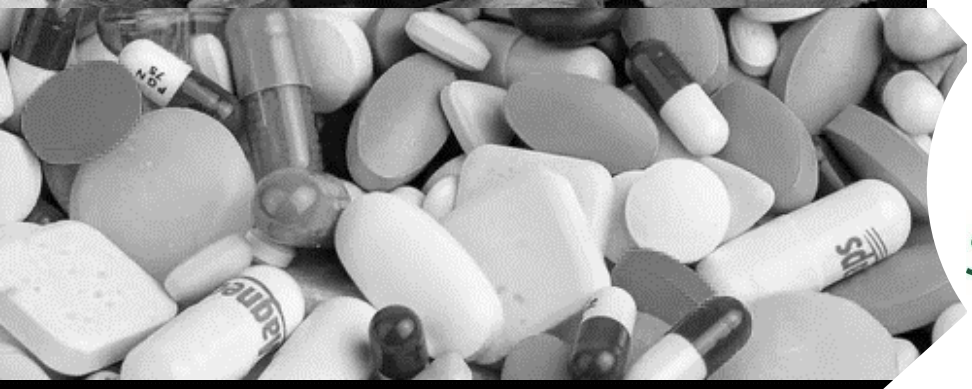
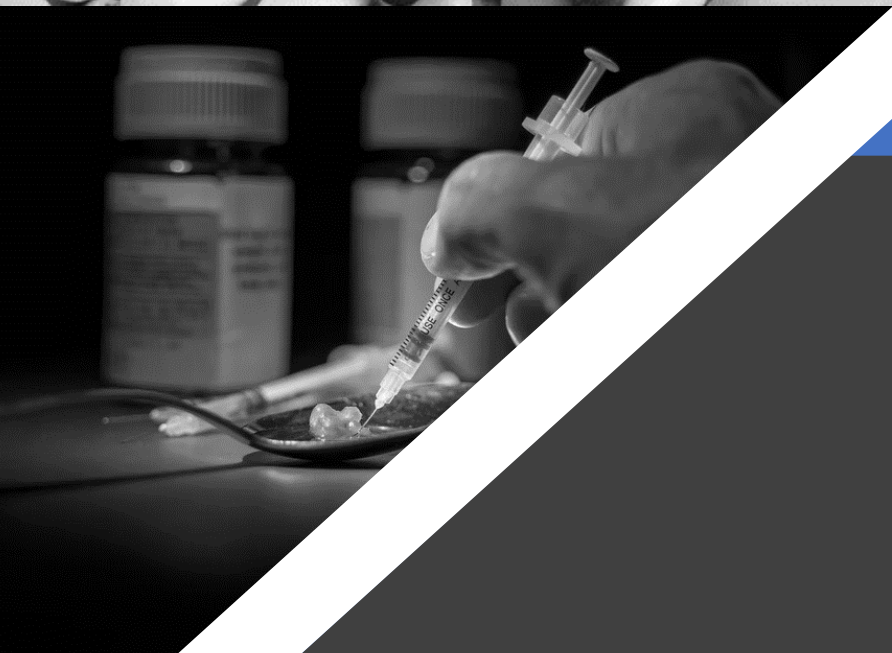
Saskatchewan Drug Task Force People with Lived Experience (PWLE) Focus Group Final Report





PRAXIS
RESEARCH | STRATEGY | RESULTS

Saskatchewan

Submitted By:

PRAXIS
RESEARCH | STRATEGY | RESULTS

Praxis Consulting Ltd.
Suite 170 - 2 Research Drive Regina,
SK. S4S 7H9
306-545-3755
www.praxis-consulting.ca

PEOPLE WITH LIVED EXPERIENCE – SUBSTANCE USE ENGAGEMENTS

A CONSULTATION SUMMARY

Saskatchewan Drug Task Force
DTF Secretariat
3475 Albert Street
Regina, SK S4S 6X6
CANADA

TELEPHONE: 1-800-667-7766
WEBSITE: https://www.saskatchewan.ca/government/government-structure/ministries/health

November 2021

Introduction

This document reports the findings of five (5) focus groups conducted with people with lived experience of non-prescription substance use in October 2021 by Praxis Consulting on behalf of the Saskatchewan Drug Task Force.

The project's purpose was to gain a more informed perspective of the province's current non-prescription substance use situation in terms of the extent, contributing factors, barriers, and solutions.

Group Composition

The focus groups were conducted virtually through the Zoom platform. Participants were recruited through the list of Community-Based Organizations. All individuals involved self-selected to participate and were offered a $75 incentive for their time. A total of 34/42 recruited individuals with either current or prior lived experience of non-prescription substance use, or who are a family member of an individual(s) with substance use experience, participated. A mental health counselor was available to participants during all of the focus group sessions in case the discussion caused anyone to require support.

The details of the engagements are described in the table below. The moderator's guide is included in Appendix A and the amalgamated focus group transcript can be found in Appendix B.

Focus Group Details		
Date	***Time***	***# Of Attendees***
October 7	6 – 8pm	10
October 12	1 - 3pm	4
October 12	6 – 8pm	6
October 14	6 – 8pm	8
October 22	1:30 – 3:30pm	6

Limitations

Praxis experienced the following limitations with recruitment and engagement in the development of this report:

- Due to the sensitive nature and privacy concerns, Praxis relied on Community-Based Organizations throughout Saskatchewan to support recruitment efforts. Recruitment was therefore limited to the degree of outreach undertaken by each Community-Based Organization.
- All consultations were conducted virtually. In-person engagements were not feasible due to COVID-19 restrictions.
- A common characteristic of a portion of the targeted demographic is homelessness. Homelessness often goes together with a limited ability to access technology, restricting the ability to engage, interact and gather perceptions of these individuals. This may have limited this sub-group's participation in the study.

Interpreting Focus Groups

Focus groups are designed to reveal qualitative information – perceptions, outlooks, and attitudes. They can be used to deconstruct perceptions, provide indications of how values or expectations combine with experience to create attitudes, and explore how these have developed and may be developed further.

Focus groups can generate insights into range, depth, and intensity. They are more useful for gauging commitment than for estimating the extent of views. As the research is conducted "live", it is possible to follow leads that appear in the discussion and track unforeseen drivers.

The following results should be understood as subjective and personal to the individuals who offered them in the sessions. They are valuable as insights into how opinion is framed and how values lead to attitudes, but because of sample sizes, they are not statistically significant. Nor are the charts and tables showing how participants rated issues. These are included as comparative data to provide a sense of each group's disposition, and to indicate patterns that may be relevant. Numeric data in this report cannot be projected to the larger populations of people who use drugs, and those who do not.

Citations

Throughout this report, comments from participants are included to provide context and help illustrate or underscore findings. In some cases, these are direct quotes from individual participants; in others, citations paraphrase discussions, or allow multifaceted or similar comments to be synthesized succinctly.

Executive Summary

The following summarizes the key findings following multiple consultations with people with lived experience of substance use (PWLE).

Current Situation and contribution to substance use disorder:

- Current perceptions are that drug usage, particularly for meth and opioids, in both urban and rural Saskatchewan is increasing and is a severe concern.
- Contributing factors to the increased substance use include: COVID-19 restrictions, trauma, depression, social acceptance, lack of leisure activity, boredom, poor self-esteem, lack of money to partake in other activities, long waitlists for support services, stigma, and lack of awareness for available supports.
- Noted increases in overdoses among youths and adults.
- For those who are able to get treatment, it was noted that 30 days is too short, and that relapse is common.
- Shared perception that drugs today are more easily available, cheaper, more addictive, and are often laced with highly addictive or toxic substances.
- Youth and mothers are becoming larger target consumers for drug dealers.

Current awareness and effective strategies:

- General awareness of various community supports such as detox, treatment and crisis centres.
- Some perceived awareness of mental health and addictions supports, such as counselling and aftercare programs, and harm reduction services, such as supervised consumption sites and needle exchanges.
- Growing awareness of crisis teams such as police and crisis teams (PACT) and community paramedic programs.
- Many participants reported limited awareness of supports near their home communities.

- Effective strategies noted by participants include supervised consumption sites, needle exchanges, counselling services, Narcotics Anonymous, Methadone treatment, and long-term (more than 30 days) treatment and recovery programs.

Barriers:

- Noted barriers include waitlists, short stays at treatment centres, 9-5 office hours, COVID-19, lack of community awareness, stigma, mental health issues, trauma, and the importance of individuals' basic needs being met first.
- Perceived lack of coordination between detox, treatment, and recovery programs.
- For individuals in recovery, returning to the same social environment they lived in prior to seeking help often results in relapse.

Solutions:

- Solutions mentioned include decriminalizing drugs, providing safe supply, reducing wait times by increasing capacity, providing 24-hour services, youth-specific treatments, and increased harm reduction services, supervised consumption sites and needle exchanges.
- Additionally, participants would like to see services that come to the people, services that do not require anything, such as a phone, to access, and additional services that bridge the gap between detox and recovery services.
- Important that the community is educated and made aware of substance use and how they can help.
- Need to ensure that individuals who are on their road to recovery have access to mental health services, peer-supported counselling, housing, and job opportunities.

Impacts and social acceptance:

- The solutions noted to have the greatest impact include instant access, no-waitlists, 24/7 access to detox and treatment centres, trauma-informed care, services to reduce the wait time between detox and treatment, longer-term treatment (more than 30 days), decriminalization of drugs, harm reduction, additional aftercare services, and keeping individuals who use substances out of jail.
- Participants recommended educating the general public on the usefulness of various supports, including supervised consumption sites, and what supports are offered within the community.

Focus Group Results

To follow, the focus group discussions have been summarized according to the order questions were asked. The narrative and citations show participant inputs.

Current Situation and contributions to substance use disorder

People with lived experiences of non-prescription drug use (PWLE) from across Saskatchewan participated in focus groups to discuss concerns about and solutions to substance use disorder in the province. At the start of the discussions, most participants mentioned that there has been a 'very severe,' 'atrocious,' and 'epidemic' increase in opioid, meth, and other drug use in both their urban and rural home communities. The COVID-19 pandemic and the easy availability of drugs in rural and urban centres in Saskatchewan have exacerbated this increase in substance use.

Along with identifying COVID-19 restrictions as contributing to a spike in drug use and overdoses, participants noted several other factors causing substance use disorder in their communities. According to participants, trauma, including intergenerational trauma, and depression contribute to substance use disorder. Some participants shared that family, friends, and teammates may use drugs together for connection and fun, leading to addiction. A few participants suggested that boredom, lack of purpose, and the dearth of activities, especially for youth who do not have much money, also contribute to substance use. Some participants noted that more youth are using drugs and that drug overdoses have also risen significantly among youths and adults.

Participants mentioned other common contributors to substance use disorder: long waitlists, stigma, and lack of awareness of what support is available. Individuals who suffer from addiction and parents of youths who are using may be embarrassed to reach out for support or be unaware of where to go for support. Long waitlists and an inability to get the right support depending on their situation means people suffering from substance use disorder may continue to "use" to avoid getting sick. For individuals who succeed in accessing support and treatment, participants shared that detoxing for 30 days is too short and that relapse is common.

A worry among some participants is that drugs today are more easily available, cheaper, addictive, and often laced with highly addictive or toxic substances. Along with concerns about drug potency and availability, some participants mentioned that more drugs dealers sell to youths and mothers and offer people free drugs, such as meth, to try to grow their clientele. At least one participant mentioned that some people in professions with employee testing regimes (such as at mines) use harder drugs rather than alcohol or cannabis as these substances are not detectable in onsite testing.

The following statements by participants and common themes about what is contributing to substance use disorder in their communities showcase their concern:

- **People have experienced or are experiencing trauma, intergenerational trauma, and depression**

"It was due to a lot of trauma. I started getting high because I hated myself and I hated myself because I was getting high."

"On the First Nations side there is the intergenerational trauma. We have grandparents making up for lost time as parents to their grandchildren now because their kids are dealing with addiction."

- **There are long waitlists (exacerbated by COVID-19), treatment times are too short, and there are gaps during transitions from detox to treatment centres.**

"My daughter went to treatment three times for 30 days and relapsed each time."

"Get rid of the gap between detox and treatment so people can transition directly from detox to treatment"

- **Laced and addictive drugs are prevalent**

"The drugs are not the same. The drugs have changed and the people who sell them. They are selling to people younger and younger. They are selling to kids in their parking lots."

"I am commenting for VERY rural Saskatchewan.... Huge mining area. I work in the health industry, and it is so much worse than anyone believes that it is. Greater than they like to acknowledge. It is hidden behind closed doors."

- **People experience stigma and find it difficult to ask for help for oneself or a family member**

"It was hard during my pregnancy because people would message me saying that I was going to be a bad mom even though I was clean for 2 years. It is just the stigma. It follows you around and makes you feel smaller and that you are not worthy."

"We have a dark underbelly. We are not as progressive thinking. There is a normal issue with stigma. People turn and look the other way. I have done work with a funeral home, and I can count on several overdoses, regularly. There is not a lot of resources easily and readily available without stigma attached to it. There are a lot of parents embarrassed to reach out for help."

- **People lack awareness and education about drug use, its effects and where to seek help**

"When I was in my active use, I was not aware of recovery at all."

"And that lack of awareness. I dropped out of high school and then went into the workforce. I never saw any [harms from] substance use until I went through it myself. If I would have had more knowledge, I would have sobered up a couple of years ago."

"A lot of us it is just a lack of education and lack of information understanding what people are getting themselves into."

Awareness

When asked how aware they are of strategies for prevention, harm reduction and recovery options, most participants indicated that they are aware of the existence of various types of centres such as detox, treatment, and crisis centres in hospitals. Some participants also mentioned awareness of mental health and addictions counselling and aftercare programs available in their home communities or nearby. A number of participants reported awareness of the availability of harm reduction services, supervised injection sites, and needle exchanges that make it safer for individuals to consume drugs. A couple of participants also indicated awareness of crisis teams such as PACT and community paramedic programs.

Several participants reported no awareness of programs for detox or treatment where they live or, if there are services, they only become aware of them when they hit 'rock bottom.' One participant mentioned that individuals are taking matters into their own hands in communities without services by driving around sharing their phone numbers so people can call them if they need help or a Naloxone kit.

Participants shared their awareness of prevention, harm reduction, and recovery strategies but with caveats that these strategies were insufficient due to waitlists and lack of options in a community.

Below are common themes around awareness along with some statements by participants that include possible issues of concern:

- **Participants are aware of detox, treatment, recovery, and sober living centres including counselling services in their home communities**

"We have a detox in Moose Jaw. I have been there a couple times a week. The people in there are not usually from our city. It is one of the best detoxes in Saskatchewan and so people from all over the province are on the waitlist trying to get in."

"In Weyburn there is addiction services. That is it."

"In Swift Current we have addictions services and Dory's House. This is a home provided for youth. They can go in there. They have to be so screened before they can go in there, so they are often not able to get immediate help."

"I know where lots of the places are now because of where I work, but in Regina there is the detox and vaccine. There is not a lot of places to go for treatment. The closest place is Indian Head – Pine Lodge. I do not even know if it is open. Even then there is a long wait list."

"[In Lloydminster] There is a new apprehension program that is trying to help mothers not have their newborn babies apprehended. He takes the baby and mom straight from hospital and helps them transition into sober living for three months."

- **Participants are aware of harm reduction, supervised consumption services, and needle exchanges**

"In Swift Current, harm reduction has been big for a couple of years. I was told that we are getting vending machines with safe use consumption supplies, that is great."

"We are the only service that I know that provides after hour services for harm recovery and clean supply. We are on call 24 hours a day to hand out our supplies and train with Narcan."

- **Participants are not aware of available services in the home community. Some individuals help people with substance use disorder on their own.**

"In rural Saskatchewan we have absolutely nothing."

"Anyone who wants, can message my mom and she will send out Naloxone kits and she will hook you up with anyone who needs supports."

"You kind of almost have to hit rock bottom to hear about what is available."

- **Participants know of other programs around the province such as PACT, Methadone programs, and community paramedic programs**

Effective strategies in home communities

When prompted to discuss effective strategies in their home communities, participants pointed out that supervised consumption sites and needle exchanges are currently effective. Other effective strategies

mentioned include counselling, Narcotics Anonymous, Methadone treatment, and treatment and recovery programs – or multiple programs - that last longer than 30 days. Without treatment, nothing is effective, according to one participant. Additionally, physicians taking the time to educate themselves on substance use disorder is also helpful.

Participants who shared their thoughts about effective strategies and services in their home communities often mentioned concerns that waitlists, short stays at treatment centres, and 9-5 office hours rather than 24 hours for supervised consumption sites making it hard for people suffering from substance use disorder to get the help they need when they want it. Additionally, stigma around drug use and negative attitudes cause concern.

The following statements showcase several common themes of effective strategies to help people stay safer or aid in their recovery:

- **Harm reduction, supervised consumption/injection sites, and needle exchanges are effective**

"It does save lives. It allows them to test their drugs and be with a medically certified staff that can bring them back from overdose."

"You need someone who is going to look at you and talk to you with compassion and kindness and meet that person where they are at. This helps them see their worth. It is not just about giving people the drugs that they need, but it is about leading that horse to water and showing them that there is love here. That you are safe, and you only have to change if you want to. People who are saying that safe [supervised] consumption is horrible do not realize that you cannot recover if you are dead."

"In Regina we have the safe [supervised] consumption site. That is working."

"There is a safe [supervised] injection site, but it is only open from 9 – 4pm. Anything after 4pm is taking a big risk. The hours of this safe [supervised] injection site need to be extended."

- **Counselling, Narcotics Anonymous meetings, detox, and recovery services are beneficial (so long as these supports last longer than 30 days)**

"What works for me is that when I got into trouble I went to detox and then I went to drug treatment court – that was a year-long program. I took multiple programs. It was like going to school. You learn a lot about yourself and learn to think in different ways. If you go to treatment, what do you have after that? This gave me a year of being clean."

Barriers

When asked what prevents people from seeking help or overcoming substance use disorder, participants provided many responses. Indeed, barriers for overcoming substance use were repeated throughout the discussions. Two common themes surfaced: waitlists and stigma. Individuals have limited access to services, treatment, and resources while hospitals and clinics are overwhelmed. Participants expressed concern over the lack of coordination between treatment and detox and recovery programs. With many people suffering from addiction needing to 'hit rock bottom' before they are ready to seek help, waitlists and lack of resources make it hard to get the right support at the right time. COVID-19 has also exacerbated wait times.

Because of the stigma around substance use, people with substance use disorder or their family members find it difficult and embarrassing to ask for help and admit to addiction, according to many participants. Participants noted that the general public's negative attitudes or apathy toward drug addiction is a contributing factor to the stigma. These attitudes lead some communities to push back against solutions such as harm reduction. Many participants also suggested that some healthcare professionals and helpers are disrespectful, distrustful, and treat people with addictions poorly. In some cases, people do not have supportive families either because their family members are substance users themselves or because they do not understand addiction. At least one participant mentioned that as a high functioning addict, they hid their addiction to prevent it impacting their family life and job.

For individuals who are in recovery, returning to the same social environment they lived in before they sought help for their addiction and reconnecting with friends and family who continue to use, along with boredom and isolation, create significant barriers to overcoming substance use.

