michael.

Discussion:

Kathryn McGarry complemented the work done on this and following the science. She notes that many do not follow evidence based positioning. She has spoken to the Minister for Addictions and Mental Health in the past about safe supply. She asked the team what the number one thing was for those that have access to politicians. What is the advice to move the needle? Michael responded that the evidence is clear that with cannabis legalization, the world did not end, and the sky did not fall. Two bills are before the House of Commons. He advised to keep the door open, keep conversations going. CPC has had success nationally, provincially and locally with naloxone, the drug strategy, and safe consumption. It takes many years to realize success. Follow the evidence and, today, it is not questioned. Sara suggested that you define what neutrality means because of what we are seeing in the community we cannot just sit and be idle any more. Those who are uncomfortable may not be affected by the

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changes. Kathryn would like to take a copy of this report to take to federal and provincial counterparts.

Kelly thanked the working group for an illuminating presentation. It is a deadly serious issue, and is more than academic to her. There are studies from University of Irvine and Duke University that analyze the impacts of prohibition. Recent data may not support that prohibition is a bad thing. Prohibition of alcohol was very race-based. The concern was that white men were dying and spending the family money. Post prohibition rates of drinking never returned to pre prohibition levels. Alcohol and tobacco are the highest killers, even in a legal and strictly regulated market. Most people use drugs and 'age out'. They only use them when they are young. She is open to discussions of decriminalization and legalization, but we should proceed with caution. Why are kids using drugs in the first place? We need to look at the Iceland model. Do we just assume people use drugs and stay addicted? Can we look more upstream? Michael noted that the recommendation is for Health Canada to launch a consultation. Sara said that the idea is to encourage and give space to go out and get creative. Our policies that exist now do not allow that.

Mark asked about the Portugal example. Are there other jurisdictions where they implemented strict legalization? Portugal took a lot of money from criminal justice system and it to prevention. Very powerful forces may work against us, so we need that evidence. It would be really good to look at the process by which Portugal arrived at their decision. It is a very difficult process to consider this. Michael responded that many other countries only have more mid or downstream activities. During the cannabis legalization debate, CPC was the only entity to mention sustained upstream prevention. 99% of focus is downstream. Jesse responded that in Portugal there was a public health crisis where 1 in 100 people used unregulated heroin. Smaller countries are easier to steer. In Iceland, it is easier to steer a whole country. We cannot punish our way out of the problem. Switzerland in the 80s had a similar problem, with supervised prescribed heroin the percentage of overdoses dropped by 50%. 66% of people found a regular job. For people stuck in the cycle, there is no way out. The amount of money spent on people in the system is uneven. There are enough resources to put someone in jail today, but you have to wait months for a treatment bed. How do we convince politicians? If the number of deaths does not convince people, we need to focus on the amount of money it costs. Mark noted that the presentation is so compelling he is amazed we have not made further progress. Michael commented that when you decriminalize substance use, conversations about treatment and other options are possible. The devil is in the details when legalization roles out. There were early concerns with prescription opioids. In February 2012, OxyContin was withdrawn. More drugs that are dangerous will appear.

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Deb commented that the working group created a really compelling presentation that captured both the hearts and minds.

David asked about the Iceland model. They analyzed the data and moved to action. In North America, the decision-making process is not streamlined. We do not always just follow the data. The profile, culture, and values of the country go along way to the politics and the decision-making. Reallocation of resources could be a piece, but it could also be a challenge to determine that legalization is not a perfect solution. We could have an indicator of political appetite in this model. Something that could be perfect on paper could be too good to be true.

Motion:

The Waterloo Region Crime Prevention Council endorses the ad hoc committee's Issues of Substance report, rejecting prohibition and decriminalization of simple possession, and supporting legalization with strict regulation as the legislative approach that offers the greatest opportunity for significantly improving both individual and community health, safety and well-being for all residents of Canada, substantially reducing accidental drug poisoning deaths and injuries, and providing the lowest financial burden to taxpayers and further;

urges the Government of Canada to expedite an inclusive consultation process in 2022 to collaboratively inform a new legal framework that is grounded in equity, evidence, and the wisdom of people most affected by drug-related issues, and further;

That the Issues of Substance report be presented to Region of Waterloo Council, and shared with all orders of government and related stakeholders.

Moved by Sara Escobar

Seconded by Irene O'Toole

Tom suggested a small change that instead of the report be shared with all orders of government that it be shared with local MP, MPPs, and relevant federal and provincial Ministers. Irene suggested keeping all orders of government, adding the others.

Rosslyn suggested listing specific key stakeholders of the provincial alliance of Community Health Centres. They passed a motion 2 years about decriminalization, and she would like to share the report. It was suggested that we do not list all stakeholders, as there are many. However, the report can be shared.

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Richard suggested adding something about upstream prevention. For legalization to be successful there is a necessity to focus on upstream prevention. Irene suggested keeping to the original motion.

Revised Motion:

The Waterloo Region Crime Prevention Council endorses the ad hoc committee's Issues of Substance report, rejecting prohibition and decriminalization of simple possession, and supporting legalization with strict regulation as the legislative approach that offers the greatest opportunity for significantly improving both individual and community health, safety and well-being for all residents of Canada, substantially reducing accidental drug poisoning deaths and injuries, and providing the lowest financial burden to taxpayers and further;

urges the Government of Canada to expedite an inclusive consultation process in 2022 to collaboratively inform a new legal framework that is grounded in equity, evidence, and the wisdom of people most affected by drug-related issues, and further;

that the Issues of Substance report be presented to Region of Waterloo Council, and shared with all orders of government; including local MPs, MPPs, and all relevant federal and provincial Ministers, as well as with related stakeholders.

Carried. 15 in favour; 3 abstained; 18 voting members present at the time of the vote (2 members were off the call temporarily for this portion of the meeting).

- 8. Break (10 min)
- 9. Coalition of Muslim Women KW Actions to address hate crimes:

Deferred

10. Anti Racism Updates:

Lu Roberts updated Council that locally have been a number of local individuals targeted with extreme racist attacks. Selam Debs issued a statement on social media about the racism and white supremacism at the heart of the truck convoy and receive a deluge of negative attacks on her social media and business pages. Many organizations put out statements of support. Lu Roberts worked with Abbi Longmire to put out a statement on behalf of CPC about the attacks.

Mark provided an update about a neighbour who received a newspaper on his doorstep. It was very clearly anti-Semitic, anti-Muslim, and anti-Asian. He contacted the

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police. There is an <u>article</u> in the Record by Luisa D'Amato: When hateful words arrive at the door.

Tom mentioned a <u>rally</u> happening on February 17th to support love, respect, inclusion, and diversity. A newly formed group from the Trans community organizes this.

11. Other Business:

None

12. Closed Session:

Motion to go into closed session.

Moved by Bill Wilson

Seconded by Mark Pancer

Carried

13. Adjournment:

11:40 am, open session adjourned to go into closed session.

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Child Welfare Redesign Implementation

Overview and Roadmap

WRCPC-February 11, 2022













Why Redesign?

The Strategy is driven by several key issues and challenges. The COVID-19 outbreak has highlighted, and in some cases exacerbated, some of these challenges:



Over representation of Black, Indigenous, and LGBT2SQ+ children, youth and families engaged with the child welfare system



Challenge in identifying true protection cases versus families who may have complex needs and/or trauma and require more support to address potential safety concerns



Children and youth in care experience disparities in outcomes (e.g. education, homelessness, human trafficking, etc.)



Child welfare system is not financially sustainable or efficient



Lack of coordination across the many cross-sector service providers who serve children, youth, families

Inconsistent and often time

limited access to prevention-

focused community services



Child, youth and family well-being can be strengthened through a personcentered, life course approach that that delivers the right supports at key stages and transition points and reduces risk factors



Children and young persons in licensed residential settings do not always receive high-quality care that meets their needs.



30% of children under 15 in foster. care in Ontario are Indigenous, despite making up approximately only 4% of that age cohort

Black children and youth are overrepresented in care 5 times their representation in the population at the Children's Aid Society of Toronto.

See Appendix A for detailed data.



Families do not always feel adequately supported to seek help, stay together or to reunify

Child Welfare Redesign

NOT FOR REDISTRIBUTION

Child Welfare Redesign

- On July 29, 2020, the Ontario government released its plan to redesign the child welfare system.
- The strategy was developed with input from youth, families, caregivers, First Nations, Inuit and Métis partners, lawyers, community organizations, frontline workers and child welfare sector leaders. The multi-year strategy focuses on:
 - Strengthening families and communities in partnership with cross-sector providers through enhanced community-based prevention and early intervention;
 - Addressing systemic racism and the disproportionalities and outcomes disparities for Indigenous, Black, LGBT2SQ+ and other equity-deserving populations in child welfare; and
 - Continuing to improve the service experience and outcomes for children and youth that need protection services, including more family-based placements.



Vision: Transforming Child, Youth and Family Services

Overall Vision: An Ontario where every child and youth has the supports they need to succeed and thrive.

Child Welfare Redesign (CWR) is a transformation of child, youth and family services that includes all sectors, organizations and individuals that impact the well-being of children, youth and families. While the future state cannot be defined by provincial ministries alone, the ministry imagines a future state where:

- All human services in communities work effectively together and with families to build on their **strengths and enhance resilience**;
- Government ministries and cross-sector partners have a shared responsibility and are accountable for improving child, youth and family well-being across the life course and eliminating outcome disparities for equity-deserving groups;
- Indigenous children and youth are healthy, happy, resilient, grounded in their cultures and languages and thriving as individuals and as members of their families and Nations/communities;
- Local perspectives of child, youth and family voices drive the design and delivery of human services available in every community in Ontario; and
- In the long term, there are measurable improvements in child, youth and family well-being in all communities.

The Child Welfare
Redesign Strategy sets out **five pillars** with priority projects:



Child, Youth, Family and Community Wellbeing



Quality of Care



Strengthening Youth Supports



Improving Stability and Permanence



System Accountability and Sustainability



4

Future State: A holistic and integrated Child, Youth and Family Services System

Secondary and Tertiary Prevention:

Children's Aid Societies,
Placement and
Residential Services,
Mental Health &
Addictions, Social
Assistance, Employment
Supports, Violence
Against Women services,
Anti-Human Trafficking,
Diversion Programs,
Justice System,
Emergency Healthcare

Workplaces
Family Doctor
Community Recreation
Mental health services
Community/Social
Supports
Developmental Services
Settlement Services

Adulthood / Parenthood Prenatal / Postpartum Birth

Children, Youth & Families

Youth Early Years

Public Health
Screening
HBHC
EarlyON Centres
Mental health services
Primary health
Prenatal Care
Midwifery settings

Childhood

Schools
Recreation
Child Care
Primary health care
Special Needs Services

Holistic Services (e.g.

Family Well-being programs, Community Health Centres, Community Hubs etc.)

Note: This diagram is a conceptual work-in-progress to represent the future state. It does not include all relevant cross-sector service providers that provide services to children, youth and families.



Applying a Distinct Indigenous Approach

Through CWR, the government reaffirmed its commitment to advancing the **Ontario Indigenous Children and Youth Strategy (OICYS):**

The Ontario Indigenous Children and Youth Strategy VISION **Ontario Indigenous** GUIDING PRINCIPLES Children and Youth First Nations, Métis, Inuit and urban Indigenous Children and youth centred Flexibility Strategy children and youth are healthy, happy, resilient, ▶ Culture and identity as foundational Shared accountability grounded in their cultures and languages and thriving Respect rights and jurisdictional ▶ Reconciliation (acknowledge the as individuals and as members of their families and past, act now, and look to the future) aspirations Nations/communities Co-development and partnership Outcomes focus **Distinct Indigenous** Responsive to youth voice approach to Child **Welfare Redesign PILLARS** First Nations Prevention, Culture and Coordinated and Monitoring. Transformed **Evaluation and Shared** Jurisdiction and Opportunities Responsive Relationships and Control / Métis, Inuit Circle of Care Accountability Collaborative, Holistic and Urban Indigenous First Nations, Métis, Inuit Action Child Welfare Redesign Control and urban Indigenous The child and youth Progress is tracked and Child, Youth and children and youth have service workforce is through culturally and Systemic change equipped to provide high contextually appropriate through collaborative Family Well-Being First Nations, Métis, access to preventive Inuit and urban services focused on quality, integrated and monitoring and action and transformed Framework Indigenous communities/ well-being, culture and culturally appropriate evaluation approaches relationships with First organizations have opportunities services Nations, Métis, Inuit authority to care for their and urban Indigenous children and youth. partners



How will we achieve the vision?