A common theme participants identified throughout the discussions is the importance of people's basic needs being met. Some people struggle to get help and overcome substance use because they may be homeless, lack transportation to get to and from appointments, or they don't have a phone. If they cannot call a centre or receive phone calls, they may lose a spot on a waitlist. Mental health issues, trauma, and intergenerational trauma faced by adults, youth and children were also noted as barriers to getting help that people are facing.

Throughout the discussions, participants shared many reasons why these barriers make it difficult to overcome substance use. The following statements highlight many common barriers that participants mentioned:

- **Waitlists, lack of access to services, and lack of coordination between different support services create barriers to overcoming substance use and, in some cases, lead to relapse and overdose**

"The waitlists and the availability of information for how to quit altogether or come down."

"I think that the help has to be really accessible. If they want it."

"Many times we would be like okay let's go to detox. But now they have to call every day before noon and there are 40 people on the waitlist. There is not enough supports or after care. Even when I completed my course, a lot of the supports were gone, and I needed that. We do not have that."

"This family member took all the courage they had to get to Calder [Centre residential treatment], but you needed to be detoxed. She went to Larson House [Brief Detox Unit] and was terrified. It was going to be three weeks to get into Calder. Guess what happened? She felt that she didn't deserve help and they did not want her. When there are breaks in the system, you are going to use, and it is not your fault. You have a biochemical need?/dependence? and you need medical intervention and safe detox. They need to coordinate treatment and the recovery plan, then people might have a fighting chance."

- **Stigma, public, and health care workers' negative attitudes to drug use and addiction create barriers**

"There is a stigma around going to detox because everyone is going to know that you are an addict. You just do not want to admit that you are powerless."

"People are treated poorly. A lot of them do not want to stop using. A lot of people who are older, this is just not going to happen for them. It makes people very uncomfortable to help someone who is actively using and does not want to stop using. I think that we do not educate our helpers well enough on how to help people."

"There is a fear of reaching out and people judging you. It is hard to admit that you are not taking care of your children and a meth addict. For me I was so deep into it that I only had a backpack of stuff, and I was couch surfing."

"When you go and ask for help and are turned away. It does not happen to me because I am not into needles. I do other things. I do not know much about needles. I do understand that people who do them when they do go for help, they get turned away. By the time they do have the courage to ask it is too late."

- **Trauma, intergenerational trauma, mental health issues prevent people from seeking help to overcome substance use**

"I agree people turn to drugs to hide their traumas. That's why I turned to drugs – to numb my pain. It is hard to get better."

"They want to keep doing to escape reality."

- **After successful detox and/or recovery, boredom, isolation and returning to an environment where friends and family are continuing to use can lead to relapse**

"When the detox ends, your brain kicks in and when that pain is gone you are thinking about boredom and drugs. If you want to get clean you have to want to get clean. You have to exit every single person in your life who is doing drugs. Otherwise, you are going to die."

"You get made fun of for going to counselling and trying to give your mind a good check instead of lashing out at things that trigger you. I think people have a hard enough time to deal with this when they are sober. They know when they get sober, they are going to have to deal with this."

"Yes, love and belonging are essential to keeping people sober. It is so true that when you leave treatment you are going back to your same environment and often, they are not clean. Many people feel comfortable with the people that they use with because they have a special bond – they are loved and accepted. The sober people are a--holes."

Solutions

Due to the above barriers, participants were prompted to discuss what should be prioritized to assist people with substance use disorder. Many participants recommended decriminalizing drugs, providing safe supply, harm reduction services, and supervised consumption sites along with needle exchanges. Another common discussion point was the urgent need to reduce waitlists by increasing capacity,

counsellors, beds, programs, and providing an open-door or drop-in system where people can get help at whatever stage they are in their substance use and recovery journey. Participants suggested offering '*going to the people'* services to meet people where they are instead of making them discover services themselves. It is also crucial to make it easier for people to access services without requiring equipment, such as a phone. Participants identified the need to fill the institutional gap between detox and recovery services, so people have support at each stage of their recovery journey. Participants also mentioned that youth need their own treatment programs where they will feel accepted.

Participants stressed the importance of increasing awareness and educating everyone from individuals with addictions to youth and health care professionals about substance use and how to help. Giving people with addictions more information about what type of support is available and where they can get help as well as teaching health care professionals and the general public that people with addictions are sick, not criminal, were two crucial points made during the discussions. Participants shared that youth should be taught about drugs and how to cope with mental health issues to help with prevention.

The following statements showcase the priorities participants felt would best assist people with substance use disorder:

- **Reduce waitlists, increase capacity, provide drop in/24-hour systems at all stages of detox and recovery and fill in gaps between services so people of all ages have support in between detox and recovery**

"There need to be more programs like the one that I am in now and enough beds for the people who are out there so that jail is not their only out. This would be cost-beneficial and maybe there would be less crimes and less drug addicts. That way when an addict decides to sober up, then boom, it is available for them."

"The biggest thing is the wait lists and waiting a year to get in. If you are wanting to get in now the waitlist is a really big discouragement. We need something to speed up the process."

"A while ago I had to put my 15-year-old in detox. We waited in the hospital for 15 days. So not only adults, but also children and youth. The ages are going lower and lower."

- **Decriminalize drugs, provide safe supply, and have 24-hour a day consumption sites**

"I agree on the decriminalization of drugs. We could be using this money to invest in people's lives."

"Safe supply programs save lives. This increases the user's ability to access programs and supports."

"24-hour safe [supervised] injection sites – around the clock. So that people are able to just go."

"Decriminalization for personal use and safe supply. These are the big ones. With a safe supply, these overdoses would not be happening. We need to keep people alive. People cannot access treatment if they are dead. How do we do that? Safe [supervised] consumption sites."

- **Increase awareness about substance use disorder among the general public and healthcare professionals, and educate adults and youth about drug use and how to cope with trauma and mental health issues**

"Every time I see a doctor, I tell them no opioids. I cannot be on them. And they question me. With doctors there is a huge lack of awareness from those with the prescribing power. This is just a personal experience, but there is just confusion behind why a person would not want them."

"Another piece is education. The highest number of users are young people. If we start educating young people as a part of a younger age and about the stigma and tools to cope. Our sitcoms glorify the use of drugs and alcohol. We are talking about Russian roulette. They are learning from those sitcoms. This society glorifies drugs and then shames you once you become addicted to them."

Participants were asked to share ideas for practical short-term solutions that could improve the situation in Saskatchewan. The most common theme discussed was reducing waitlists and fast-tracking support by increasing capacity, opening more detox, addictions, and treatment centres, including specialized centres for specific drugs, such as opioids. Following on this theme, many participants shared the need for 24/7 walk-in sober living homes, especially in communities that need them. Transitional support to fill in the gaps where people are falling was also deemed necessary because people do not know where to turn at different stages of recovery. Participants also noted the need for trauma-informed care, culturally safe and sensitive care for Indigenous people, and support for people from various cultures.

Participants highlighted the importance of meeting people's basic needs, especially the need for more affordable housing. Participants also felt that people in all areas of society need to be educated about substance use, its root causes, and prevention strategies.

The following common themes emerged from this section of the discussions:

- **Reduce wait times by adding capacity, increasing the number of detox and addiction centres and providing transitional support so people have a place to go at different stages in their recovery**

"Fast tracking detox. Having more beds available. More sober living homes in every community that is dealing with this. I am sure that every community has some form of substance use. Just not having that wait time, that is the make and break of sobriety."

"Treatment beds for programs longer than 30 days and transitional supports."

"Having someone to go to them and meet them where they are. Not everyone has someone to call or advocate for them when they navigate these systems. We need someone to help them with that. Some people will call that enabling. We are here to walk them along."

- **Provide trauma-informed care and services including culturally safe and sensitive care for Indigenous people**

"Trauma informed cared and safe [supervised] consumption sites. I have gone to a number of treatment centres across the province. They are run by people who do not have lived experience. They are textbook cases. 'I know better than you because I have never been an addict.'"

"28-days is going to help years and years of addiction? Come on. We need treatment centres that are holistic, medically based and science based, trauma informed care. This might not fix everything, but it will change things from post-traumatic stress to post traumatic wisdom. Culturally safe care for many of our indigenous folks. Many of the women (90%) are indigenous."

"This is a tough job, but if they have never lived through it, they only know this disease from a book and so they are not the most empathetic towards it. An addiction councillor told me that I was going to end up dead and that he wished me luck. I was 17 at the time and I walked out and used."

- **Address the issue of homelessness and ensure basic needs are met**

"Investing in housing. We have such an inadequate access to affordable housing. This needs to be safe, affordable, and remove the chaos of dealing with your basic needs."

"Housing for the homeless. Being homeless is a severe problem here in Saskatchewan. We need to get these people in safe places. This should be #1 for people with problems. It was below freezing the other night. This is a circle that just keeps going on."

"Addiction is a disability. You cannot come out of treatment and start paying rent. You need housing and then you can address the symptoms of homelessness after they have housing. People are trying to go to jail now because they are needing a place to sleep for the winter. I was one of those people. It was too cold to sleep outside."

- **Increase the number of sober living communities, aftercare, and recovery services, including places where people can recover away from their current environmen**t

"We need walk-in sober living houses where there is staff on site. It needs to be walk in or if they do not have room, they are able to find them a shelter as a place to go before they can go somewhere. Even for youth. There could be counsellors on site that they can talk to and the option of sleeping on site if they need to."

"I would like to see more awareness around this. We talked about treatment centres in different areas. Often it is difficult to heal in the same place that hurt you. Many people leave their hometown to go to a treatment centre that is not where they are. I know a girl who left up north for a treatment centre, and she said that this is the best thing because she is able to focus on herself and restructure."

- **Provide more harm reduction and supervised consumption services**

"Any doctor should be able to subscribe methadone and suboxone. These drugs need to be widely available. We should not have to see a specialist."

When prompted to consider long-term interventions that could make the biggest difference in reducing the harms from substance use disorder, many participants reiterated previous solutions in the priority and short-term categories. Themes such as decriminalizing all drugs, providing safe supply, and allowing all doctors to prescribe drugs were discussed. Participants further elaborated on the importance of increasing awareness and encouraging people to share their success stories via media and in schools.

Providing peer-supported counselling and giving people the tools to cope with mental health issues and difficulties in life will help towards reducing harms and preventing drug addiction in the first place, according to several participants. They also repeated that ensuring that people have access to housing and jobs – especially for people who have previously been incarcerated - and giving people choices for recovery (rather than prison) would help long term.

When answering the question what interventions could make the biggest difference in reducing the harms from substance use disorder over the long term, the following themes emerged:

- **Decriminalize drugs, provide access to safe supply, and give people second chances and choices (avoid sending people with substance use disorder to prison)**

"Changing legislation. Portugal's policies show that there was dramatic drops in overdoses, HIV and other criminal actions. The statistics show that it has worked. This is something that people who are running our federal systems should entertain the thought."

"Safe supply and decriminalization would go a long way."

"The PAC Team [Police and Crisis Team] in Moose Jaw. If someone who is homeless is sleeping on the bench because they need to sleep, the police should not be answering these calls. They do not deserve to go to jail because they are in psychosis."

"You cannot force someone to sober up, but maybe giving them the option to go to a sober living program or waiting on remand. That could be their choice."

- **Provide awareness and information and prevent addiction in the first place through media, and within the community and in schools**

"We need to look at preventative measures. We need to look at the statistics as to what is going on in families: the single moms and single dads, so that we can come up with solutions long-term depending on the different things that have caused trauma in children. We just need to get people more aware of what is going on and so that they are able to hear the success stories. This will show people that there is hope. We need to share this more. We need to have someone going into schools and going into public forums who is able to share this and show that there is hope out there. Some of these programs may be helpful."

"Once they get a home life, then the education should start with them and their family, on when drugs come into their life; and once it is there, it is there. Just having supports for the whole family and having education on drug use and alcohol. There are still meetings on AA and NA, but that only takes you so far. We want the younger ones to start to realize what will happen if they start to use, to start breaking the cycle and help them understand why their families are on them, and the impact that it has had."

- **Provide peer mental health support and address the root causes of addiction**

"We need to look at what causes addiction and trauma in the first place and address this. We need to look at prevention. Everyone who does drugs has had something that has happened."

"We need to have mental health workers who are addicts. Many addicts cannot go get jobs because they were addicts. If we get these people to prove that they can stay sober for 3 – 5 years and give them a job. We need to give people a reason to stay sober."

- **Provide more detox, addiction, treatment centres, and transitional spaces**

"In the long run, there could be more treatment centres in and around Regina. There is no help for us beyond the Methadone places."

"More places for detox and time in between. They are only in there for 7 days. That is not enough."

Impacts and Social Acceptance

When asked what services and solutions would have the biggest impacts on their home communities, many participants indicated instant, no-waitlist, 24/7 access to detox centres and treatment centres, trauma-informed care, and treatment that lasts longer than 30 days. Closing the gap between detox and treatment will make it easier for people to continue their recovery. Participants also noted that decriminalization of drugs, harm reduction, and keeping individuals who use substances out of jail would have a big impact on their communities. Some discussed the need to redirect funding into treatment and harm reduction programs instead of prison.

Participants mentioned the need for more community aftercare support and drop-in centres to provide counselling, recreational opportunities, and to provide ongoing connection with others on a similar journey. Participants also discussed the importance of affordable housing, and a few mentioned they support social services paying landlords directly to help people with substance use disorder avoid eviction and homelessness.

Education and awareness emerged as significant themes during this part of the discussion. Participants felt that teaching the public about the usefulness of supervised consumption sites and informing people with addictions about where and how to find support would have a significant impact in the community.

Participants noted the following solutions as having a big impact on their communities.

- **Decriminalize drugs, increase safe supply, and provide more funding for treatment, not prison**

"Take the funds for criminalization for people who use drugs and put it into treatment and harm reduction services for people."

"Safe supply. We are only going to get a safe supply if we decriminalize. Then we can sell it in a store, and we can tax it. Then we have that money to build that bed and get that trauma informed care. If we get a hold of the tax dollars after it has been decriminalized, there is a lot that we can do with that."

- **Reduce waitlists and provide immediate access to detox, treatment, and recovery centres. Close the gap between services and offer longer-term treatment programs. 30 days of treatment are not enough.**

"We need an immediate drop-in centre or several where kids or anyone are able to go to get that help."

"It is very compartmentalized. If the hospitals, the facilities, and the private programs could get government grants so that they would be able to work together. There just needs to be more connection. It seems very broken right now."

- **Increase access to affordable housing**

"The housing is a big deal. There is a tent city in Regina, but it is coming up to winter here right away. I also think that the safe supply is huge too."

"They need to get access to housing that helps them budget and pay their bills and buy their groceries."

"If they had more of that housing that is for homeless people, and they help them shop and budget. This shouldn't just be for the homeless. This should be for everyone, even people who use drugs. I need to know how to budget. I pay my rent, but then the rest is my drug money. There need to be more programs that teach people who want to come off of drugs how to use their money."

- **Provide trauma-informed care in the community and in prisons, provide a wide array of programs from harm reduction to recovery, and enhance community aftercare**

"We have a captive audience in our criminal facilities. How about we have treatment, detox and trauma informed care in there?"

"Let addicts have control of their process…work with them where they're at. Early in my recovery, I was disqualified from certain programs because I wasn't ready for total abstinence."

"To help curb the trauma and the abuse. To prevent it. To have things in place for people who have dealt with trauma immediately."

- **Increase education and awareness, including healthcare professionals about substance use disorder**

"It is hard to find doctors that will even treat people who are addicts. The first thing that I tell doctors is that I am an addict so that they do not put something in front of me."

"More awareness for kids before they even get into addiction. It is affecting all eras. It is becoming a pandemic."

- **Provide more funding for treatment, not prison**

We need more funding for detox and treatment. We need more money for people who need the help. This is when they are dying. We need immediate access to detox and treatment when it is needed.

In order to make it more socially acceptable for people struggling with substance use disorder to seek help, participants noted that the general public and medical professionals need to learn that drug addiction is a disease, that relapse is part of recovery, and that people should not be judged, stigmatized or turned away, especially when they are seeking recovery support.

Many participants felt that social acceptance would improve by generating awareness of it through mainstream media, advertising, and social media. Participants would like to see an increase in awareness in schools and in the community by inviting people to talk about their experiences and share motivational stories (about recovery) and to promote sober living. Participants also mentioned that to stop the stigma, the government and general public should understand the role of racism. At least one participant suggested checking up on healthcare professionals and health centres/hospitals to see if people suffering from substance use are being stigmatized by staff.

The following comments elaborate on the three main themes shared by participants:

- **Spread awareness via mainstream media, social media, advertising, and speak about it in schools and in the community**

"I am picturing a commercial similar to what SGI runs. They are effective and scary. Having this, but with a family member who is seeking help and people being proud. Rewarding people for bettering themselves."

"Showing this more on the internet and within social media. Opioids do not discriminate. You can be an athlete and be addicted. We need to have people that we look up to coming out and admitting that they have these issues and were able to overcome them. That would be motivational to me."

"Spreading awareness with schools and within the towns that are struggling. Spreading more about racism and that it is not okay. Many people grow up with racism and think that it is normal."

- **Provide healthcare professionals and helpers with no-judgment, stigma-free training**

"How we are training and helping professionals. We need to train them to not have the stigma and the moral judgement. We need people to feel more able to access treatment."

"Our healthcare system needs to be put through treatment on how to deal with addicts."

"I heard a nurse saying that she hates summer because it brings all the druggies in. I think that we need secret shoppers because we need to stop the stigma. The things that were said were disgusting and I did not want to go there."

- **Ensure people have access to different kinds of support – such as detox, supervised consumption sites, sober living, depending on what they need**

"More safe [supervised] injection sites. Just because I use needles, does not mean that I am sick. Just to get rid of the stigma and prejudice of drug users. Give them a clean place to use that is quiet and maybe that will give them the space to get on their feet."

"Promotion around sober living. Sometimes things that are working need to be readjusted so that they are better accessible to others."

Participants in all five focus groups stressed the importance of helping the general public recognize that people with substance use disorder are ill and need help. They are not criminals. They deserve to be treated with respect and care. They deserve to be given the opportunity to stay safe while using and be offered social, medical, and community support to help overcome substance use disorder.

Appendix A: Moderator's Guide

Ministry of Health – Drug Task Force Community Engagement
PWLE Moderator's Guide – draft v5

FOCUS GROUP INTRODUCTION [10-15 mins]

- Introduction of moderator + role.
- Explain that focus groups are a way to collect opinions about experiences in more detail than a typical survey. These conversations are exploratory. There are no right or wrong answers. We understand that there are complexities and nuances. Each person should speak for themselves. Not looking for consensus or agreement – don't hold back if your opinion or what you think or do is different from what others are saying. Any and all input is welcome and very much appreciated.
- Partnering with you is essential to improving services. Throughout this process, the Drug Task Force (DTF) is also engaging with Community Based Organizations (CBOs), community advocacy groups, municipal leaders, and Indigenous organizations who share the common goal of reducing harms caused by substance use disorder.
- Explain notetaking and recording of the discussion - when we put the report together, we like to listen to the recording to make sure we've covered everything off that was discussed in the group. This is just for our own internal purposes and the recording will be deleted once the report is written.
- Introduce any counsellors in attendance and explain that we can set up a break-out room at any time during the meeting if needed. For people phoning in, provide a number where the counsellor can be reached (**Christine Andres - 306-757-6675 or candres@familyserviceregina.com**)
- Let participants know that we will provide a list of mental health and addictions supports following the conversation.
- Ensure that all attendees understand that they can opt out of a question or the meeting at any time.
- Assure participants that their names won't be associated with anything they say in the report - the data will be summarized and reported in an aggregate fashion without any names attached.
- Duration approximately 2.0 hours; not taking a formal break; please mute phones.