Achieving CWR's transformative vision requires a clear overarching strategy, informed by evidence and created in partnership with communities.



Better Outcomes for Children, Youth & Families

Child, Youth and Family Well-Being Framework



Projects to
Achieve Strategic
Pillars



Community-led Implementation and Design



Data, evidence, and advice



Robust measurement of outcomes



Prototyping Community Initiatives



Alignment across
Government

Aligned with the Ontario Indigenous Children and Youth Strategy

Working Principles

- Shared ownership and accountability
- 2. Prioritize the voices of children, youth and families
- 3. Consistently apply equity and anti-oppression lenses
- 4. Prioritize Indigenous, Black, racialized and LGBTQ2S perspectives to address disproportionalities and disparities
- Prioritize reconciliation by adhering to the OICYS
- 6. Co-design and co-develop where possible.
- 7. Partner across governments, sectors and communities





Projects to Achieve the Strategic Pillars

- Specific projects that have been identified through engagement or by the ministry have been organized under five strategic pillars.
- These projects are focused on improvements to the child protection system to transition and align the system with the holistic and integrated child and family services system vision.
- Projects will have tailored engagement plans to ensure appropriate community engagement.



Child, Youth, Family & Community Well-Being

✓ Enhancing communitybased, culturally-relevant prevention and early intervention services



Quality of Care

- ✓ Quality and Oversight
- ✓ Prioritize Family-Based Care
- ✓ Build the capacity & skills of staff and caregivers



Strengthening Youth Supports

- ✓ Amplifying Youth Voice
- ✓ Enhanced Youth Supports
- ✓ Successful transitions out of care



Improving Stability & Permanence

- √ Family-Based Supports
- ✓ More permanent homes
- ✓ Consistent Adoption Services



System Accountability & Sustainability

- ✓ Accountability & Efficiency
- ✓ Financial Sustainability
- ✓ Community engagement in service planning

All initiatives will apply an **anti-racism lens** and integrate **equity-based approaches** into the design and delivery of all child and family service policies, programs and initiatives to address the disproportionalities and outcome disparities of children, youth and families of equity-deserving communities (e.g., Indigenous, Black, racialized, LGBT2SQ+).

Supported and informed by the Ontario Indigenous Children and Youth Strategy



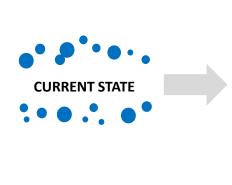
The Child, Youth and Family Well-Being Framework

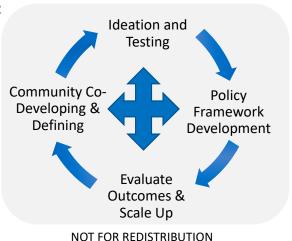
The Framework will:

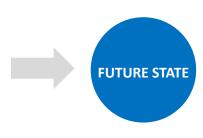
- Articulate guiding priorities and common outcomes/definitions of child, youth and family well-being across sectors;
- Highlight best practices/promising initiatives to support communities in the co-design, development and delivery of local solutions;
- Set the **blueprint for transforming Ontario's child, youth and family services system** from reactive to pro-active, holistic and prevention-focused, including implementing the OICYS as part of an integrated human services system (e.g., service delivery models, policy framework, technology infrastructure, accountability structures).

The Framework will be co-developed over time by a team of inter-ministry individuals, diverse cross-sector partners, youth and families.

An **iterative process** to develop the framework with diverse cross sector partners will be used:









How we will work together: Collaboration and Co-Design



- MCCSS has developed a **comprehensive engagement strategy** that will outline how the ministry will work with communities, Indigenous partners, organizations and children, youth and families to codesign key components of the strategy.
- Together, we will identify **existing working groups or build new groups** as required. Working groups with child welfare sector representation have and will continue to be established.

Collaboration and codesign will support locally-designed, community-led solutions

Community Conversations

MCCSS is bringing together a wide **representation of diverse cross-sector partners** to ensure that the Redesign reflects holistic perspectives of children, youth, families, societies, Indigenous communities and service providers, child and family serving community agencies and municipalities.

Youth Engagement

A multi-pronged approach to youth engagement through existing stakeholder groups, new/creative opportunities, and the creation of a standing Child Welfare Redesign Youth Advisory Table.

Please contact your regional office for more information on how to get involved.



Community Conversations:

Questions for Consideration:

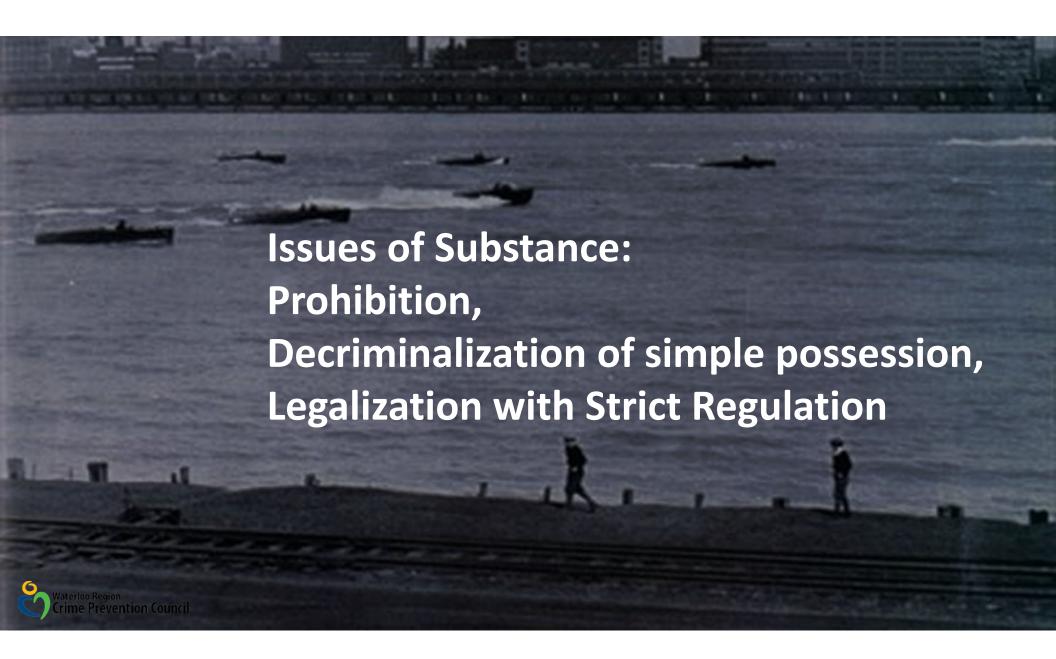
- What has been helpful in your community for children, youth and their families to achieve well being?
- What are some of the barriers that children, youth and their families face which makes it more difficult to achieve well being?
- Do you have some suggestions on how services could be delivered differently so that it is easier for children, youth and their families to achieve well being?
- Who else do we need to engage in these conversations?

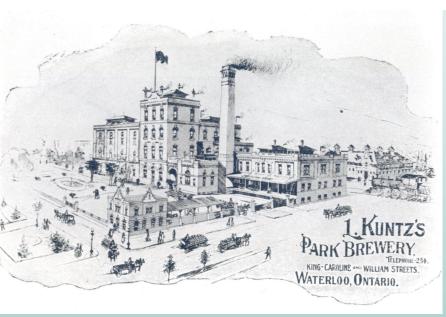


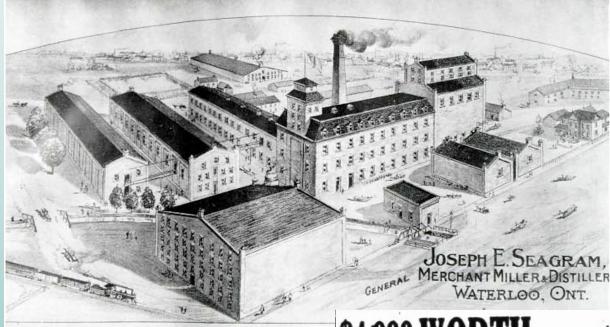
Appendix 1: Data

- Children and youth in the child welfare system experience significantly worse outcomes (e.g., lower graduation rates, higher degree of homelessness and human trafficking). In 2012-13, the child welfare sector estimated that:
 - o Roughly **46%** of youth in care graduated high school vs. **83%** of all youth in the same year.
 - o 43% of homeless youth have had previous child welfare involvement.
 - o Youth in care experience poorer employment outcomes, more conflict with the law, and increased reliance on social assistance.
- 41% of child welfare referrals do not lead to an investigation and 78% of investigations do not lead to ongoing protection service, putting children and families through intrusive and traumatic experiences. Indigenous, Black, racialized, and LGBT2SQ children and youth experience outcome disparities and disproportionalities in child welfare services.
- In a 2014 survey, service providers estimated that **half** of the trafficked girls they served were or had been in the child welfare system.
- A report commissioned by the ministry indicated that on average, adoptive families spend over \$1,400 annually to address mental health, counselling, physical and/or developmental special needs of their children, based on data collected from societies.
- Approximately **30%** of children in foster care in Ontario are Indigenous, despite making up approximately only **4.1%** of Ontario's child population.
- A report by the Ontario Human Rights Commission found that Black children were **overrepresented** in admissions into care at 30% of agencies that provided data. Overall, the proportion of Black children admitted into care was **2.2** times higher than their proportion in the child population.
- Studies suggest that there is an **overrepresentation** of lesbian, gay, bisexual, transgender, two-spirit and queer (LGBT2SQ) children and youth in the child welfare system because they face rejection, neglect and/or abuse when their families learn of their sexual orientation, gender identity and/or gender expression.













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to Indians either on or off their Reserves, will be prosecuted with the utmost rigour of the law, being liable to a fine of

\$300.00

and to SIX Months imprisonment.

One half of the fine imposed is payable to the informer.

Department of Indian Affairs. Ottawa, 15th December, 1890



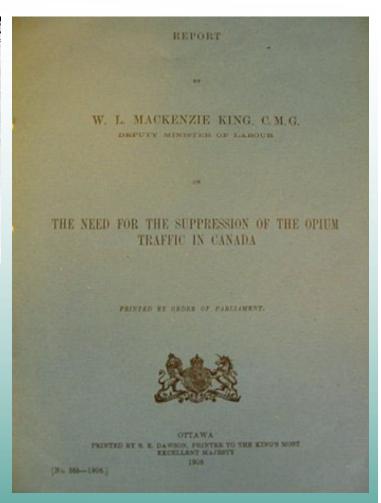
OUVER SUNDAY SUN, VANCOUVER, B. C., FE

Police War Relentlessly Against Worshippers of Poppy God in Chinatown

Addicts Vainly Contest Drive to Eradicate Evil-Grandeur of Former Opium Dens Gives Way to Sordid Dives Located in Heart of Chinese Colony

By A. J. MacKELVIE.

HILE Vancouver sleeps detectives trained to the work are its figme.





SUPPRIMONS LE VICE La police de Montréal écrasant la tête du serpent Chinois.

DOWN WITH VICE

The Montreal police crushing the head of the Chinese serpent. Le Canada, Montréal, April 1905



"... while in this condition they become raving maniacs and are liable to kill or indulge in any form of violence to other persons, using the most savage methods without any sense of moral responsibility"

"It behoves the people of Canada to consider the desirability of these visitors – for they are visitors – and to say whether or not we shall be 'at home' with them in the future."

- Emily Murphy: The Black Candle, 1922





"The Ontario Temperance Act had been a failure. Instead of reducing crime, it had increased it through illegal bootlegging operations, and the government had lost a lot of potential revenue from the lost taxes on illegal liquor sales.

"Men were swearing that black was white to get liquor, law and order were being disregarded, and legislation brought into contempt

- "Emotional legislation should never be placed on the statue books of any country. Sentiment should never take the place of the intellect. It is not productive of good results.""
 - North Waterloo M.P.P., W.G. Weichel, 1924

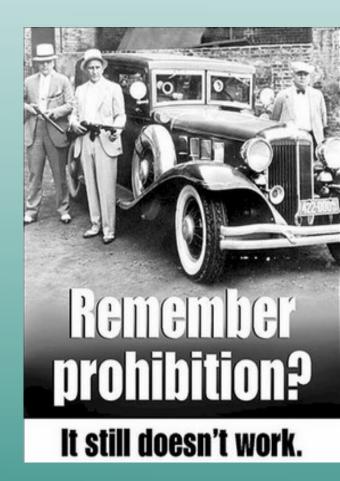
Waterloo Chronicle, March 13, 1924, pg. 6.
Waterloo Public Library, All Quiet at the Distillery: an Exploration of Temperance and Prohibition



"... 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."

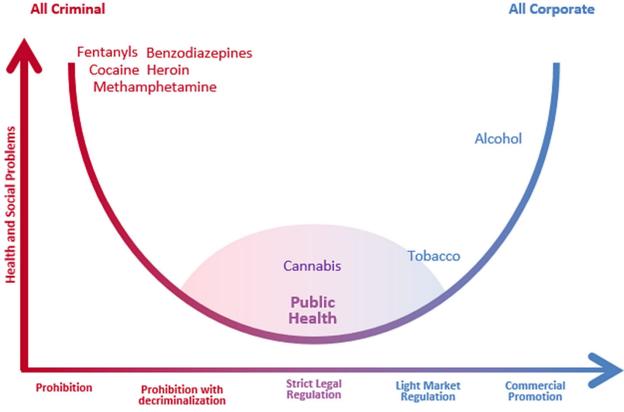
- B.C. Chief Coroner Lisa Lapointe

B.C.'s chief coroner laments lack of action as opioid crisis hits worst death toll yet. Ian Mulgrew, Vancouver Sun. January 30, 2022



THE PARADOX OF PROHIBITION

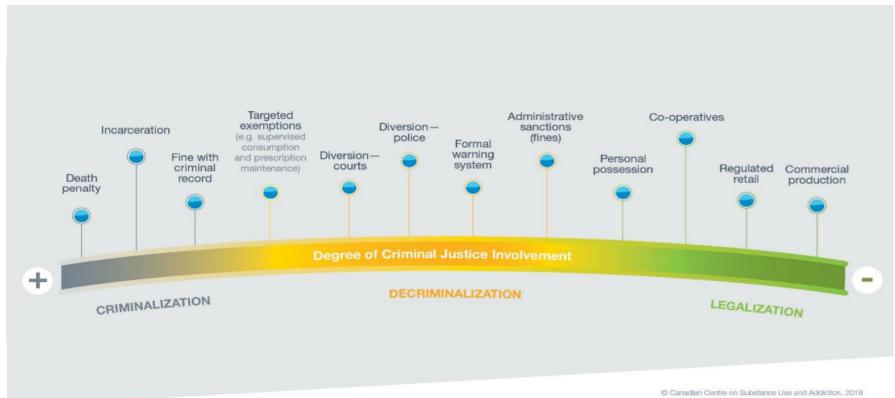




Adapted with permission by WRCPC from CDPC, J. Marks (1993)



Figure 1: The Regulatory Continuum



Waterloo Region Crime Prevention Council

The preventi

1. **Prohibition**: the production, distribution, sale, and possession of certain drugs is subject to criminal sanctions.

- SUPPLY ST DEMAND DR
- 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. 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.



Indicator	Prohibition	Decriminalization (simple possession)	Legalization with Strict Regulation
Manufacturing and Distribution	X	X	
Quality Control	X	X	
Drug Poisoning Deaths and Injuries	X	X	
Psychosocial impacts on consumers	X	-	
Impacts on life opportunities for consumers	X	-	
Consumer Eligibility	X	X	/

Indicator	Prohibition	Decriminalization (simple possession)	Legalization with Strict Regulation
Health care and social service engagement	X	-	
Application of Enforcement and Justice Systems	X	-	
Community Safety (Violence and Victimization)	X	X	
Burden on Downstream Services	X	-	
Costs to Taxpayers	X	-	\
Impact on people outside of Canada	X	X	





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.





The Waterloo Region Crime Prevention Council endorses the ad hoc committee's Issues of Substance report, rejecting prohibition and decriminalization of simple possession, and supporting legalization with strict regulation as the legislative approach that offers the greatest opportunity for significantly improving both individual and community health, safety and well-being for all residents of Canada, substantially reducing accidental drug poisoning deaths and injuries, and providing the lowest financial burden to taxpayers and further;

urges the Government of Canada to expedite an inclusive consultation process in 2022 to collaboratively inform a new legal framework that is grounded in equity, evidence, and the wisdom of people most affected by drug-related issues, and further;

that the Issues of Substance report be presented to Region of Waterloo Council, and shared with all orders of government and related stakeholders.