- Include moderator email in chat and explain that participants can email directly if they don't have enough time to say everything they want or think of something after the session has ended.

MAIN DISCUSSION

The Drug Task Force recognizes that there are many factors to consider through this engagement process, but first and foremost, its interest is to reduce the harms due to a substance use disorder. During our time together, we will try to stay solution focused as much as possible and allow a chance for everyone to speak.

Firstly, I just want to confirm that no one on the call is under the age of 18?

CURRENT SITUATION [30 mins]

1. I'd like to start by going around and have each of you introduce yourselves. Please tell us your name and where you live.

2. How severe is substance use disorder in your home community? Your home community may be where you currently live or where you identify as home. [prompt for short elaboration – manage time according to number in the group]

3. What do you think contributes most to substance use disorder in your home community?

4. Are you aware of any prevention strategies, harm reduction services, or recovery options available in your home community?

5. What do you feel are the effective strategies or services that are currently in place in your community to enable persons with substance use disorder to be safer or aid in their recovery? What about outside of your community?

BARRIERS [10 – 15 mins]

6. What do you feel is preventing people from seeking help or overcoming substance use disorder? (prompt: this could be at a community level or a personal level)

SOLUTION-BASED DISCUSSION [45 - 60 mins]

7. Based on these barriers, what actions do you believe needs to be prioritized in assisting people with substance use disorder? (prompt: Consider actions that could be included in a provincial strategy)

8. The rest of our discussion we will focus on potential solutions and ideas. Let's focus on short term solutions first. Over the next two to three years, what can practically be achieved? In other words, if you were given the opportunity to make decisions to improve the situation, what solutions would you support first?

9. And, over the long term, beyond five years, what interventions could make the biggest difference in reducing the harms from substance use disorders?

10. What services and supports do you think would have the biggest impact in <u>your</u> home community? (prompt – are these solutions different than what was suggested above and if so, why is their community unique)

11. What needs to happen to make seeking help more socially acceptable for those struggling with substance use disorder?

12. Any final comments or suggestions to pass along?

That brings us to the end of the discussion.

***** Remind participants that they can email any additional thoughts/comments.**

***** Re-iterate/introduce the full scope of project, emphasizing the importance of receiving feedback from as many people as possible with lived experiences.**

Thanks very much for spending some time with us this afternoon/evening and providing your feedback.

Appendix B: Focus Group Transcript

Ministry of Health – Drug Task Force Community Engagement
PWLE Moderator's Guide – draft v5 - FG 1

CURRENT SITUATION [30 mins]

1. **I'd like to start by going around and have each of you introduce yourselves. Please tell us your name and where you live.**

Group #1
- Wymark
- Spy Hill
- Saskatoon
- Swift Current
- Regina
- Mossbank
- Swift Current

Group #2
- Regina
- Lloydminister (Saskatchewan side)
- Lloydminister/Onion Lake

Group #3
- Silton
- Lloydminster
- Swift Current
- Moose Jaw
- Peepeekisis
- Regina
- Saskatoon

Group #4
- Weyburn
- Onion Lake living in Lloydminster
- Kindersley living in Lloydminster
- Swift Current
- Valley View, Alberta – living in Swift Current
- Regina
- Saskatoon
- Weyburn and Glen Avenue Area

Group #5
- Regina x6

2. **How severe is substance use disorder in your home community? Your home community may be where you currently live or where you identify as home. [prompt for short elaboration – manage time according to number in the group]**

Group #1

- In Swift current and the southwest corner, it is atrocious. There has been a head in the sand mentality that has happened over the last decade for sure.
- It is very severe and has been in Regina and area for a while. My son has been gone 6 years and he started at the age of 14. He would be 34 this year. It has been at least 30 years. The drugs and modes have changed, but the level of desperation has increased.
- I am commenting for VERY rural Saskatchewan – Spy Hill. Huge mining area. I work in the health industry, and it is so much worse than anyone believes that it is. Greater than they like to acknowledge. It is hidden behind closed doors. The ones who are being noticed are the ones with a huge addiction problem where the RCMP and emergency are being called.
- In Saskatoon people think it is an inner-city problem, but it is everywhere. I grew up in Lawson. Everyone that I went to school with was doing drugs. Kids hide it from their parents very well and parents hide it from their kids. My parents did not know till my first overdose.
- You can get drugs anywhere in Saskatoon. Talking about anything (not specifically opioids).
- I started with cocaine and went to opioids and there was not one area that I couldn't go to.
- Most drug dealers who are selling crystal meth are also selling cocaine and opioids. They are selling everything. Stuff they have stolen, things they have boosted. It depends on the area.
- Mossbank has some who do coke. I did mine in Moose Jaw. Moose Jaw is really bad. It is bad for everything. Different drugs have been used over the years, but all the problems that are going on in Saskatoon are also happening? there. It is just smaller and more noticeable.
- In Moose Jaw it is epidemic here. It is horrible. Is it because people do not want to see it? I don't know. There is such a stigma with drug use. It is criminalized. There are a lot of non-profits trying to deal with the things that come along with substance abuse, but it is not just a young person's disease. People in their 30s and 40s have lost their lives to drugs. You go to a dealer because you have become addicted, and they say try this thing. You do what you do to get by. I feel for the families because you are afraid that you are going to get that phone call that they overdosed or that they got caught and went through the court system. I do not think that people are educated about what is going on in our communities. What can you do? You can't beg them. You just live sick all the time. It is a family disease. It is not just the person suffering from this. We need to respect people and give them the social, community and medical support that they deserve. In the farming community they said that does not really affect us. They judge them. It is the stigma. I told them to watch out because it is coming to a place near you.
- Last year we did something about the stigma and because of the stigma it actually makes it even harder to recover. You already feel bad being addicted, but the stigma makes it so much worse.
- The most disrespectful person who has every spoken to me is a hospital doctor. That was the worst experience. The police are going to be the way that they are. I haven't had troubles with them for four or five years. They seemed like they were always around, and I was going to jail for stuff that I really shouldn't be going to jail for. I was getting a fix. Every time that I would relapse. I would start robbing and I would become a violent scary person. I would do what I needed to get what I needed to get. It is sometimes easier to go out and rob someone then to go through with the thoughts of wanting to kill yourself. I was sick for so long. I used from 15 to 23 and that was almost daily use. I was using heroin and everything. I am probably 7 years clean this year. I have been on methadone for 6 and a half years, but I am coming off of it. That is what has saved my life: methadone and my kids.
- The stigma makes it harder to get help. I have done provincial and federal time. The guards in provincial prisons are no help. In federal that is when I got on this program and have been on it ever

since. They throw every resource at you that they can to help you get off it. I was never trying to get drugs; I was going to doctors for an actual reason. I would tell them that I do not want drugs, I just want to manage it. My physician wrote no opioids, addict and so they would assume that I was coming in there for drugs. It was hard during my pregnancy because people would message me saying that I was going to be a bad mom even though I was clean for two years. It is just the stigma. It follows you around and makes you feel smaller and that you are not worthy.

Group #2

- Born in the Netherlands. Lived in Swift Current since he was five. His brother had an accidental overdose with fentanyl. I have been incarcerated and had multiple overdoses. I am in Lloydminster for treatment. I got released on a release order. I was trying to get into treatment and detox prior to my incarceration. I am just over four months clean and sober. This issues in Swift Current are severe.
- I grew up in Lloydminster. I am also treaty status. In both of the communities that I grew up in there was alcohol and substances abuse. My reserve is experiencing crystal meth and opioid users. There is always alcohol abuse which is factoring in other types of abuse. I used to contribute to the crystal meth use. I came to the residents in recovery program and am happy that I am no longer a part of that lifestyle. I was incarcerated. I have been out for two months now. Before I was incarcerated, the epidemic was on the rise. I have not talked to anyone from there since then because as a part of my treatment it is triggering, so I am to avoid them. Lloyd is the same. There is an increase in opioid use.
- Regina is the worst that I have ever seen it. I have spent some time in the hospitals. The emergency rooms are clearly overwhelmed with addiction issues. It is the worst I have ever seen it.

Group #3

- We have ever increasing overdoses for opioid and fentanyl usage. I work for prairie harm reduction. We are also facing really complex crystal meth consumption. This is creating barriers to housing and mental health programs. I advocate for more access to supports. People are still facing the same barriers that I faced 17 years ago. I think that it is getting worse. We are dealing with far more complex issues.
- When I first moved to Moose Jaw the crystal meth was really bad here. The safe consumption site is awesome, but you go to the smaller communities, and they are not equipped. You have people overdosing on the streets. The other day, police responded to an overdose call, and they arrived before the EMS did and they were annoyed. I work for John Howards, and we treat the addictions side. Without your basic needs being met, their lives are so sh--ty, so why would they make the choice to get better. The waiting list is three – four months. If you miss one phone call you are down to the bottom of the list. We lost so many people between detox and the treatment centre.
- Lloydminster is an epidemic here. There are a ridiculous amount of overdoses on the daily. More and more overdoses. Just about a week ago there were two funerals due to opioid deaths. In four – six hours there was six – seven overdoses. They put something up on the community website to make people aware. We were not sure if there was a bad batch or what. With that being said, the crime rate is going up as well. It is terrible and the stigma around it is huge. I am in a sober living facility. And the wait time between detox and treatment is a struggle for so many people. That wait period was a big struggle for me being sober. This program has helped a few people in my community, but the RCMP are not able to keep up with the number of calls they are getting on the daily. Crystal meth is a big issue as well.
- The issue in Swift current is extreme. We have a dark underbelly. We are not as progressive thinking. There is a normal issue with stigma. People turn and look the other way. I have done work with a

funeral home, and I can count on several overdoses, regularly. There is not a lot of resources easily and readily available without stigma attached to it. There are a lot of parents embarrassed to reach out for help. We have an opioid and crystal meth problem here. With that comes increased crime. I believe in the decriminalization of hard drugs. They are sick. Addiction is a disease. People who have a substance use disorder cannot help themselves. We have a big problem, and we need to look for a solution. We are being reactive. We have the opportunity to be proactive to what this will evolve to in four– five years.

- I have lived in Regina my whole life. My experience started at a young age. My mom was an addict growing up. I cannot count the amount of people we have had to bury because of this disease. There is no support/help out there for people who want it. The resources are limited. When I was a meth addict, I got into Raising Hope and at first it was a really good program, but I was discriminated against. Some people leave more traumatized than when they go in. There are good programs out there. I struggle watching the effects and knowing what people do need, but people just do not care, because it is not affecting them. I know other women who got help at the Raising Hope program and vowed that they would never ever reach out for help, and they are still using.
- My grandfather went to residential school and my father went for half of his residential career. We do not have a family dynamic because they are all in active addiction. The residential school experience has really affected that. I have family out there who is selling drugs on the reserve.
- The resources that we have are not enough. I have someone who is ready to go to treatment, but she is on a four – six-month treatment program. 30 days is not long enough. My daughter went to treatment three times for 30 days and relapsed each time. If I had the money, I would have sent her out to BC for the 90-day program. The people who want to quit need to go now. We need more treatment and detox room.
- There are no drugs here in Silton that I know of. The first responders in rural Saskatchewan are not allowed to carry Narcan. They have to wait 30 – 60 minutes to get access to Narcan. I know some of them are getting it on their own and carrying it.

Group #4

- It has gotten worse since COVID-19. Mental health has been on the rise in the last five years. This is in Lloydminster, but I have heard from back home this as well.
- I think that there is a lot more depression, drug use and less social situations. It has been progressively getting worse in Weyburn. We have services that we never did before. We have cheaper drugs.
- I have to agree, Weyburn has seen an increase in the last while. Especially since COVID-19. With my daughter, she has had her ups and downs and right now she is in a real low. It has always been this way in Weyburn with the drug trade. Even though one centre did open, another one did close. Pine Lodge has not reopened yet. Estevan has a waiting list that could be up to a year.
- It is bad in Swift Current. Especially crystal meth seems the worst. My granddaughter is going through this. That age group that is 15 – 20 seems to be struggling with drug abuse. It seems to be readily available to them, but we need to know where to start to limit this.
- Saskatoon has a facility behind the Westside clinic. You are allowed to do drugs, so you get free needles and pipes. I do not think that the system is doing very well with that. There have been a few people who have overdosed. There is pretty easy access behind the building. People are driving by and selling drugs behind the building. Particularly crystal meth, heroin, and pills. I got kicked off the community safety action plan board. I did not like the job they were actually doing. They were talking too much and not doing a lot of action. It is getting worse around the world.

- In Regina and a lot of rural Saskatchewan there is an increase in drug use. It is increasing into our youth – teenagers and preteens. I am a community outreach coordinator through a pharmacy. I am out four days a week in the evenings. We have a huge increase in need for clean supplies. We recently had a training session with the Regina Police. Right now, the meth and fentanyl use are sky high. People you would not expect to be using the drugs are using the drugs. We cannot keep up with our pipes. We are out 100 – 150 each night. Our needles are not going out as quickly right now, but with fentanyl this is increasing. This is an easy go to. I see a huge increase. It is probably 1000% worse than when I first started with our harm reduction team.

Group #5

- On a scale of 1 – 10 I would say 10. I live in Regina.
- The substance use here has gotten out of hand. It is very severe. There needs to be more education on what people are getting themselves into. There needs to be better access to testing the drugs that people are using so that they are not putting themselves or others at risk.

3. What do you think contributes most to substance use disorder in your home community?

Group #1

- Trauma plays a significant role. Lack of supports. The stigma. It is easy to start experimenting, especially with the substances that are out now. With the stigma and lack of supports it makes it difficult.
- The drugs are not the drugs that they were in the 70s or 90s, they almost have built in addiction to them. And then there are the drugs in the medical system. A lot of people are becoming addicted that way. I know a lady whose son had anxiety and ordered Xanax to his house, and it was laced, and he died in his room. Lack of respect for mental health supports within our government and in our health system. You try these drugs, and it is almost game over.
- The drugs are not the same. The drugs have changed and the people who sell them. They are selling to people younger and younger. They are selling to kids in their parking lots. There is the school liaison, but they can only do so much. People who are 30 might look in their early 20s and going to high school parties just trying to get their first sale. There was someone who was giving away a bit of meth free just to get people to try.
- We are seeing in the rural and mining area is all these kids with way more money than they know what to do with and they want to go party, but they have a $100,000 job to go to on Monday and they need to get it out of their system, so they are looking for coke. They weren't able to sit in the bar. My son overdosed because he was a recreational drug user and he and three friends did it and he didn't wake up, but they did. It starts out that it is fun, and we have more money than we know what to deal with, so away they go.
- Everything is laced now. You think you are doing one thing, but really you are getting addicted to another.
- We have to talk about prohibition. Doing drugs that get out of your system before a drug test is a sign of prohibition. We have forced people who do drugs into the dark. It is prohibition that causes the drug sources to be laced. We can have a safe source of drugs just like we have a safe source of liquor. We are able to go and buy vodka and we know that it is vodka. We know that most of the issues that have happened is because of prohibition. The drug dealers are getting more sneaky and going to the high school to get more clients. If we had a safe source people wouldn't be dying. Until we do this people are going to keep dying.

- I agree about the safe drug supply. Back when fentanyl wasn't a thing or wasn't contaminating other drugs, my son used cocaine and he overdosed from crack cocaine, but they knew what to do with this because it was a social drug. Fentanyl is not that. When we criminalize people with substance abuse disorder this is why. When my son went to jail there was not one time that there was help for substance abuse. It was the stigma of 'lock yourself up you piece of s--t. To someone who is extremely vulnerable when they are coming off anything, it is terrifying. I know that from my cigarettes. It causes me anxiety. So, imagine what these people are going through when they are turned into criminals. I know my kid was an a--hole, but most of the times he was high. He sold. I know. But he didn't sell to young moms with kids. There was a code on the street. You took care of your customers because you did not want them to die. People are always going to use drugs. They need a way to soothe their pain. We need to provide them with a safe supply. This will not encourage drug use, but it will encourage people not dying.

Group #2

- I do some work with detox. It is increasingly hard to get into detox. The capacity is limiting. The long-term detox (7 – 10 days) is very hard to get into. During COVID-19 the capacity shrank. This was not the only thing. Isolation played a role as well.
- There is not much awareness. There was not a detox in Onion Lake. There is no rehabs. When I was in my active use, I was not aware of recovery at all. I was not ready for rehab. But contributing factors would be awareness, or people who are bringing the dope in and people wanting that connection. People think that it will be fun being high and partying. Or people who are not solid in their recovery. People want to get in with that group of friends and it grows. And then there is violence because there is not enough money. And then there is fighting in relationships. There just needs to be more awareness. This program in Lloydminster is awesome. I have been sober now for three months. I have seen people who I know who use coming in and out of the doors. I think that if there was more facilities like this it would be good for society.
- People want that connection. They want to connect to the group of people who are users. And that lack of awareness. I dropped out of high school and then went into the workforce. I never saw any substance abuse until I went through it myself. If I would have had more knowledge, I would have sobered up a couple of years ago.
- I started using when I would go out to the bar and see the dealers using and how much they were making, and I was like "hey I want that". I realized that I could make more money selling dope. All of my expenses were going to living expenses and dope.
- I went to Toronto and when I came back everyone was on metaphonies [methamphetamines?]. I got addicted due a reoccurring soccer injury. I was not using at the time, but it kept bugging me at work and then I started getting prescription drugs and this became a full-on dependency. I realized that I had a problem and went to treatment and then it turned into IV usage. It was due to a lot of trauma. I started getting high because I hated myself and I hated myself because I was getting high. It really progressed over the years from something nuanced into something deadly. Looking at the broader part of the system that is broken. We are inundated by technology. People are bored so they are becoming high. There is not enough support systems, so people are getting high. There is not enough awareness. When I was incarcerated, I did not even know of this treatment centre. And the treatment centres that I found the wait was 8 – 12 weeks. When you are in severe addiction, you have to use to not be sick or want to commit crimes. If not, you are going to die or end up in jail. This is a mental health and social issue. When it is not addressed as those it ends up being a criminal issue.