INCARCERATION



95%

have been incarcerated as an adult



12

average number of incarceration periods per participant



"EVERYONE THAT I MET IN JAIL HAD AN ADDICTION. NO ONE WANTED TO BE A CRIMINAL, NO ONE WANTED TO STEAL." 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 WRCPC'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 WRCPC in 2022. The subcommittee will follow a similar process undertaken for the WRCPC'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 WRCPC 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

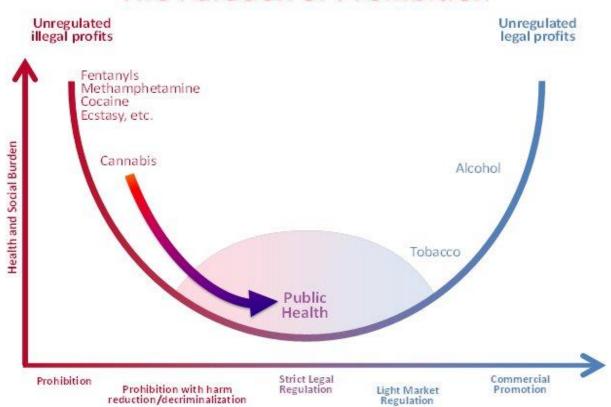
- 1. **Prohibition**: the production, distribution, sale, and possession of certain drugs is criminalized by the *Controlled Drugs and Substances Act* and subject to criminal sanctions.
- **2a. Partial decriminalization of simple possession**: The possession of certain drugs is subject, at the discretion 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 WRCPC'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, WRCPC'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 WRCPC 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	Х	
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		Х

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

Crime Prevention Council

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
Manufacturing and	No change		New
Distribution	 Low or no production standards No health and safety standards for labourforce, operations, environment Subject to violence, including homicide, for participants and communities Enforcement activities can escalate violence Uncertain product quality trending over time toward more toxic products No age restrictions Distribution is inherently dangerous between sellers-retailers-consumers. Crime and victimization unlikely to be reported No taxation 		Licensed manufacturers are strictly regulated by health and safety standards, and subject to compliance inspections and sanctions for violations Distribution and retail sales are strictly regulated by health and safety standards, and subject to inspection and sanctions for violations Taxation in effect
Quality Control (QC)	No or low QC standards		QC standards
Control (QC)	 Unknown composition, quality, dosage High risk of cross contamination No standardized labeling No application of core consumer health and safety protections 		Licensed manufacturers consistently produce pharmaceutical-grade substances with safer ingredients, standardized dosages, appropriate labeling etc.
\$0			universal standards, inspections and if necessary, enforcement of QC standards
Drug Poisoning Deaths and Injuries	Highest risk of accidental poisoning deaths and injuries		Lowest risk when consuming as directed
Psychosocial impacts on consumers	Creates and perpetuates false and negative beliefs, stereotypes and	2A and 2B are likely to produce different outcomes	Enables self- determination and autonomy
	structural	Potentially reduces	Removes barriers to

discrimination from governments, elected officials, health and social service systems and providers, family members, society at large etc. Reducing autonomy and perceived self-worth.

Fear of criminalization and reliance on unregulated marketplaces decreases mental health, produces unhealthy relationships, increases vulnerability, isolation, and traumatic events, facilitating instability.

Reliance on unregulated markets leaves consumers vulnerable to victimization, isolation and unhealthy relationships

Fear of being poisoned by a toxic drug supply causes instability and reduced mental health some stigma and discrimination aimed at consumers.

May assist in sustaining and/or improving relationships with family, friends, and community.

Reliance on unregulated markets leaves consumers vulnerable to victimization, isolation and unhealthy relationships

Fear of being poisoned by a toxic drug supply causes instability and reduced mental health seeking connection, support, and treatment

Removes ties to unhealthy relationships related to the unregulated market

Breaks cycles of trauma and vulnerability caused by the unregulated market

Eliminates the psychosocial harms of incarceration and fear of poisoning

Impacts on life opportunities for consumers

Low

Criminal sanctions are extremely disruptive to labour force participation, educational attainment, family-friend relationships, personal health, international travel etc.

Little to no remedy for

Low to medium

Improved chances of employment, educational attainment, interpersonal relationships, travel etc.

Limits to opportunities imposed by accessing a criminalized, unregulated market

Medium to high

No inherent instability in a regulated marketplace

Reduces barriers to employment, housing, employment, education, interpersonal relationships etc.

Price, product, and retail stability avoids negative

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

'opioid use disorder', and health care utilization in the week and/or month before death is common.)

initiation, diagnosis, treatment and related pathways to improved health. incarceration is not an option.

In circumstances where mandatory, noncarceral 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.

addiction treatment, primary care etc.) especially for select populations - remains limited however legalization improves personal stability and capacity to utilize and maintain 'compliance'

Improved health and medical knowledge in research, diagnosis and treatment.

Application of Enforcement and Justice Systems

(e.g. police, courts, corrections, probation and parole, agencies administering diversion sanctions)

No change

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.

Continued risk of victimization, compromised health and socio-economic well-being via reliance on an unregulated marketplace, and administrative or criminal sanctions.

No change to gun-

Low (A) to moderate (B) change in possession offenses only

Production and distribution offenses remain.

Continued risk of victimization, compromised health and socio-economic well-being via reliance on an unregulated marketplace, and administrative or criminal sanctions.

No change to gunrelated violence.

No evidence of effectiveness to positively affect

Substantial reductions in production, distribution, and possession offenses

Establishment of regulatory inspection, enforcement and justice mechanisms.

Decline in gun-related violence.

	related violence.	demand or supply.	
	No evidence of effectiveness to positively affect demand or supply.		
Individual and Community	High	High	Low
Safety (Violence and Victimization)	Prohibition via enforcement of CDSA is inherently unsafe for both individual and community safety.	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.	Community safety improvements expected via legalized- regulated production, distribution and 'retail' models. Overall, safety is anticipated to improve.
	For no/low income consumers, self-managing withdrawal symptoms via the unregulated market is expensive, time consuming and sometimes, dependent on funding through risky aquisition activities (i.e. survival sex work, petty crime, selling small quantities of drugs, recycling material etc.). 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.		
Burden on Downstream	High	High - Medium	Low
Services	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.	Similar to prohibition. Potential reduction in justice system costs.	The least financial, health, social and psychological burden to affected downstream services. Significant cost reductions to enforcement and justice systems in particular.
Costs to Taxpayers	High	Medium - High	Low

	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	High 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.		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.



Hallmarks of CPC Culture:

- Centrality of **Relationships**
- Collaboration; staying true to and living our values
- Engagement meaningful, going beyond surface and avoiding bias
 - o Not pre-determining outcomes
- Engaged Membership
- Coming together of diverse perspectives and expertise
 - Addressing issues from different angles/places → great possibilities
 - o building strength together and enumerating shared values
- Radical honesty willingness to take on the <u>burden</u> of speaking up
- Surfacing the truth
- The importance of feeling safe to share your perspective and not be judged
- Respect for **Process** (vs. only outcomes) ensuring no harm is done
 - Asking: who should be at the table/are the right people at the table?
 - o bad/lack of process comes at a cost
- Augmenting (silenced) voices (e.g. Breaking the Silence, Islamophobia) and respect for ALL voices
- Working WITH people (not FOR or doing TO)
- Being a true advisory council (and not a service provider or funder)
 - Hearing and learning from others' perspectives and responding to them
- Independence
- Evidence-based
- Going Upstream shifting/shaping the culture

The Wicked Question/Issue:

- The challenge of working in a polarized environment (high degree of division)
 - o powerful voices quieting other ones
- Difficulty with engaging and maintaining relationships
- Assumptions and fear-based responses contributing to divisions
- How do we find and negotiate a common ground between radical honesty and fear to ensure no one is left behind?
 - Finding commonalities; continuing to invite/engage and look for common ground
 - Addressing conflict as it comes up, in a way that's not disrespectful to others
 - Historically, CPC members have never been disrespectful of any organization or agency
 - Exercising Patience waiting for the right timing
 - At the same time, continuing the conversation & seeking to understand others
 - Being open to listening and hearing different viewpoints
 - Paying attention to the situation and trying to stay ahead of problems
 - Staying the course and holding the line; working and staying firm with what you want to say, continuing through difficult times
 - Eventually reaching a point of mutual understanding or acceptance
 - It is critical to surface the truth but need to consider what happens if the truth lands in a place that can't receive it
 - Some people are ready to hear the truth sooner than others → need patience and grace

Culture as reflected @ the staff level:

- Long-term view journey, not a race (we take time with decisions)
- Embracing complexity & uncertainty (vs. emphasizing short-term, narrow outcomes)
- Non-hierarchical way of working; all staff have equal input into decision-making
 - o Arms-length from the systems and funder
- Ensuring leadership and direction come from the community
- Ensuring high quality/level of work
- Catalyst for community facilitating the bringing together of people, ideas and actions

Words used to describe our relational work together:

Authentic, Collaborative, Creative, Gracious, Patient, Passion-driven, Respectful, Non-judgemental,

We accomplish our work through

knowledge sharing, trust, connection, love and action

We avoid division by surfacing truth and being authentic. We aspire to be fearless and never fear-driven.

There is wisdom in community. We support, remove barriers, nudge and encourage. We are nimble, with a capacity to respond. We create space and are non-judgmental.

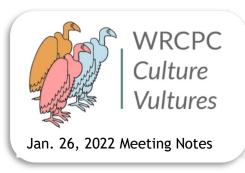
Follow-up on Part 1

Centrality of relationships

- CPC is built on deep and trusting relationships with the community
- We provide our relationships with the necessary time and care
- Importance of not just formal, but also informal opportunities for connection → fosters trust and relationships
- Need to address relationships in response to changes (maintaining/adapting relationships, finding new ways of relating)
- It's important to know that there is community interest in the Council and what happens/is happening to it
- Need to communicate with our relationships in the community and tell them about what is happening

Dealing with Challenging Relationships - Opportunities

- Honest brokering development of alternatives (broadening vs. narrowing down choices); avoiding binary/polarizing framing of issues
- Peace through Health principles overarching goals as common ground; less negative framing of conflict
- Critical Reflection practice especially valuable if embraced by all those involved



Going Forward

- A key part of CPC's work has centered on **fostering authentic relationships to** reduce social harms and build a movement for social change
- Going forwards involves setting priorities and re-envisioning relationships
 - Guided by our principles and values
- CPC's culture can serve as a **lens** for making decision regarding future relationships
 - we can approach others by saying who we are and determine the fit on that basis
- It is preferable to **not** be dependent on one funder
- High capacity and resource implementation are critical
 - o Historically, the output and quality of work has been very high
 - It is important to ensure work is reputable (meets high standards) and there are good quality relationships between staff and Council

Representation

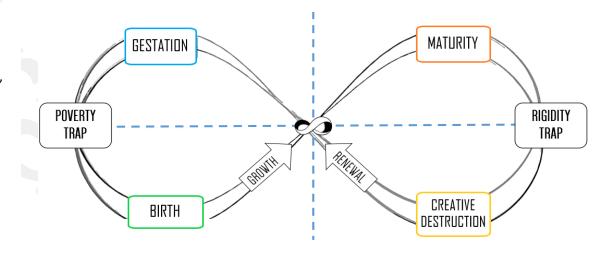
- The work of giving all voices a place and augmenting silent voices has implications for the way forward
 - The Council continues to be meaningful and intentional by engaging and working with individuals/groups who were previously unaware of the Council
 - Engaging more diverse voices leads to changing of the culture
- The principle of 'nothing about us without us' has been prominent in Council's work and thinking
 - o This generates a culture onto itself
- Tokenism is one of the pitfalls we should watch for
- Flat, non-hierarchical way of working is of real value for bringing all voices into the conversation

Culture is such an important piece of CPC identity that it's critical we **own** our culture.