Group #3

- Trauma. 30 – day treatment is not enough. It is just the tip of the iceberg. The after-care plan is huge. People who go to treatment want it bad, but then they are going back to the same lifestyle. I think that the long-term care is very important and crucial. I am grateful for the program that I am in. I had a good few months of clean time living with sober people. Once you are here for a while they start to focus on the trauma. When you go to treatment they do not deal with the trauma. Here you are able to stay in the residents and recovery for up to a year and the average is 8 months. This is important because they deal with the underlying issues. They really work with you on an individual need's basis. This is crucial.
- I would have to agree with Rebecca. The leading drug expert in the country said that we should not be asking about the addiction, but about the pain. Most drug users are using because of trauma, access to drugs, trauma on top of trauma, etc. We should not be surprised when we have traumatized a nation and then the people who are bringing up these children are traumatized. Children lack the tools to deal with the trauma and their pain. That is not their fault. Yeah, it should be taught at home, but their parents never learned it and that is not their fault. Social media has an impact on people in the drug scene as well. People feel bad about themselves and turn to opioids as a way to manage it. Our particular issue in swift current is meth. Why is that? I do not know. I do agree that the 30-day programs are not enough. My daughter started drugs when she was 14 years old. She used for 4 years. She lost 4 years of learning development. She went to a program for 6 months to learn some of the things that she missed while she was using. You cannot learn or teach someone how to live when you only have 30-days and there is no transitional programs, or it is on the person with substance use to get in touch. There are so many hoops to jump through regardless of if you were advantaged. These are disadvantaged people. They cannot fight for themselves. They have never been given the tools. These 30-day programs are a waste of time. People who want help need help now. They are in addiction. They are going to start craving and wanting to use because their body is addicted. People cannot wait and they are dying because of it. We have had to push and fight for years, and the law was not on our side. We have so many people hurting in our province, and we are hurting because of it. People do not understand. What we are doing is not working. This is the definition of insanity. There are other countries that have very good models, and we should be emulating that.
    - Can you send some of these to us?
- Yes, there are countries like Denmark who have decriminalized hard drugs and reinvested this money into helping people with substance use disorders recover.
- I agree that trauma is a major contributor. I come from a family with no addiction. I started using at 13 until I was 28. I did not have trauma growing up, it came later on. I think that the drugs were just so addicting and readily available (easy to access). I think that my trauma came later on and kept me out there. My family tried to give me help. At 15 I got my first trafficking charge. They tried to charge me as an adult. No matter how hard my family tried, they could not get me the help.
- https://www.emcdda.europa.eu/system/files/publications/4515/TD0416913ENN.pdf
- In Denmark, the prevalence of use of most illicit substances, with the exception of cannabis, has fallen over the last 15 years.
- https://www.drugpolicyfacts.org/region/denmark
- https://www.emcdda.europa.eu/attachements.cfm/att_191761_EN_Denmark_2011.pdf
    - What took you there?

- I was an honor roll student and a wicked athlete. I made the senior soccer team in grade 9. This was with grade 10s and 11s and they party. That was where the drugs were. The first time I took drugs it came from our soccer captain, and I took it because our whole team was taking it. It was like Russian roulette. You never know if it is going to have its hold on you from the second you take it. When my family reached out for help there was no help. A lot of people were saying that they should send me to board school but there was not anything readily accessible or within our city.
- That is the same as my daughter. She was bored. She was an A+ student, star of the soccer team. I can tell you story after story. When it is someone under 18 parents do not have anywhere to go. They want to treat you like an adult, but you cannot vote, or buy tobacco or alcohol. It is completely inappropriate.
- I got clean, not because I wanted to get clean, but because it was either getting clean or going to the pen. Had they done something like this to me at 14 or 15 years old… My mom went to social services and tried to get me taken out of her house. I tried to take a knife to her throat because I was on drugs. And they would not take me out of my parents' house. It is sad, because now I have this rank criminal record and cannot get the jobs that I have training for. If I had maybe gotten that help earlier maybe I would not be paying for it.
- I think that we also have to talk about stigma. We need to be anti-oppressive, and we need to be understanding. I teach people all the time how to deal with people who use substances. We still have this idea that people who use drugs are bad and people who do not use drugs are good. People who relapse are bad. We look at this with such a moral judgement. We do not look at other diseases like this. Such as diabetes or breast cancer. All of our policies are written for this and therefore we do not have the support and we are putting people into poverty and the people helping people recover are some of the worst people that I have ever met. We do not see the value in people who use substances. We do not have investment in mental health. 30-day treatment is an archaic system. This is the amount that US insurance would cover to go to treatment. This is a business. There is research that these individuals need access to longer – such as 6-month programs, they need access to transition programs, they need access to mental health.

Group #4

- Trauma from residential schools. Intergenerational traumas. This is coming to light in society.
- A lot of experimenting within the suburbs of Regina. They are experimenting on the party scene. This is where they are overdosing too. They are not familiar with it. We need to understand street pharmacy.
- I saw a huge spike with COVID-19. I myself am a recovering opioid user. The drugs are cheaper, stronger and more addictive.
- We have a greater white community down in the southeast. I used to be a big dealer. I have been in Regina and Meadow Lake. Drugs are non-discriminatory. They do not care. It is taking everybody. Everyone has one common thing in life – they want to be happy, and they are looking for that. We are all just people. You get into the loneliness and looking for purpose. A lot of people do not feel that they have a purpose. A lot of them do not know what to do and so they resort to it to escape. You do it for a day and it turns into a week and then a month and then another month.
- The intergenerational trauma in the Native Community is really big in the connection for addiction.
- Gang activity for young kids from 15 – 17. They go into gangs to get accepted and be cool. It is about fitting in.
- They are just looking to be accepted somewhere. They are looking for a social group.

- I have only been in Swift Current a year. It just seems like it has always been around, but that the drugs are not the same as they were 20 years ago. They put different stuff in and cut it with different things. By the time it gets to you it is a totally different drug. Next thing you know it is leading to an overdose and going to the hospital. It is highly addictive.
- Way more addictive.
- I agree – way more addictive. Very hard to kick. It is smart on the seller's part. If you can make it more addictive, there goes your sales. The physical addiction is more than it used to be. Getting off is more of a struggle. There is still the mental, but the physical is way harder.
- There used to be things for the youth to do and now there is nothing unless you have money. You need money to be involved in the sports. This leaves a huge gap for the kids who do not have money. We used to have an arcade and now we have nothing. If you end up in the court system, there is the stigma and shame on their family.
- The court system needs some sort of a second chance system unless you are a long offender. If you get caught with cocaine you are screwed and that will come with you for the rest of your life. There needs to be a second chance. Once you are caught the first time, who cares if I get caught again and again? I have been lucky. I got away with a lot of s--t. I should have a criminal record. So many people that I know have gotten caught with cocaine and they are done after that. There needs to be some sort of a second chance program.
- I know a lot of friends just give up. Once they are down, they do not think that they can change things around and make something of themselves. There is people involved in the gang activity. They feel that there is no place for them elsewhere. I see it. There needs to be more compassion. A lot of this is due to trauma. If there were more people to help them build their self-esteem and gain perspective that would be helpful.

Group #5

- I think that it has to do with bad relationships with home life. A lot of people are homeless, or their families are not around. It is a major contributor to drug use
- There is not a lot of support.
- Poverty too and lack of education.
- Employment.
- Trauma. It is a way to escape reality.
- People like myself, it is a way to cope and deal with other people. I can understand what they are going through. I make my choices on how much I use based on what I am observing.
- A lot of us it is just a lack of education and lack of information understanding what people are getting themselves into.

4. Are you aware of any prevention strategies, harm reduction services, or recovery options available in your home community?

Group #1

- In rural Saskatchewan we have absolutely nothing. I am helping my daughter's friend to get into treatment. It is 12 weeks' [wait]. She might be dead by then. Our local hospital is an affiliate, it is a catholic hospital. The people coming in for treatment they are treated disgustingly. We go and get kids and they are dead, but we get them back and they say I cannot go to Esterhazy because they treat me awful. My daughter tried to see a counsellor and she couldn't get in. She tried to commit suicide. The mayor is trying to get a harm reduction hospital in Melville, but why is this a conversation. Why are we not just getting these harm reduction supplies? As a first responder, I

have to pay for my naloxone. There is no place here. Anyone I give these kits; it is coming out of my own pocket. In Saskatchewan we are not able as a first responder to give away naloxone. We are supposed to wait for EMS to get there. Here in rural Saskatchewan, we have to wait for up to an hour and kids are going to die. But if I give them naloxone, I might get sued.

- I was trained and given a naloxone kit from the John Howards society.
- That is called the Good Samaritan Act. As a first responder I have to take training and they dictate to us our scope process. We cannot give Narcan if someone is having an overdose. The last overdose we had we had to wait an hour for an ambulance, and we were not supposed to give it. Come on.
- Anyone who wants, can message my mom and she will send out naloxone kits and she will hook you up with anyone who needs supports.
- Kindersley has a crisis centre and addiction centre in the hospital. They are completely overwhelmed, and the barriers are so high. You have to call the intake and then you get an appointment in three weeks. That is not helpful. They want help right now. And you need a phone for them to call you. So, a lot of people with addictions do not have a phone. We have supports, but there are so many barriers. I try to help people find a rehab bed. That is heartbreaking. They have a 6 – 8 week waiting period. The easily accessible detox places are even hard to get in. They look like they are dying. I have taken very sick people to the hospital and as soon as they see the EMS, they think that they are cops and run away. I go and get naloxone kits from my sources and give them away and I have been told that I am going to get in a lot of trouble, and I say I don't care, so I give them away.
- In Swift current, harm reduction has been big for a couple of years. I was told that we are getting vending machines with safe use consumption supplies, that is great. There are places in downtown Vancouver that you are able to get drugs that you are addicted to. It is a maintenance program. I am trying to get that. We are starting to have big conversations because we had a treatment centre open. And there was some community push back, but we needed it. And the kids who are getting out, their parents do not want them, because 28 days is nothing, so they are back to couch surfing. It is more about substance use connections rather than corrections. For myself, when I came back from treatment, I was connected to an outreach counsellor, I was staying with a silver support, I got connected back to my church, I was able to have phone usage. I think that a lot of nonprofits should aim at this.
- I know for adults in Swift Current there is a harm reduction program and there are counsellors. I know that there are after programs. I had a mental health and addictions counsellor. I had everything put in place that I needed coming out of treatment. There has to be some more services out there. I had it lucky.

Group #2

- I am now that I actually decided to sober my life up and go down the recovery path. There are a lot of clients from Onion Lake that come through here, but family services and mental health from out there typically recommend or suggest this place. A person may have to hit rock bottom before they are willing to try something new. I used to try to get my friends in here. I wanted all my friends to sober up with me. That did not work out. I just have to worry about myself. The big thing is that wait period. If there was a faster way to get that wait list to go down that would help with the crisis in these communities. Without that a person would not have to revert back to crime or selling dope. They need to figure out a way to fast-track this.
- There is another one in Calgary for families. One in Regina, Saskatoon, Moose Jaw, Estevan and one outside of Edmonton called Lilly lake and it is a sober living place.

- You kind of almost have to hit rock bottom to hear about what is available. When I was struggling, I did not know about much at all. I just had to learn as I went. The first time I got detox was in the states and it was expensive. I learned Sask had this and Narcotics anonymous and I got involved in that. I heard that there was a 90 day wait in between detox and treatment. That is a crucial time. I am guessing that we lose a lot of people during that time.
- No there are actually no programs in Swift Current for detox or treatment. Regina detox was not taking anyone from out of the city. In [unidentified city] I was on a list. I was 30th and it was about a 10 week wait. There was also a huge wait from detox to treatment and that is when you are most vulnerable. There is abstinence and recovery. You are just alone with your behaviours and that same environment. People die.

Group #3

- My whole job is that. We opened the first safe injection site. We work with 900 families a year who are using and are in the process of getting their children taken away. Most of the people we work with are deemed too difficult to work with because they are in psychosis, and they are reacting to the treatment they are receiving.
- The access is atrocious. In Swift Current someone in our hospital when they are admitted takes a lot of work. We were turned away even when my daughter wanted to be there. In the mental health unit, they will not treat the medical needs and in the medical unit they won't treat someone with mental health issues because they are not equipped. When she was there, she had chlamydia and worms and the doctor would not treat them and I said we are in the hospital. They are not equipped to deal with these things. Where do you go for help? The hospital. But in the hospital, they are not equipped. People who do drugs do bad things; they are not bad people. Their brains are misfiring due to the poison in their systems. There is a massive stigma out there. We have really dropped the gun on helping these individuals.
- We have a detox in Moose Jaw. I have been there a couple times a week. The people in there are not usually from our city. It is one of the best detox in Saskatchewan and so people from all over the province are on the waitlist trying to get in. People do not know how to deal with psychosis. We do not have immediate shelters. With social services, they do not pay directly to the landlords anymore. They are contributing to the homeless problem. Having access to this money is a huge trigger. If it was given to his landlord, he would still have a house, but now he is out on the streets, and it is getting cold out.
- We have a detox centre here. We need a place that has more beds and more staff. Every night the beds are full of homeless people. They are setting up a tent city in one of the parks. I am not aware of what supports there are because there are not that many out there and the people running those places aren't equipped to deal with people with addictions.
- In Lloydminster they have the residence in recovery program and there is a treatment in Blackfoot Alberta. This takes a lot longer to get into the 40-day treatment for people in Saskatchewan. The Residents in Recovery has three men's houses and 1 women's house. The owner recently purchased a five-plex for people who are in post treatment. I know that some clients stay for 18 months. The pricing is quite reasonable. Now that I am post treatment, I am in programming Monday – Friday. There is a new apprehension program that is trying to help mothers not have their newborn babies apprehended. He takes the baby and mom straight from hospital and help them transition into sober living for three months. I do not think that the government funds much of it. I think maybe 30% the rest is fundraised. The success rate is so high. Other than that, they have the needle exchange and some other programs.

- Not really. We just opened a safe consumption site in Regina from Monday- Friday from 9 – 4 and they also have the testing strips. From my view working with Regina police services, nothing is working. Right now, it is supposedly a police issue because no one seems to want to help. We all need to be involved together to solve this issue. It is not a police issue; it is a medical issue. It is on the police to deal with this.
- A lot of the clients that come into some of the programs come from correctional facilities and have been successful. Pinegrove I believe has a treatment program within the jail. I think that it is 5-weeks. There are a lot of people who this has been very successful to transition them from the correctional system into sober living. This has helped with crime reduction.
- You can only access those programs if you are sentenced. You cannot access them if you are on remand.
- There are a lot of people out on bail. Myself, I was sentenced and was released on a reintegration bid. There are a lot of people awaiting trials or on CSOs who are released into the sober living programs on condition. They are all able to attend program from Monday – Friday and there are mandatory to attend programming
- What happens if someone uses?
- You are discharged from the program and cannot come back for 90 days. They originally had it for 30 – 60 days but people were not taking the program seriously. People who are on CSOs and reintegration leaves they are risking their freedoms. This is part of their conditions. So, they are risking going back to jail. Once they are in the program long enough, they realize that it is more of a longer-term thing. The success rate is really high with Residents in Recovery [Lloydminster].
- We have the community paramedic program. It just started. Once you are on the program it is awesome. There are two paramedic beds that help you get into detox faster. There was a girl who used and got infected and because of the stigma she did not want to go to the hospital. There was someone who took her up to the community bed and because she was with the paramedic, they treated her completely differently. You can call them no judgement and in the chance that you do overdose, they can bring you back. This is helping people to get past the stigma of calling the program and getting help from a doctor. That being said you also have to have an address and a house, but most of my clients are homeless.

Group #4

- In Weyburn there is addiction services. That is it. Myself and another woman who lost her husband due to an overdose have provided our number to the local addicts – does not matter day or night and we will drop off naloxone kits. We do so safely. We drop them off about a block away. I would even be willing to do needle exchange.
- In Swift Current we have addictions services and Dory's House. This is a home provided for youth. They can go in there. They have to be so screened before they can go in there, so they are often not able to get immediate help. I have seen a young man who was 19 and highly addicted to drugs and selling. He was sleeping on a park bench in -40-degree weather. We need something to help these young people get the help that they need.
- We have a few in Regina. We have AIDS Program Southern Saskatchewan (APSS) they do needle exchange. There are the SHA run programs out of Street Culture. They ae governed by SHA and the health authority, but they are only operated Monday – Friday 8 – 5. We are the only service that I know that provides after hour services for harm recovery and clean supply. We are on call 24 hours a day to hand out our supplies and train with Narcan. We also have the addiction services program,

but it is swamped. We have the PACT team and the ER. I think that is the majority. We have a lot of supports in place, but they are always Monday – Friday 8 – 5.

- The southeast does not have a lot. More people try to sweep it under the carpet than admit that we have an issue. There seems to be more places to help in the bigger centres.
- I know that there is also a huge increase in Moose Jaw and not enough support services.
- In Lloydminster we have a Residents in Recovery program and addiction services and Thorpe recovery centre it is just outside of town. There are long waiting lists for all the treatment centres. We have Residents in Recovery – that is sober living, and it helps with the in between. It helps a lot.
- Nothing much in Saskatoon. There is the Lighthouse for people addicted with crystal meth. They are going into the mental health centre. They think that this is psychosis, but it is not. There is the Larson House. This is full all the time. That is pretty much it. There are probably a few other centres.

Group #5

- Methadone program. I was on this for 11 years. The havoc that this has taken on my body. I do not want to get back on methadone. It was not good for me.
- There is also harm reduction.
- We do have a community detox that is available for people who are using. A lot of it has to do with there not being enough harm reduction and legal injection sites. There is not enough prevention. We are going back to the education and the lack of information.
- I know where lots of the places are now because of where I work, but in Regina there is the detox and vaccine. There is not a lot of places to go for treatment. The closest place is Indian Head – Pine Lodge. I do not even know if it is open. Even then there is a long wait list.

5. What do you feel are the effective strategies or services that are currently in place in your community to enable persons with substance use disorder to be safer or aid in their recovery? What about outside of your community?

Group #1

- Saskatoon has Prairie Harm Reduction, Treatment, Detox, Counsellors, and a day program, but the only thing that I see working is the safe consumption site. Treatment, detox, counsellors, and the day program are all on wait lists or were restricted due to COVID-19. The Vancouver thing is a pilot program. They only have a certain amount of people on it.
- Some physicians are educating themselves and some are anecdotally prescribing drugs so that they do not have to use street drugs. This is something that helps some people, but they are risking it on themselves. Why can't we do this for all people. I think that we should look at this and see if physicians have a different role to play.
- People are concerned that if we are just going to give people these drugs just like alcohol, they miss that it is safe. I am talking about the people with the stigma. But what this does is it provides a human connection. They say, 'oh you are addicted' and you need someone who is going to look at you and talk to you with compassion and kindness and meet that person where they are at. This helps them see their worth. It is not just about giving people the drugs that they need, but it is about leading that horse to water and showing them that there is love here. That you are safe, and you only have to change if you want to. People who are saying that safe consumption is horrible do not realize that you cannot recover if you are dead.
    - Not only the stigma, but the public attitude toward this is a barrier
- Once you treat people for their trauma, their addictions really are not an issue anymore. We have to keep them alive long enough to deal with their trauma.

- It is not always the case that if you treat the trauma the addictions go away. I went to a place for 6 months and when I graduated, I was still addicted. It is 50/50. It really depends on the trauma and depends on the drugs
- What works for me is that when I got into trouble I went to detox and then I went to drug treatment court – that was a yearlong program. I took multiple programs. It was like going to school. You learn a lot about yourself and learn to think in different ways. If you go to treatment, what do you have after that. This gave me a year of being clean. That changed a lot. I had a lot of time to regulate my emotions and had the supports that I needed. One month or two months is not enough. You need more time to get your emotions and your life back. Peer support was a big thing. Many times, we would be like okay let's go to detox. But now they have to call every day before noon and there are 40 people on the waitlist. There is not enough supports or after care. Even when I completed my course, a lot of the supports were gone, and I needed that. We do not have that. That is what kept me sane for the whole year. Going to jail is not an option. You go in and come out worse. You lose everything while you are in jail, and you come out and do not care. When you are an addict, you are looked down upon so bad and you have already destroyed your life. You feel defeated and alone. Even when you have people around you. I have people around me who know what I have gone through and know that I am clean. They know that I have been there, and they know that I understand. I have had addiction counsellors, but they do not have lived experience. It is the peer support. There is not much of that out there at all. It was the longer time and learning about myself and peeling myself apart that helped. This is what has helped me to stay clean.
- This doctor at the Newly Institute (Calgary), I asked him how many people we could treat at this treatment centre, and he said that for the cost of one person being in prison (100,000/year) we would be able to treat six or seven people.

Group #2

- I believe in safe injection sites. There is a lot of stigma around that, but it does save lives. It allows them to test their drugs and be with a medically certified staff that can bring them back from overdose. This is a connection. A lot of people use because they are lonely. Either harm reduction clinics or safe injection sites to minimize the overdoses and provide some support for the community. I have seen these in Calgary and Toronto, but not in Swift Current. We just got a needle exchange in Swift Current at the government building. People use this for sure. If you are an avid drug user and have to use dirty syringes that is going to lead to complications that come with dirty syringe drug use.
- For me, it was counselling. That helps, to get things off my chest so that things do not bottled up. Meetings are very beneficial for me. This program that I am in right now is amazing. I would recommend a program like this or a sober living environment for someone trying to start their path on recovery.
- The only thing that I see working is Narcotics Anonymous meetings. The only issue is that they do not advertise. It is a part of the program. When you are detoxing you get exposed to this. If you get more people into detox, they will be introduced to this. This is the main thing working for me and people that I know.

Group #4

- Probably nothing in my point of view.
- Down here in the southeast, I do not see anything working unless they can get into treatment. There is a big waitlist. My daughter has gone into the hospital before. She felt like a third-class citizen. They emptied out a storage room with no heat and they gave her adult diapers and told her to fend

for herself. Once she got out, she immediately connected with her dealer to get drugs so that she did not get sick.

- In Regina we have the safe consumption site. That is working. There is a huge homeless issue in Regina and so we have organized a tent city. We set this up based on Camp Marjorie who was a lady addicted and passed away in a park. This was named after her. This is a really touchy subject. My partner lost her brother to an overdose. They were a high-class family and they never talked about it until a year ago. In our communities we are all at different points in our journeys, lifestyles and within our communities. People always go to the city because it is more accepted and communal lifestyles. It was hard being First Nations and factoring in drugs, alcoholics, or immigrants. People seem to just be so much smaller minded in rural communities. You need to work with the mental health and the addictions and then the homelessness. We are trying to get the government to declare a state of emergency with our drug use. People need to be more open minded. We used to think that smoking marijuana was the end of the world and now it is legal.
- Yeah, the smaller towns have an out of sight and out of mind mentality. Even if you come out as gay. You get more ridicule. That is the same with drugs. The acceptance level is to ridicule it. It is brushed away and so people just end up going to the city. You are ostracized by the community. It is not a welcoming place.

Group #5

- I think safe injection sites are good. There are so many homeless people and there is only a certain time that people can get safe supplies. They are homeless.
- There is a safe injection site, but it is only open from 9 – 4pm. Anything after 4pm is taking a big risk. The hours of this safe injection site needs to be extended.
- No. He hit it on the nail.

<u>BARRIERS</u> [10 – 15 mins]

6. What do you feel is preventing people from seeking help or overcoming substance use disorder? (prompt: this could be at a community level or a personal level)

Group #1

- Val: Stigma, regulation, prohibition, waitlists
- Isolation and mental health issues.
- I had a family member where the family just said that you are going to have to do something or else you are going to die. This family member took all the courage they had to get to Calder, but you needed to be detoxed. She went to Larson House and was terrified. It was going to be 3 weeks to get into Calder. Guess what happened? She felt that she didn't deserve help and they did not want her. When there are breaks in the system you are going to use, and it is not your fault. You have a biochemical [need/dependence] and you need medical intervention and safe detox. They need to coordinate treatment and the recovery plan then people might have a fighting chance.
- The barriers to methadone treatment and suboxone treatment. When my daughter started on methadone, I had to drive her to the city 5 times a week for 5 weeks. Then it was once a week and then it was once every two weeks, and she was told that if she missed a time, she wouldn't be prescribed it anymore. I had the resources to do this. But we still have issues at the pharmacy. They still have stigma, and they still call her out to make sure that everyone knows that she is there for her methadone.

- Someone who I know just started the methadone program and she said that the dose is not high enough, so she has to use her fentanyl. And methadone blocks it, so I am scared that she is going to have to use more. She is trying to do a home detox, but where does she go for help?
- When I started on methadone. I had a really good family doctor. When I was 16, he started me on my first hydromorphone taper. He told me that I had to try methadone. I failed it once and when my brother died in 2015. I finally got on it and stayed on it. The doctor is supposed to give you enough. I was given 30 mls of methadone and 250 ml of cadian morphine. Basically, he took the amount of heroin or down that I was using and calculated it to make me feel not sick until the methadone started working properly. I know people who shoot up with meloxone to get high for a day, but they get really sick at the end of the day, just so that they can get high the next day. It is a lot about being on your head. The hardest thing is when the detox ends. That is when it gets hard. The detox is not hard. The detox is just pain. When the detox ends, your brain kicks in and when that pain is gone you are thinking about boredom and drugs. If you want to get clean you have to want to get clean. You have to exit every single person in your life who is doing drugs. Otherwise, you are going to die.
- I am worried about this. That person that I love mentioned the boredom. I am wondering if they do not have a good physician. They also said that they changed to a different methadone.
- That is not the same drug anymore. That is a premixed. In 30, 60, and 90 mls. For me, I have had to go down by 5 mls each time. It has taken me 7 years. I go down 5 mls every 5 weeks until I am done.
- I encourage your friend to talk to the doctor. My daughter who is a tiny person was on 175ml. I think that they should talk to the doctor.
- How are they to detox if the doctors do not know and the pharmacists have this stigma?
- It's not dangerous for her to use fentanyl and methadone?
- Yes, it is dangerous to use both. My son was on 275ml of methadone. That is what it took for him to not get sick. He had a very high tolerance. There is not a one size fits all. It has to be gauged to that person.

Group #2

- Just being selfish in your addiction and not being aware of anything besides getting your fix. When I was in my active use stages I was so stubborn that I was just not open to treatment. You cannot force a person to sober up. Unless you are ready and willing to sober up you are not going to start that path. The best that I can do for my peers is show them that my life is getting better because I am sober. Maybe they will see it and think that my life looks so much better. If they were to come up to me and ask, I would tell them that I go to active recovery and meetings. Then it is up to them really.
- I think that the help has to be really accessible. If they want it. They typically do not want it and will use any excuse to keep using. I have never met an addict that will white knuckle it for 12 weeks willingly. It is a huge issue. Everyone else can see that an addict needs help, but they need to hit rock bottom before they are able to see that they need help.
- The program that I am in it is very beneficial to live in a sober environment and in the process, you apply for rehab. There is an option to go to detox before you come here and having familiarization with the program. Then it is that safe environment to recovery while you are waiting for that treatment and detox. Having this sober living environment is very beneficial for me.
- The stigma involved. People admitting that they are addicts. Walking through those recovery doors and admitting that they need help. The stigma needs to be less. Narcotics Anonymous (NA) is based on attraction rather than promotion. If there was smart meetings where people could come and get

information where there was support workers who could navigate and help them discuss how they went through these things. It is all about connection.
- There is a stigma around going to detox because everyone is going to know that you are an addict. You just do not want to admit that you are powerless.

Group #3

- Access to services is limited. People are treated poorly. A lot of them do not want to stop using. A lot of people who are older, this is just not going to happen for them. It makes people very uncomfortable to help someone who is actively using and does not want to stop using. I think that we do not educate our helpers well enough on how to help people. This creates a barrier to support. What I experienced when I was using and what I see happening still is that they are treated like they have no value. Not feeling like you are worth anything and people treating you that way kept me using. My office is in an apartment building that we run. There was a woman that came in and after 10 kids she is finally able to parent. No one ever gave her the chance to do it, and no one ever treated her like she could do it. They treated her like this was never a possibility. The way people treat you really impacts if you want to access services.
- Isolation. There is a fear of reaching out and people judging you. It is hard to admit that you are not taking care of your children and a meth addict. For me I was so deep into it that I only had a backpack of stuff, and I was couch surfing. For me getting clean was not an option. I did not know what I would do after, and I did not have any clean friends. There was a woman that saved my life because she was in the program and she was an addict herself, but she just knew. She understood. Because of her I was able to come out of my addiction. Once she resigned that is when the program went downhill. I do not have family to support me. They all pushed me away after my accident. We just need kinder supports. Unfortunately, relapse is part of recovery. I do not know anyone who has not relapsed. We need people who are going to help us with patience. It is the same conversation over and over. But I was in that position too. There is no plan for what they are going to do after. My friend has a nephew who was in recovery, and they sent him to a healing lodge. They let him stay as long as he wanted to. They create individual plans based on each individual need.
- I myself am in active recovery. I was addicted to opioids and alcohol. My reluctance to getting help was that I was embarrassed. I was a high functioning addict. I researched until I found a very private treatment centre out in the middle of the woods. I did not want to face the retribution of telling people. I had questions regarding how was this going to impact my job, and how was this going to impact my children? This is supposed to be anonymous, but in a small town it does not really stay like that.
- Substance use is one of the only issues where we expect addicts to fix other addicts. We are expected to stay anonymous to get help.
- Yes, love and belonging are essential to keeping people sober. It is so true that when you leave treatment you are going back to your same environment and often, they are not clean. Many people feel comfortable with the people that they use with because they have a special bond – they are loved and accepted. The sober people are a--holes.

Group #4

- Stigma that people do not want to talk about it. Specifically in the rural centres.
- You have to accept that you have a problem and then you need a safe place to go to. You are scared to get the help. You need to have a welcoming feeling.
- The big thing is the stigma. On the first nations side there is the intergenerational trauma. We have grandparents making up for lost time as parents to their grandchildren now because their kids are

dealing with addiction. There is more structure of a family unit in gangs than some of these people have ever seen in their entire life. They never got that affection as a child. Once that person hits rock bottom and tried to get better, they do not have that support. They get criticized for trying to get healthy. This is where we see a lot of people with their battles on the street. They are beaten down from their street families trying to get support and make a better life for themselves. It is about trying to find your self-identity. This is where we are losing ourselves.

- I agree people turn to drugs to hide their traumas. That's why I turned to drugs – to numb my pain. It is hard to get better. You get made fun of for going to counselling and trying to give your mind a good check instead of lashing out at things that trigger you. I think people have a hard enough time to deal with this when they are sober. They know when they get sober, they are going to have to deal with this.

Group #5

- They are too shy to go and ask for help or they want to keep doing to escape reality
- The waitlists and the availability of information for how to quit altogether or come down.
- Or when you go and ask for help and are turned away. It does not happen to me because I am not into needles. I do other things. I do not know much about needles. I do understand that people who do them when they do go for help, they get turned away. By the time they do have the courage to ask it is too late.

<u>SOLUTION-BASED DISCUSSION</u> [45 - 60 mins]

7. Based on these barriers, what actions do you believe needs to be prioritized in assisting people with substance use disorder? (prompt: Consider actions that could be included in a provincial strategy)

Group #2

- Reduce the wait time
- Exposure to the public and not social media, but especially people who can get exposure to the treatment programs that are out there and getting access to them. We are using so much more of the taxpayer's money incarcerating people who are just trying to get clean and sober. You are only becoming a better criminal incarcerated, when really, they are just needing help. I wish that everyone was aware of this. They are not criminals. They are sick people that need help.
- Do you think that people commit crimes to get into jail so that they can get help?
- I think that some people do. Or they become institutionalized, and they do not have that support or care. They would rather go back to jail where they have it made. They do not have to struggle to pay bills or find a job or be a functional member of society. I have come out of jail before with nothing and turned back to what I knew and just ended up back in jail. There needs to be more programs like the one that I am in now and enough beds for the people who are out there so that jail is not their only out. This would be cost-beneficial and maybe there would be less crimes and less drug addicts. That way when an addict decides to sober up then boom it is available for them.
- I think that creating awareness is huge. But capacity is the main thing. If you cannot support the extra flow of people, it does not matter. I started off with prescription drugs. I had both ACLs and then a hip surgery. I was on opioids for a long period of time and after a while I was no longer able to use them and was on street drugs. Every time I see a doctor, I tell them no opioids. I cannot be on them. And they question me. With doctors there is a huge lack of awareness from those with the prescribing power. This is just a personal experience, but there is just confusion behind why a

person would not want them. If I would have to guess, 30 – 40% of drug users start using drugs legally through prescription medication.

- Was there any help from your doctor?
- I did not know that I was addicted. Eventually they stopped prescribing and I had severe anxiety and so I hopped on Xanax and now I am addicted to that. This is a story that is so common from the people I know. Is it goes from one prescription drug to another prescription drug that is supposed to help with the past prescription drug and then they do not trust you, so you turn to street drugs?

Group #3

- Criminal justice system is a huge start. Starting in the correctional facilities. A lot of the crimes in the country revolve around substance abuse. Obviously, people need to be held accountable for their actions, but give them help while they are in there. We need to find that transition for people when they are getting out to find the supports that they need. The majority of people in correctional systems are in there because of substance abuse in one form or another.
- I agree. Another piece is education. The highest number of users are young people. If we start educating young people as a part of a younger age and about the stigma and tools to cope. Our sitcoms glorify the use of drugs and alcohol. We are talking about Russian roulette. They are learning from those sitcoms. This society glorifies drugs and then shames you once you become addicted to them. I agree on the decriminalization of drugs. We could be using this money to invest in people's lives. Education is a big piece. The law is another area that can be improved.
- Education in the younger kids. People are starting to use drugs in junior high. They used to have the DARE program and that obviously is not working. Helping younger kids. We need to teach them that when the going gets tough this is how they should react. I needed to be taught how to handle tough situations. Things happen to you regardless of your age. If you are not given the tools you are going to learn to cope in other ways. If you are able to cope in other ways than that will help younger kids not turn to substance abuse.
- I think one of the major health issues is anxiety. Our young people right now do not know how to cope with anxiety. The pressures have changed and increased. These young people need to be taught pre-grade 6 on how to handle anxiety.
- I just want to touch on the education thing. When I was in high school, we had drug class. I used to have a teacher who would pull me out of class to sit in drug class. This did not prevent me from drug use and selling drugs. What would have helped is if teachers would have reached out to me to see what was going on at home. If they would have helped me out there, then I think that would have given me a better chance. You learn how to lie and cover it up, but for me, that was my normal. What was at home felt more familiar and that was safe. What they are doing in Vancouver, they are providing the users their drugs through a prescription program. That would decrease the crime rates. That would reduce the overdose rate and the crime rate. If I do not have to go buy drugs from a dealer that is going to lessen that dealers' customers. Along with criminalization. You are putting people in jail from their trauma which is not their fault.
- Safe supply programs save lives. This increases the user's ability to access programs and supports. This is really something that we need to be talking about more. The city of Saskatoon developed the Safer Community Action Alliance that was to deal with the crystal meth issue being faced in the city. There was over 200 substance users and youth who were actively using substances (14 – 20) we put forward strategic actions. There were harm reduction strategies, police strategies, etc. Some of these 24 strategic actions have been taken on locally. They are not being funded. But the city of Saskatoon has been taking this on. There is not a lot of provincial support.

- the website is www.safecommunityactionalliance.com
- the website for the awareness campaign is www.reachoutsk.ca
- the awareness website has an interactive map of services available across the province for people who use substances
- Decriminalization for personal use and safe supply. These are the big ones. With a safe supply, these overdoses would not be happening. We need to keep people alive. People cannot access treatment if they are dead. How do we do that? Safe consumption sites. Saskatoon expanding their remand centre is disgusting. We need to have all the programs that other countries have implemented. So, if someone is sick and tired of being sick and tired, they can get hooked up with the services that they need.

Group #4

- The biggest thing is the wait lists and waiting a year to get in. If you are wanting to get in now the waitlist is a really big discouragement. We need something to speed up the process.
- Reducing wait times
- A program for youth where they can feel safe to go. I noticed that there are programs for mothers, men and adults, but there is hardly anything for our youth where they can go to feel accepted. They feel that they are bad kids. My baby sister started drugs when she was 12. She is now 18. I think that we need something for people who are between 12 and 17.
- My daughter right now is missing. In order for her to get into a centre she needs to be able to call in every day. She does not have a phone, so how is she able to access that? Access to support. We do not have access to the drug court in Weyburn. You have to go to Regina to get that. In addition, the needle exchange and needle recovery. I would love to see that in Weyburn. This would bring down the AIDS cases and STDs and the homelessness.
- The homeless cases are on the rise. Having no phone, I have been in that position many times. I had to leave my house and choose to be homeless because a man broke into my home and tried to assault me. I chose to be homeless. I lost everything that I had. I called so many services and they were all put on hold. You need that help in that instance. There should be help for the homeless. There shouldn't be this stigma that because you are in this position you are a bad person. No, you aren't. You just need that help.
- People struggle with the battle of the mind. This can lead to childhood trauma. Maybe a psychologist is something that they should talk to when they are coming into sober living. What caused them to come into substance abuse in the first place? They have put up too many walls and cannot trust anyone. You need to be there for them and love them and meet them where they are. There needs to be an open-door system.
- There needs to be more treatment in Saskatoon and more housing. I recovered by dealing with the roots that caused me to go to addictions. The childhood traumas. I see this pain in other people who use drugs. So, counselling and psychologists and a drop-in centre for people to go.
- It would be helpful in Swift Current to have some people who are trained and can open their home for immediate help or love on these kids and offer them a hug or an ear. I think that kids just need to know that there are places that they can go immediately. They can go to the hospital, but they are walking out without the help that they need. They can go to counselling, but they only get an hour of help.
- I would go to the hospital and when the hospitals started getting understaffed, I was treated like garbage. I wanted to leave and use.

- I think that a lot of people should be careful with letting people in their house. You need to be very careful. Drugs will rule. It would be nice to let them in your house and help them, but you are taking one hell of a chance.
- You are risking your stuff getting stolen.
- I have had people stay with me who are homeless, and they have taken advantage of it.
- I have heard of Homeward Bound in Prince Albert. This is an awesome facility. They took people off the streets and have 24/7 staff members. Social Services pays their rent. They take people off the street and give them their own apartment building that is fully furnished. You have people there to take them to their doctors' appointments and everything. It is a harm reduction house.
- We have that in Lloydminster, and they get the help that day. They get the supports and counselling that they need right then and there. They take away all those stressors so that they can focus on recovery.
- They have moms who have lost their children and once they have finished the program, they get their kids back and their own place. Staff are always checking in. It is Kindred Spirits and Homeward Bound, it is run through the YMCA.
- Homeward Bound is a great program. We are in the process of making something similar to this and Sanctum in Regina. They are led by example types of programs. Individual me says that we need to find our spirit and discover our identity. Normally I introduce myself as First Nation. For me to be a healthier person, I found my traditional way. This has grounded me and helped me to be over 400 days sober. Not everyone thinks like that. Not everyone is First Nation. Professionally, we need to change policies. We need to help people who are on the street. We try to take them to the hospital, and they say they need to go to mental health and mental health asks if they are high and then turns us to Addiction Services. There is all these issues, but then taking in COVID-19 our capacity is reduced. You have to be standing out the treatment centre right when it opens to get the opportunity to get a spot. We need more programs like Homeward Bound that come to the people and don't have these long wait times. We work out of our cars and come to the people. We need policy and structure change at the government level. They are not factoring in new drugs. Having to help people through these programs, as a fully functioning person, I struggle helping.
- I agree. You have to go to the people. They need us. The sober living centres that are filling the gaps, they need help.
- I grew up by Meadow Lake. Very few people that I grew with were white. As kids this did not matter. When I moved down to [unidentified location] this was completely different than what I was used to. I can understand the stereotypes of everything that you go through. I was never not accepted there, but it is a shame how the world is working. We just need to drop the race card. People are people.
- Other people's cultures work. Drugs do not discriminate. In Residents in Recovery, they are trying to bring in more of their side. They are white based, but it has to be from each angle. You need to be able to find your inner spirit. You just have to go to them.
- When you go into treatment it does not matter what color you are. You need to be treated equally, like human. I have grown up with many Indigenous kids. At my public school we were taught by nuns, and they did not care what color you were they would whip us the same. That is the problem. When we go into these places, we are just drug addicts. There is no respect.