We need to continually distinguish between our actions AND who we are; this includes looking at how we relate to the community in order to bring about the work

Adaptive Cycle / Ecocycle

- This framework can be used to map out which elements (of CPC culture) are important to keep, which elements could be let go/renewed, which elements could be further developed and which elements might be added
- This can provide a road map of a sort for CPC to take into its next iteration, at which point it can be further refined and used to inform planning and development



New ideas; elements that could potentially become a part of CPC culture

Elements of CPC culture that are well-established and working well; it is desirable to conserve these elements and have them continue into the future





Ecocycle Overview

- Ecocycle model represents the four stages of development: gestation or seeding, birth, maturity and creative destruction (see boxes for descriptions)
- Key elements of CPC culture (both existing and potential) can be mapped across the four stages depending on their attributes and fit with CPC's next iteration
- The resulting map can be used as a guide for sustaining and adapting the culture of CPC as well as to inform future planning and development
- Culture is seen as a living concept, evolving over time and adapting/adjusting to changes in the environment

CREATIVE DESTRUCTION

BIRTH

Elements of CPC culture that can be further developed, refined and/or made more prominent

Elements of CPC culture that could be let go; these elements may no longer be serving the Council well and removing them could create opportunity for renewal and rise of other/new elements

GESTATION

- Thought-leaders in the community (along the lines of a think tank)
- Self-promotion (measured, sensible)
- Untethered relationships (e.g. incorporating)
- Engaging with voices of those who were previously unaware of the Council
- Intentional creativity
- Renewed focus on working with neighbourhoods in a holistic way (important for understanding community and grounding our work)
- Renewed focus on working with local municipalities

- Creating a safe space for people to share their perspective & not be judged
- Addressing power imbalances striving for flat, non-hierarchical, egalitarian way of working
- Fostering trust, eliminating fear
- Honouring ALL voices (including dissenting ones)
- Honouring (never losing sight of) the past
- Broadening the concept of knowledge and evidence
- Critical reflection
- Honest Brokering and Issue Advocacy
- Continuous reinforcement of culture, identity
- Growth through adversity
- Grace and Patience
- Fostering authentic relationships to build a movement for social change (e.g. Friends of Crime Prevention)





- Centrality of Relationships; not disrespecting others
- Meaningful Engagement
- Working WITH (not doing FOR/TO) community and partners Co-creation (Nothing About Us Without Us)
- Collaboration
- Courage, radical honesty being a voice of dissent (when necessary)
- Independence
- Respect for Process; Importance of HOW we work & WHO we are vs. what we do
- Not influencing outcomes, trusting the community
- Passion-driven approach
- Evidence-informed approach
- Long-term outlook; taking time with decisions
- Shifting the broader culture (*can also go under Birth/Growing)
- Local citizens advocating for global equity (equity from local to global)
- Catalyst Model (intermediary platform for coming together of community AND government/systems)
- Relationship with the Region (and others?)
- Experience of existing in crisis-mode being internalized and preventing functioning constructively on a day-to-day basis



GESTATION



ADD TEXT

• Acknowledging overextension and the challenge of balancing depth and breadth

- Addressing overextension prioritizing in-depth over superficial responses
 - delicate balance between depth and breadth (Council saying "No")
 - If addressing UPSTREAM, you can do both, but want to have a balance (having a sense of the downstream)

ADD TEXT







CPC Active Work as of March 31, 2022

CPC Active Work	Status of work at March 24
	Status of work at March 31
Substance Use/ Opioid overdose prevention	Past reports and work will continue to
- CPC Drugs Action Team has been focussing on	be available via the website.
highlighting the factors leading to deaths and	Drug Action Team will continue to
overdoses in the homeless and shelter populations.	meet under the leadership of
Concerns with shelter worker burnout. Have been	community members and raise the
meeting with Chair Redman and other Councillors.	profile of concerns.
- Position paper on legalizing with strict regulation –	The team could also consider
presented to CPC, community via webinar and	advocating for a community voice at
Regional Council.	the WRIDS table.
- Waterloo Region Integrated Drugs Strategy. This	
group has gone through a significant review in fall,	
2021, about to address key recommendations.	
CPC (Michael) was heavily involved in this	
redesign.	
- Local research on substance use in homeless or	
shelter populations.	
- Engagement in a number of local, provincial and	
national tables.	
BIPOC Youth Reference Group	CJI will continue to work with
- 12 week Youth reference group- focussing on the	community partners to oversee this
experiences of BIPOC youth and perceptions of	work and engage new partners from
wellbeing. The group was expected to end Mid	the BIPOC led organizations as
March, will be extended to mid April.	appropriate.
- Partnership Action Team has been guiding this	
work with Shama as the Engagement Coordinator.	
Domestic Violence/ Human Trafficking	Other agencies and the arts
- There are number of community events/ campaigns	community are heavily involved.
promoting prevention of domestic violence and	These initiatives are at a point where
human trafficking. CPC (Julie) is a support to work	community partners can take on this
with the community groups and administration of	this work.
events.	
- Chelsea's Story will be shown to students in the	
WRDSB in April in alongside of the HST curriculum	
developed in the first year of the project. YUVA arts	
podcast finished recording. Hope to have it	
completed by end of March and launched through	
CPC Channels.	
Breaking the Silence Working Group	They have identified a lead from CJI
- The Rainbow Community Council hosts this	to fill that support role.
working group, and CPC (Julie) has provided	
support to the Working Group. The group is	

CPC Active Work	Status of work at March 31
currently focused on supporting 2SLGBTQ+ members in the prison system at GVI.	
CPC Anti-racism and TRC Working Groups – These two working groups have been formed to primarily look at how an anti racism lens can be applied to the work of CPC and to explore what work on TRC can be amplified of CPC members.	These conversations can continue with CPC members and other partners.
 Upstream campaigns CPC (David) has been actively involved in promoting and defining what Upstream work looks like. A working group was creating and validating an assessment tool. There have been a number events in a speaker series to promote upstream thinking. Upstream Speaker Series (Julie, Abbi and team) will be completed by March 23rd with the last session on Allyship. 	The promotional materials and event recordings will be available on CPCs YouTube channel and the website. This work may continue to evolve under the Justice Centre.
Justice Dinner	Justice Dinner event did not occur due to COVID-19. This could be revisited through the Justice Centre.
Pulse Check Survey - Perceptions of safety Waterloo Region Matters Survey and other topical research. (David)	This research continues to be available. Many organizations now regularly embed these core questions in research.
Culture working group (David and team)	This work will serve to inform future discussions for CPC and/ or the Justice Centre.
Historical work of CPC – there are many campaigns (just say hi, Think), programs (In Reach) and research (safe supply and others).	The materials and information is all on the website and can be made available to the public if there is a desire to build on any of this work.
 Administrative Ongoing efforts to ensure CPC volunteers have the legacy materials and website to capture the history of the work. (Mary Anna and Deb) 	

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