Group #5

- 24-hour safe injection sites – around the clock. So that people are able to just go.

- More availability to access detox centres and education centres that will help you to make an informed decision to keep using or stop altogether
- Less wait time.
- Opening another treatment centre. The treatment centre this size with the number of users in the city, the waitlist centre is too big. There are only so many beds. They moved to a bigger centre, but there is still not enough beds. With COVID-19, they are focusing on smaller groups. You have to wait until someone leaves.
- A while ago I had to put my 15-year-old in detox. We waited in the hospital for 15 days. So not only adults, but also children and youth. The ages are going lower and lower. Not only are the adults escaping reality, but the children and youth too. Detox needs to be a safe place to go.

8. **The rest of our discussion we will focus on potential solutions and ideas. Let's focus on short term solutions first. Over the next two to three years, what can practically be achieved? In other words, if you were given the opportunity to make decisions to improve the situation, what solutions would you support first?**

Group #1

- Any doctor should be able to subscribe methadone and suboxone. These drugs need to be widely available. We should not have to see a specialist. Doctors just need to go and take a course and they are able to subscribe it, but that is not happening
- Trauma informed cared and safe consumption sites. I have gone to a number of treatment centres across the province. They are run by people who do not have lived experience. They are textbook cases. "I know better than you because I have never been an addict". If it is SHA run, they need to be trained with trauma informed care. A lot of the private care in the province have gone with trauma informed approaches. Looking at the trauma first and then the addiction.
- The prison systems. We have prisons that have solid barriers against medical treatment against opioids. I have talked to the people in corrections, and they are not able to give people suboxone. They are worried about what would happen once they leave. The people who are incarcerated need solid support.
- When I went to jail, I was given suboxone. They found my bottle in my pocket and they gave it to the doctor, and he said that I did not need this, and he threw this out and I told him I was addicted, and I withdrew cold turkey in jail with 30 other men. Being locked up and knowing that most of the people are feeling dope sick, you cannot complain because they are going to tell you to screw off. I was not even able to get an Advil. I needed to go to the hospital, but they just dragged me back to my bed. It was the worst experience ever. They look at your credentials and background and even if you are someone who should be on methadone, they will not put you on it. It is too much of a burden. It is a never-ending cycle of s--t, and they need to change that.
- When I was in jail another lady was going through withdrawals to the point that she was incoherent. We have no idea if she made it out alive or dead. This was the most terrifying and gut-wrenching part of my sentence.
- This happens all the time.
- I have been in many focus groups. We know the solutions. They are not rocket science. We spend so much money on getting people together, but can we stop this and keep people from dying? Here are the solutions: a medical detox where people are treated with humanity and it is evidence based, no waitlists, having someone to go to them and meet them where they are. Not everyone has someone to call or advocate for them when they navigate these systems. We need someone to help

them with that. Some people will call that enabling. We are here to walk them along. Treatment facilities. 28-days is going to help years and years of addiction? Come on. We need treatment centres that are wholistic, medically based and science based, trauma informed care. This might not fix everything, but it will change things from post-traumatic stress to post traumatic wisdom. Culturally safe care for many of our indigenous folks. Many of the women (90%) are indigenous. We need a watch dog to oversee these CBO's who are getting funding and are talking the talk, but not walking the walk. Who is going to believe a dumb junkie? No one is going to believe them. Harm reduction given as an option. Some people it works well to do abstinence. That person needs to find what works best for them if they want to recover. And if they do not want to recover, safe supply. Recovery homes and after care. People who have never had addictions and are looking down at my kids are going to see my momma bear come out.

- More safe consumption sites, an opioid-based treatment program (there is one for meth – there is one outside Estevan). Most of the provincially funded treatment programs are all based on the 12 steps. I had to go to Calgary for one that was based on trauma.
- We need to ensure that when we are tweaking the system that we have we are not traumatizing the people we have. They kicked my daughter out onto the streets of Calgary because they found a straw in her pocket. That was the end of treatment. In Indian head she was kicked out because a man was touching her, and she did not tell him enough to not touch her. She was kicked out with that guy. I had to drive down to come pick him up. Kicking people out of rehab, this is a relapsing disease. We need to stop retraumatizing them.
- I got kicked out of Indian head and I was on parole and a huge part of me getting better was talking about how I got there and a huge part of this was me getting very charged and they made it clear I was not allowed to talk about this. So, I got kicked out. This is a tough job, but if they have never lived through it, they only know this disease from a book and so they are not the most empathetic towards it. An addiction counsellor told me that I was going to end up dead and that he wished me luck. I was 17 at the time and I walked out and used.

Group #2

- Fast tracking detox. Having more beds available. More sober living homes in every community that is dealing with this. I am sure that every community has some form of substance abuse. Just not having that wait time. That is the make and break of sobriety.
- I think that this hit the nail on the head. More beds and capacity. We need more sober living houses. I need them in Swift Current. This environment is so conducive to success and recovery. This is going to be important to recovering. Your environment will trump this every time. If you have that environment where you are surrounded by those positive places, people and things than your chances are so much higher.
- The best thing that I think that I would recommend is increasing the capacity. There seems to be a lot of addicts that want help and that we can save, but we just do not have capacity for them right now. After that we can look at attracting more, but we just do not have the capacity.

Group #3

- Treatment beds and easier access.
- Treatment beds for programs longer than 30 days and transitional supports
- There is no immediate fix. There is going to need to be long term pre- and post- treatment programs to help other generations from becoming addicted. We need other education for ways of coping with anxiety and depression asides from substance abuse. We need to prevent them from becoming addicted.

- And education for younger people under the age of 12.
- We need to educate and equip our first responders and medical staff to address these issues. They can be equipped right now. We have the research. These individuals need to be educated and equipped with the proper tools to help them with the drug stigma. There needs to be no stigma. I do not care how many overdoses that you are called out to in a night. You need the same empathy.
- Investing in housing. We have such an inadequate access to affordable housing. This needs to be safe, affordable, and remove the chaos of dealing with your basic needs.
- Supportive and affordable living need to be in the same sentence. Social services gives $525 for the benefit, and nothing compares to this. In Moose Jaw the closest is a building that is $550 plus utilities, and it is a drug house. Addiction is a disability. You cannot come out of treatment and start paying rent. You need housing and then you can address the symptoms of homelessness after they have housing. People are trying to go to jail now because they are needing a place to sleep for the winter. I was one of those people. It was too cold to sleep outside.
- The housing authority has over 200 units that are sitting empty. The buildings are becoming run down and they are trying to sell these off because they do not want to deal with these. This is a government housing program that we do not have access to. The agency has to show that we can pay for all the costs associated with that building whether there is rent or not.

Group #4

- We need walk-in sober living houses where there is staff on site. It needs to be walk in or if they do not have room, they are able to find them a shelter as a place to go before they can go somewhere. Even for youth. There could be counsellors on site that they can talk to and the option of sleeping on site if they need to.
- I would open up more addiction centres across the entire province. There is such a huge need for it. They need to connect to the detox and the treatment centres without the gap. This is where people are falling.
- I would like to see more awareness around this. We talked about treatment centres in different areas. Often it is difficult to heal in the same place that hurt you. Many people leave their hometown to go to a treatment centre that is not where they are. I know a girl who left up north for a treatment centre and she said that this is the best thing because she is able to focus on herself and restructure. She does not have to worry about who she is going to run into. I would really increase the funding into this. We need to integrate our federal and provincial. If we were able to coincide with the reserves then this would be a benefit. The federal funding needs to be merged into the provincial system so that we can quit trying to reinvent the wheel and just come together to help these communities with what they need. We also need to increase the funding. This is just as urgent as COVID-19. It is blowing up. We need to start doing stuff to prevent this.
- I would just like to point out that I agree with everything that I have heard. One of the fastest ways to spread awareness is to have speakers going to the schools and providing education that way. I think that we need more people who can share their experience and then maybe something that you say would catch with someone and then you would know that you are not alone and that you are able to overcome what you are going through.
- We need to train people to know how to use Narcan. The neighbourhood that we did it in freaked out because they did not want us teaching their kids about drugs. People are very naïve about it. Preventative is the way to go, but in our society it is hard.
- When you are an addict, you are always hammered down. There is never anything positive about asking for help. We need to make it more friendly to ask for help. I have my CPR and I do not get

hammered down for knowing that. Everything is always so negative all the time. There is just too much negativity associated with it. We just need to find some way to positively reinforce.

Group #5

- Housing for the homeless. Being homeless is a severe problem here in Saskatchewan. We need to get these people in safe places. This should be #1 for people with problems. It was below freezing the other night. This is a circle that just keeps going on.
- I agree.
- More programming and availability for more programming. How to address their drug use in the short term and in the long term and how much damage this is causing in the short and long term. Some do not realize how much damage this is doing. The education on the amounts that they are using and what they are using. There is no set limits on how much to use and whether they have the body chemistry to handle that. There are so many variables and reasons and possibilities. It is endless. The education on the types of drugs that are there and the damage that they do would help. This should be provided by the Saskatchewan health authority. They have the resources to put this information out there.
- It is really up to the people on whether they want to learn or not before they take it. They have to have the option, but we have to remember that they may not choose to know before they use. No one is going to listen to this information if they are wanting to do the drugs.
- It more has to do with their home life and giving them a good grip to get clean and get sober. The first step is to get their own home and their own responsibilities and then educate them on it and then provide opportunities for sobriety so that this gives them the strength to sober up.

9. And, over the long term, beyond five years, what interventions could make the biggest difference in reducing the harms from substance use disorders?

Group #2

- We need to look at the advertising assuming that we have the capacity to help them. First it is for sure the capacity. Then it is attracting those that need help.
- Finding an alternative to opioids for pain killers. They are doing more studies now on marijuana. They need to start looking at alternatives that are not as addictive. Once these people are cut off from their prescription, they are a full-blown addict, and they would not have to resort to going to the street to fulfill their dependency. Maybe this is tough for the laws. Maybe instead of sending people to Remand we could send them to a treatment centre with conditions. We would always just have to wait for the court systems. I am sure if they worked hard, they would be able to get the court times moved up faster. This is just what I got from it, but they could put more money into lessening the numbers instead of finding housing for these inmates. You cannot force someone to sober up, but maybe giving them the option to go to a sober living program or waiting on remand. That could be their choice. We just need to increase the trial dates and get people out of the justice system. I was committing crimes to feed my habit. I was selling and stealing. In the units it all just depends.
- Changing legislation. Portugal's policies show that there was dramatic drops in overdoses, HIV and other criminal actions. The statistics show that it has worked. This is something that people who are running our federal systems should entertain the thought. The justice system has never gotten someone clean and dealt with those underlying behaviors to help them integrate into the real world. There are so many nuances involved. Also, the interaction with the inmates and the

community. Having half-way houses. The system is so broken. People are wanting to get clean in jail, but it is a logistical nightmare.

- What do you mean when you refer to legislation?
- The entire legal system. Decriminalizing simple drugs. Not having a period of incarceration to fix you but having access to sober living programs instead of jail. If you want it, here is the option, if you do not then you can go to jail.

Group #3

- Safe supply and decriminalization would go a long way.
- The PAC Team in Moose Jaw. If someone who is homeless is sleeping on the bench because they need to sleep, the police should not be answering these calls. They do not deserve to go to jail because they are in psychosis. We need to have mental health workers who are addicts. Many addicts cannot go get jobs because they were addicts. If we get these people to prove that they can stay sober for three to five years and give them a job. We need to give people a reason to stay sober.
- You have a criminal record, so you are unable to get a good job that is well paying. So, you either go on social services or you sell drugs so that you are able to afford. This is a really quick and easy way to make money. Housing is extremely important. Government people should be able to share information. The police and social services should be able to share information. I understand privacy, but sometimes that is dangerous to the situation. The system right now sucks. It is broken and does not work. There is a need for it, but right now it does not work. This is an area that in the long term needs to be redesigned.
- The government shuffles things around to save money and it does not. It is actually costing us more money and the people still suffer. If we invested a small portion of what it costs our government to support people who use substance, they would be saving billions of dollars in health care and justice. It just does not make sense.
- This is not working. Why are we still stuck with a system that once was effective, but now is completely ineffective?

Group #4

- We need to look at what causes addiction and trauma in the first place and address this. We need to look at prevention. Everyone who does drugs has had something that has happened. The world has changed a lot in the past 5 years. We are going to see a change with COVID-19. With COVID-19 we say the mental health issues rise up. We are going to see the crime rates skyrocket more. We need to get the kids in school and slam that curve.
- We are actually raising our granddaughter due to our daughter's addiction. She is going to need some mental health help. We are going to need to get some help for these kids who are also in that situation. Otherwise, they are going to carry it on.
- They need to break the cycle.
- We need to look at preventative measures. We need to look at the statistics as to what is going on in families: the single moms and single dads, so that we can come up with solutions long-term depending on the different things that have caused trauma in children. We just need to get people more aware of what is going on and so that they are able to hear the success stories. This will show people that there is hope. We need to share this more. We need to have someone going into schools and going into public forums who is able to share this and show that there is hope out there. Some of these programs may be helpful.

Group #5

- That is where the education comes in. The short term should be the homelessness and the abuse. Once they get a home life than the education should start with them and their family on when drugs come into their life and once it is there it is there. Just having supports for the whole family and having education on drug abuse and alcohol. There are still meetings on Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), but that only takes you so far. We want the younger ones to start to realize what will happen if they start to use to start breaking the cycle and help them understand why their families are on them and the impact that it has had.
- In the long run, there could be more treatment centres in and around Regina. There is no help for us beyond the methadone places.
- More places for detox and time in between. They are only in there for 7 days. That is not enough.

10. What services and supports do you think would have the biggest impact in <u>your</u> home community? (prompt – are these solutions different than what was suggested above and if so, why is their community unique)

Group #1

- Take the funds for criminalization for people who use drugs and put it into treatment and harm reduction services for people. The amount of money that we are sending penalizing people. Saskatoon said that 30% of their budget goes to policing and about 40% of that is due to substance abuse disorders. The money is being misdirected. It is not going to solve anything.
- I agree with what was said. Addicts put all that money and resources into treating it like a health issue. Having more community aftercare. The importance of connection with people and activities for people when they get out of treatment.
- I agree. We need to take the money spent of criminalizing and spending it on harm reduction and making people aware of what is happening and helping as a community.
- Funding. We need more funding for detox and treatment. We need more money for people who need the help. This is when they are dying. We need immediate access to detox and treatment when it is needed.
- We use money to research things that we already know the answer to. We need our government to spend the money in a way that makes sense. There are so many grass roots people with lived experience who are begging and pleading. There are so many people sitting around and we need to just do it. We need the treatment. We have a captive audience in our criminal facilities. How about we have treatment, detox and trauma informed care in there?
- "the s--t show that we call healthcare" let's get some urgency around this. We need the doctors in our community to get a protocol until we get the treatment beds that we need. I took my mom to the Regina General {Hospital} and when we got there, there was a woman who was coming off of her drug and she was suffering. She was kicked out and instead of someone giving her the treatment she needed: she was on the ground and being treated like a prisoner. We need to get them the help before someone else is dead.
- We need to do community-based treatment options – methadone, suboxone. In the short term until there are more treatment beds. We are getting the doctors to subscribe these, but there is still that stigma. Trauma informed education needs to be at the forefront as well. They did not wake up one day and decide to become an addict. They need to look at that person and see that pain and help them in the midterm until they are able to get that treatment.

- There are going to be people who are just a--holes and just do not care about anything. We cannot fix those people. We can call people out and be an advocate. We need to stand by one another's sides when we seeing them being treated inappropriately.
- Safe supply. We are only going to get a safe supply if we decriminalize. Then we can sell it in a store, and we can tax it. Then we have that money to build that bed and get that trauma informed care. If we get a hold of the tax dollars after it has been decriminalized, there is a lot that we can do with that.
- I know that it would be a while until we are able to get safe supply. But at the end of the day a drug addict is going to get his drug from one place or another. Is it not costing our government enough money to put them in the ground? People are not going to quit unless they want to quit. If I did not quit, I would be dead. My brother died before he was even addicted. He was just experimenting. He tried half an epoxy and died there on the spot. I know what I have been through. And doctors are making the decision for people like me. If tonight I have the inspiration that I need to get help, then I should be able to go. If I am told no I am going to continue to do what I need to do until I am able to get drugs. Imagine how many pharmacies and old ladies would not get robbed. I have had my door kicked in 3 times for people who have stolen my prescriptions. If there was a safe supply, there would be much less crime around drugs.
- We need to switch back to the methadone and train more doctors to take the methadone training.
- *decriminalization; look at places that have done this, like Portugal, and use models that have been shown to work
- *get rid of the gap between detox and treatment so people can transition directly from detox to treatment
- *longer term treatment centres
- *trauma informed centres and specialized trauma counseling (currently most people have to pay privately for specialized trauma counseling)
- *let addicts have control of their process…work with them where they're at. Early in my recovery, I was disqualified from certain programs because I wasn't ready for total abstinence. Have a wide array of programs from harm reduction to total abstinence
- *there's a wonderful TED talk (everything you think you know about addiction is wrong) that talks about the importance of connection in recovery. I can't stress this enough. At the heart of my recovery has been connections to healthy people, activities, work, and community. I was able to recover from IV drug use without ever going to inpatient treatment and it was my connections that played a crucial role in this, including an addictions counselor, a workplace that thankfully didn't fire me and supported my recovery plan, recreation activities, lots of structure and positive community supports, including exercise programs. I was lucky to be able to afford to join certain programs, like sports and a gym membership, that helped me tremendously. I've used with people from all socioeconomic backgrounds and from what I've witnessed, it's the healthy connections people make that play a key role in helping ppl stay sober. I would love to see a community program that helps provide counseling and also recreational opportunities to people in the community, such as a drop-in center.

Group #2

- They need to address this instead of just talking about it. They need to have the ability to go to a sober living environment and to learn new life skills to better your life.
- There is no relationship between the hospitals and the facilities that are available to help addicts. When I overdosed, I went to the ER and even when I was released, I did not know that there was a

free detox facility that could help me a little bit more long term. I would say that this is the same for the prison system
- I agree. It is very compartmentalized. If the hospitals, the facilities and the private programs could get government grants so that they would be able to work together. There just needs to be more connection. It seems very broken right now.

Group #3
- Housing. All the data that has been collected in Saskatoon shows that this is the number one need
- There is not enough doctors who will prescribe methadone or suboxone. There is such a waiting game to get into see a doctor to use these drugs.
- Housing. I work on the streets. This is the biggest thing that they struggle with. When they come out that housing is not in place. Our people want social services to pay the landlord. Social services wants this to be done through trustees and Salvation Army is full and otherwise they have to pay $50 a month and they do not have this. They want their rent money to go directly to the landlord.
- People tell me that I am a needle in a haystack. I do not need to be. I am the product of all these services coming together. It is hard to find this. It is hard to find doctors that will even treat people who are addicts. The first thing that I tell doctors is that I am an addict so that they do not put something in front of me.
- I would say housing and having access to things without a waitlist. Affordable housing and access to help is a big deal.
- The housing is a big deal. There is a tent city in Regina, but it is coming up to winter here right away. I also think that the safe supply is huge too.

Group #4
- To help curb the trauma and the abuse. To prevent it. To have things in place for people who have dealt with trauma immediately. More awareness for kids before they even get into addiction. It is affecting all eras. It is becoming a pandemic. We need to have places for the homeless to go so that they are able to heal their trauma and are able to deal with drugs. The sober living help out a lot. There is a lot of emotional support and love. There is counselling for everyone.
- I am not too sure. We need to have a facility like Homeward Bound in Saskatoon.
- We need more awareness. We do not have anywhere to go here (Weyburn). We need a treatment centre here. It is brushed under the carpet. The one in Estevan is overwhelmed. There are no options.
- I think that in Swift Current, the speakers for spreading awareness would help with the youth, but also a drop-in treatment centre where you can drop in and get what you need, like detox, while you wait for treatment.
- We need an immediate drop-in centre or several where kids or anyone are able to go to get that help.
- I say a drop-in centre or detox for youth.
- Immediate local inpatient treatment access and community awareness.
- Our plan and project is called The Healing Centre. It has family outreach and family support, housing, and treatment. It covers anyone who is homeless to anyone who is trying to get on their feet to get their children back. Similar to the treatment centre. Having everything available in one spot.

Group #5
- The availability of housing. That is the big one.
- Access to education.

- Once they do housing, they blow off their rent on drugs and alcohol.
- They need to get access to housing that helps them budget and pay their bills and buy their groceries.
- If they had more of that housing that is for homeless people, and they help them shop and budget. This shouldn't just be for the homeless. This should be for everyone, even people who use drugs. I need to know how to budget. I pay my rent, but then the rest is my drug money. There needs to be more programs that teach people who want to come off of drugs how to use their money.
- There are not enough ongoing supports.
- We are given $1300/month and told here this is for rent and how to pay your bills. I am at a loss on how to stabilize my rent and bills.
- More treatment centres. There is no help in Regina. There is detox and that is it.
- That is not much of a choice at all.

11. What needs to happen to make seeking help more socially acceptable for those struggling with substance use disorder?

Group #2

- Promotion around sober living. Sometimes things that are working need to be readjusted so that they are better accessible to others.
- I am picturing a commercial similar to what SGI runs. They are effective and scary. Having this, but with a family member who is seeking help and people being proud. Rewarding people for bettering themselves
- It is human nature to listen to people in positions of authority. Maybe having someone who is able to advocate for a substance use disorder and bringing awareness to what is available. When you are in active addiction you are not even considering that you have a problem. Moving with technology and the times. Showing this more on the internet and within social media. Opioids do not discriminate. You can be an athlete and be addicted. We need to have people that we look up to coming out and admitting that they have these issues and were able to overcome them. That would be motivational to me.
- Having people who have gone through these programs going around and spreading their story about sobriety. Or if there was a program for remand or going into sober living and doing a closely monitored study regarding the success of it and the rate of change.

Group #3

- How we are training and helping professionals. We need to train them to not have the stigma and the moral judgement. We need people to feel more able to access treatment.
- Our healthcare system needs to be put through treatment on how to deal with addicts.
- I think that we need to talk about it. We need to use mainstream media to talk about it. The stigma is so strong that we feel we cannot talk about someone who has passed away because of the manner in which they passed away. We need to talk about it. We do not need to promote it, but we should honor the lives to people who have passed away.
- We are starting to. I am a part of a group called Moms Stop the Harm.
- I am doing a speech on opioids don't discriminate here in November and I did one on overdose awareness day. This needs to be more accessible and for people in the communities to attend these events. It needs to be projected onto the community in a wider frame to understand the issue of this opioid epidemic. We need to look at the effects that these substances have on their families.

The effect is huge, but there needs to be more awareness in the communities. We need to hear personal stories with addiction.

- Since 2010 there have been more than 600 people who have died due to overdoses in Saskatchewan. That is very sad. We recognized this due to overdose awareness day. This is an eye opener. We had speakers who had lost people or had someone in recovery. We are becoming more and more aware of just how big an epidemic this is.
- Part of my story is that I was kidnapped during my active addiction. I was raped and beat. When I got out, I tried to go to the hospital to get help from my rape. I did not want to call the police to report it and so they wanted me to leave. This was in Edmonton, but I had someone lately who I had to take to the hospital, and she was in psychosis and wanted the door open and I heard a nurse saying that she hates summer because it brings all the druggies in. I think that we need secret shoppers because we need to stop the stigma. The things that were said were disgusting and I did not want to go there.

Group #4

- Spreading awareness with schools and within the towns that are struggling. Spreading more about racism and that it is not okay. Many people grow up with racism and think that it is normal.
- Commercials or something that can spread to all people. A lot of people who are not addicts do not realize that addicts are dealing with trauma. They just see addicts/criminals or someone that is going to hurt them. People might have sympathy. We need to show people where we are screwing up. Treating people like crap is not going to help the system. It is going to make it worse.
- People know that our line is always open and that there are supports available throughout the day. People will go to where they need to go. We are the only pharmacy in Saskatchewan that does this. We do not shun them away. We support them to ask for the help.
- We need awareness that addiction is a disease no different than cancer. People would not be turned away if they have cancer, but when they have addiction, they do not see that. There needs to be more awareness. People need to be able to look at this in a different mindset. I experienced this with my own granddaughter. They treated her like she was nothing. This is wrong.
- The treatment of some addicts is unacceptable.

Group #5

- More safe injection sites. Just because I use needles, does not mean that I am sick. Just to get rid of the stigma and prejudice of drug users. Give them a clean place to use that is quiet and maybe that will give them the space to get on their feet.
- Get them better programs instead of throwing them all in jail.

12. Any final comments or suggestions to pass along?

Group #2

- Find it good that the government hired an outside party because you do not take offence and we are able to share more freely. This is good.
- I think that there needs to be more focus groups with those who are in active recovery or past or present recovery. I know that addicts sometimes cannot relate to certain individuals. I think that the more we can do this the more we are going to progress in this endeavor.

Group #5

- Welfare and social assistance need to do something different. They need to change their program. These people are not used to handling their own money. They are setting them up to fail.

- Most of the people I know are drug users and they get on this program and all of a sudden, they have all this money and responsibilities and I just want to get high thinking about it. They started this program two months ago and I am already behind in my rent. They need to change it again. Just more education on budgeting your money and how to prioritize it. And as a drug addict, you do not even think about that. Being an addict, I pay rent, but the second biggest thing is my drugs.
- Learn how to be an adult without using drugs.

People with Lived Experiences Survey Results

November 2021

PRAXIS

RESEARCH | STRATEGY | RESULTS

Methodology

In September 2021, with the assistance of several Community Based Organizations, Praxis Consulting recruited self-identified people with lived experiences and their family members to participate in one of five focus groups to provide input towards a multi-year action plan to reduce drug-related harms in Saskatchewan.

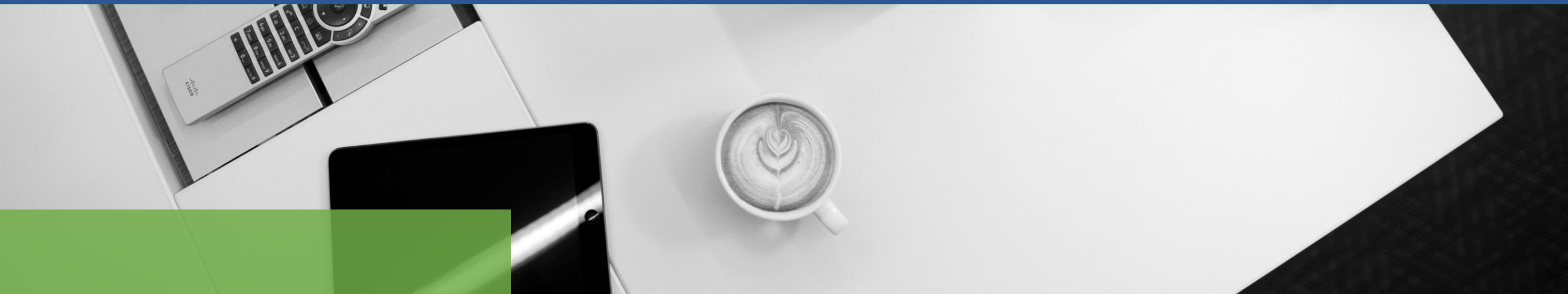
The engagement with people with lived experiences included an online survey that was distributed by Community Based Organizations and to the Praxis Indigenous Panel. Sharing of the survey link was encouraged.

In total, 129 survey responses were collected between October 6 and November 7, 2021. The fieldwork method produces a non-probability sample (since respondents self-selected).

Responses to open-ended questions can be found in the appendix. All qualitative responses are presented alphabetically, in an unedited verbatim format.

The following report summarizes the main findings from the survey.

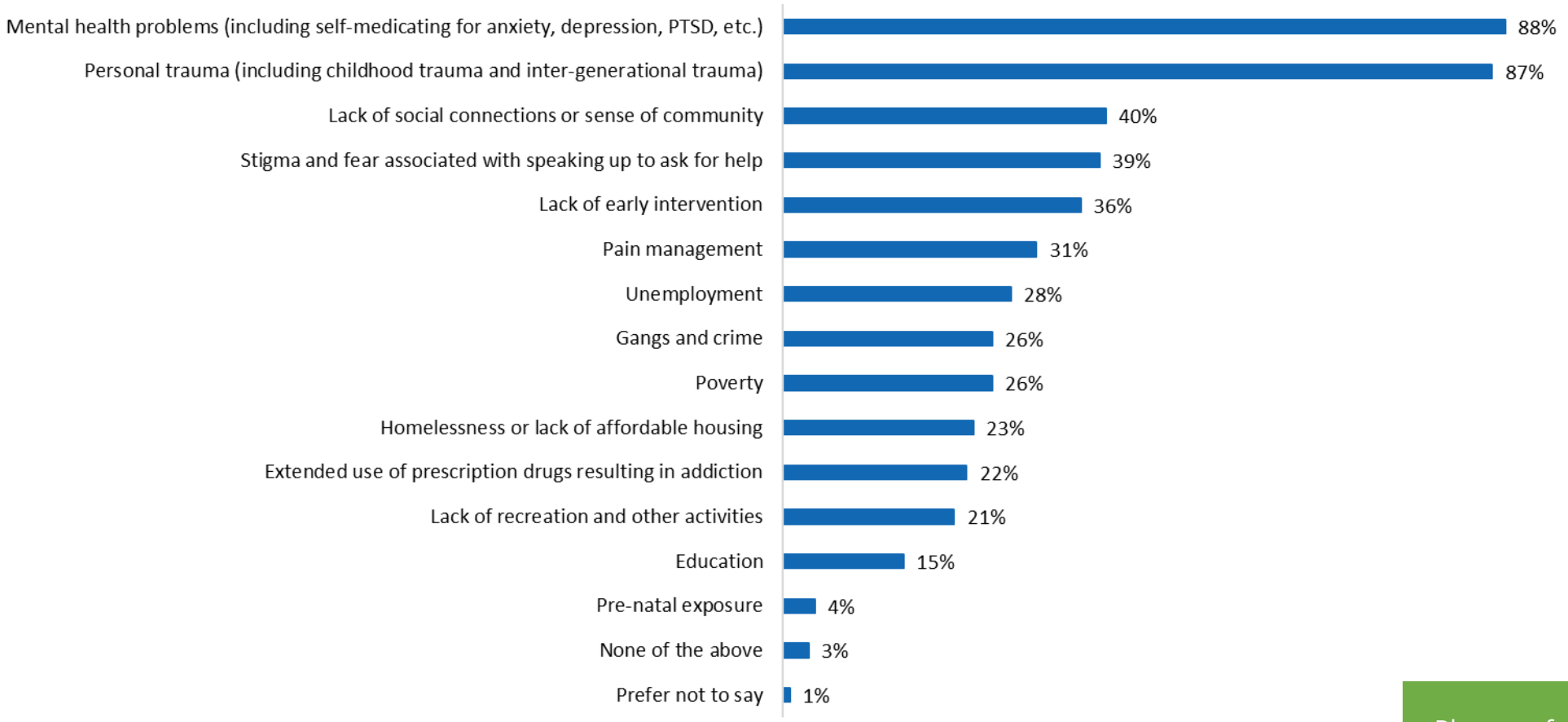
SURVEY RESULTS



Q1

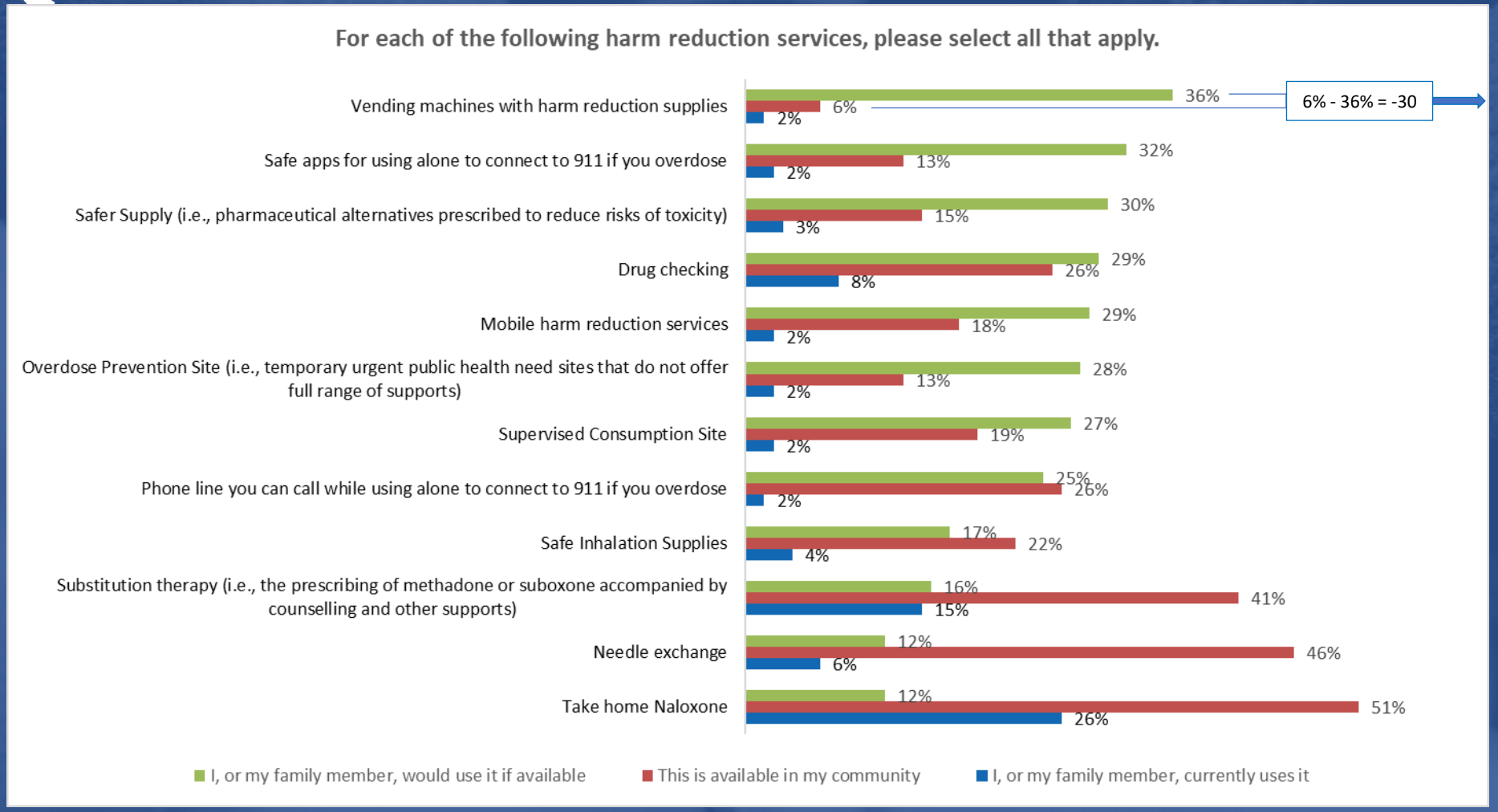
Mental health problems (88%) and personal trauma (87%) are most frequently cited when asked what led to using drugs.

What do you think led you, or your family member, to use drugs?
Feel free to select all that apply from the list below or write your own story in the space provided.



Please refer to the appendix for the responses from respondents who chose to share their story.

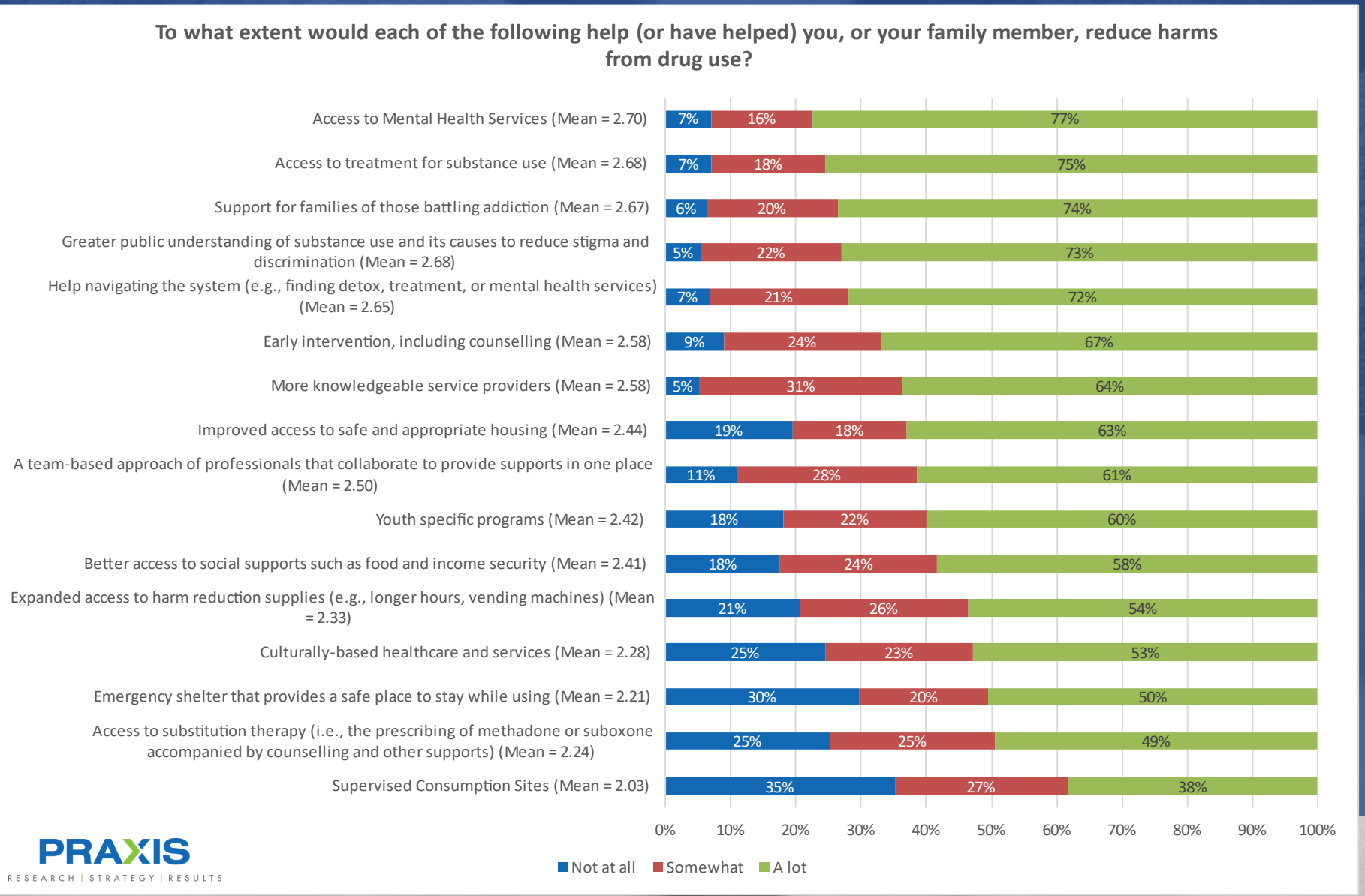
Q2 Among the harm reduction services, vending machines with harm reduction supplies garner the most interest, with 36% indicating they would use it if available.



The largest gaps between intention to use and availability in the community are for vending machines and safe apps:

- *Vending machines with harm reduction supplies (-30)*
- *Safe apps for using alone to connect to 911 if you overdose (-19)*
- *Safer Supply (-15)*
- *Overdose Prevention Site (-15)*
- *Mobile harm reduction services (-11)*
- *Supervised Consumption Site (-8)*
- *Drug checking (-3)*
- *Phone line you can call while using alone to connect to 911 if you overdose (+1)*
- *Safe Inhalation Supplies (+5)*
- *Substitution therapy (+25)*
- *Needle exchange (+34)*
- *Take home Naloxone (+39)*

Q3 Approximately three-in-four indicate that the following would help reduce harms from drug use: access to mental health services, access to treatment for substance use, support for families of those battling addiction, and greater public understanding of substance use and its causes.

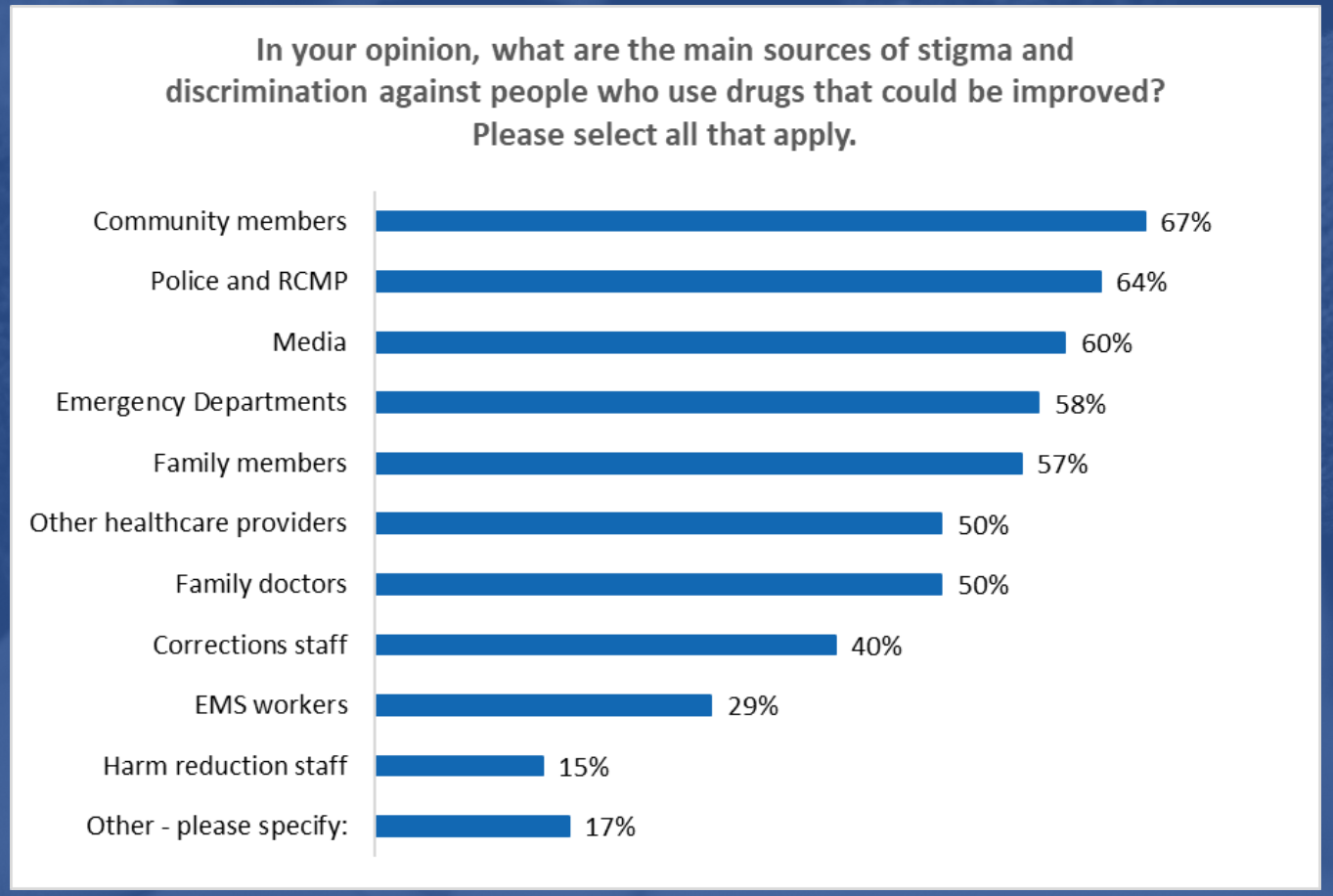


Significant differences:

- *Respondents with family members who use non-prescribed drugs are more likely than any other sub-group to indicate each of the supports listed would reduce harms from drug use. Those who say they, or their family member, is interested in recovery at this time are also more likely to feel each support would help.*
- *Indigenous respondents are significantly more likely to say culturally-based healthcare and services would reduce harms (mean of 2.59, vs. 2.10 among non-Indigenous respondents).*
- *A team-based approach is considered more helpful among those 55+ (2.79), females (2.65), and those who are more educated (2.65 among those with some college education).*
- *Those 55+ (2.86) are significantly more likely than their younger counterparts (2.45 among 18-35) to feel a greater public understanding of substance use and its causes would help.*
- *Expanded access to harm reduction supplies is considered more helpful among those who currently use non-prescribed drugs (2.50) and those who live in the South Central (2.89) and South East (2.80), as well as Regina (2.58).*

PRAXIS
RESEARCH | STRATEGY | RESULTS

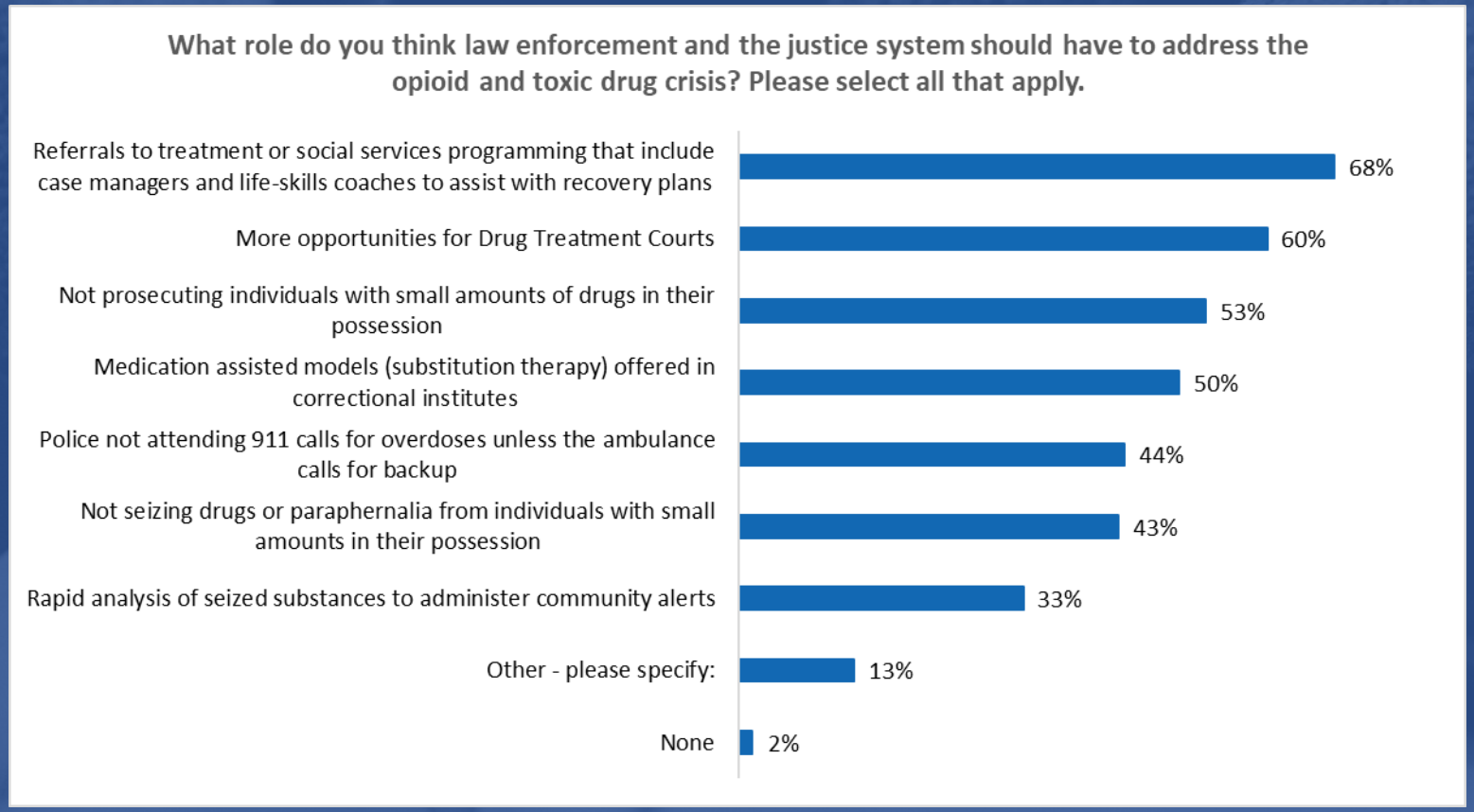
Q6 Community members (67%) and the Police/RCMP (64%) are perceived as the main sources of stigma and discrimination against people who use drugs.



Please refer to the appendix for the responses to “other – please specify”.

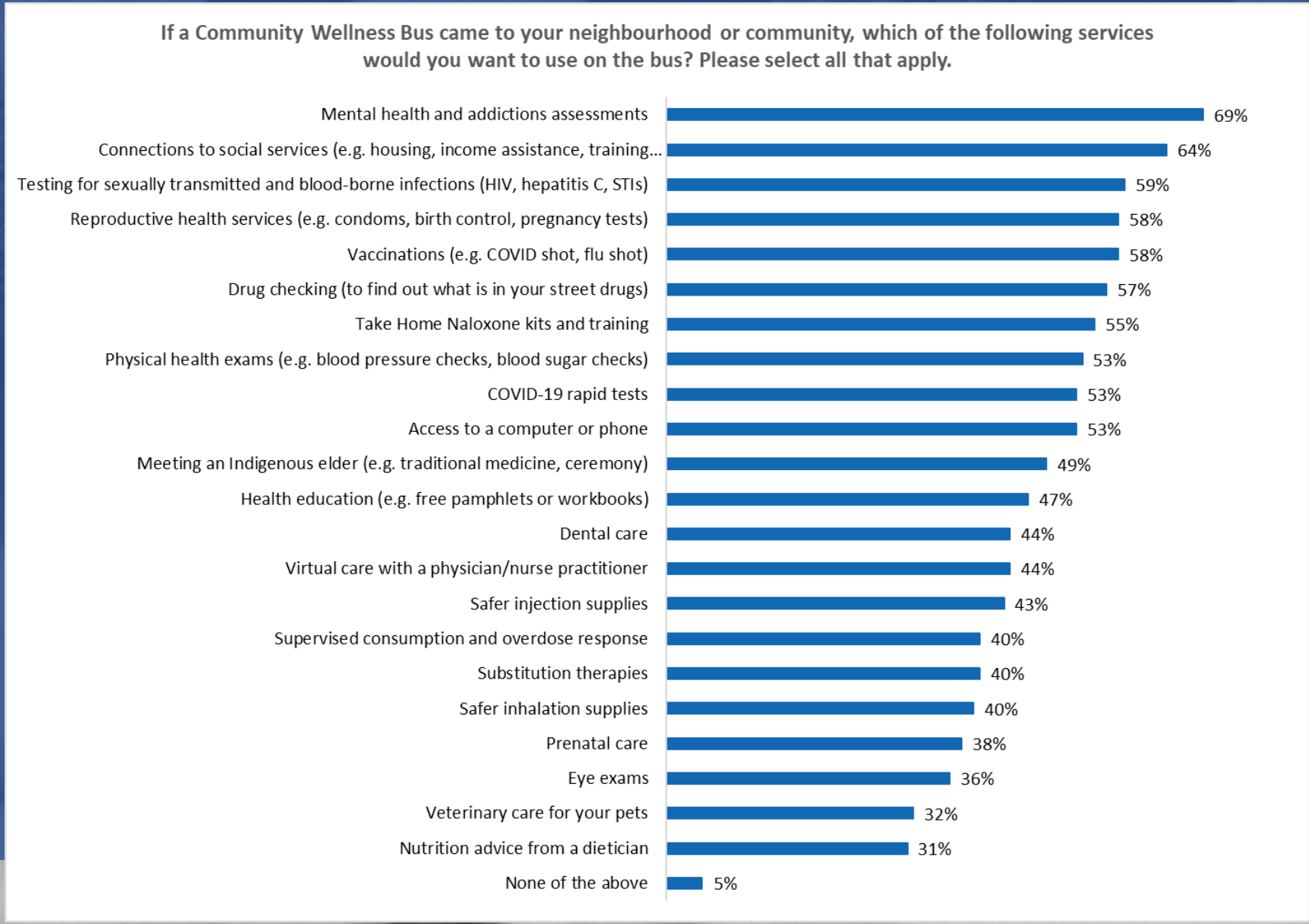
Q7

When asked about the role law enforcement and the justice system should have to address the opioid and toxic drug crisis, respondents most frequently select referrals to treatment or social services programming (68%) and more opportunities for Drug Treatment Courts (60%).



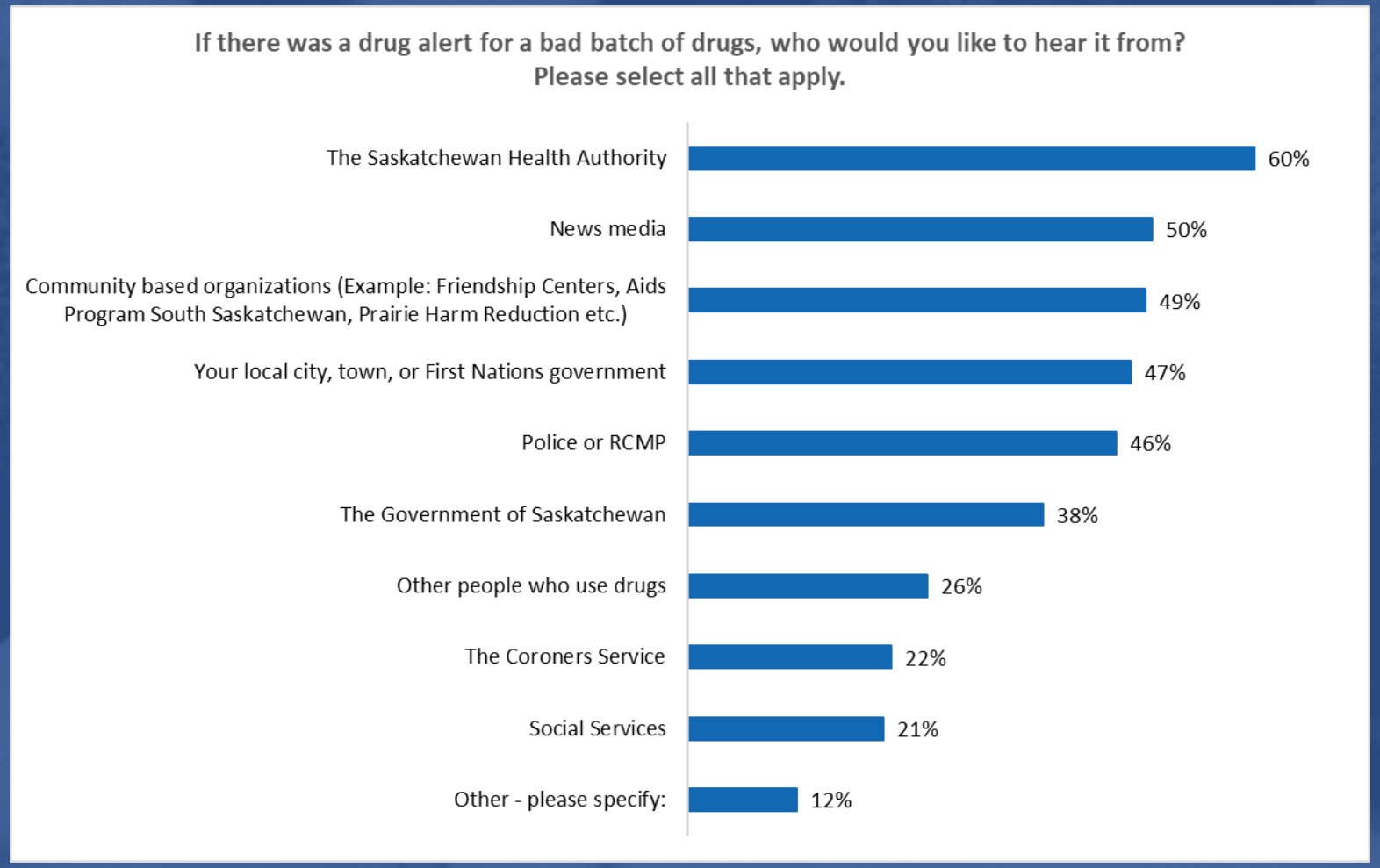
Please refer to the appendix for the responses to "other – please specify".

Q8 Mental health and addictions assessments (69%) and connections to social services (64%) are the most desired services from a Community Wellness Bus.



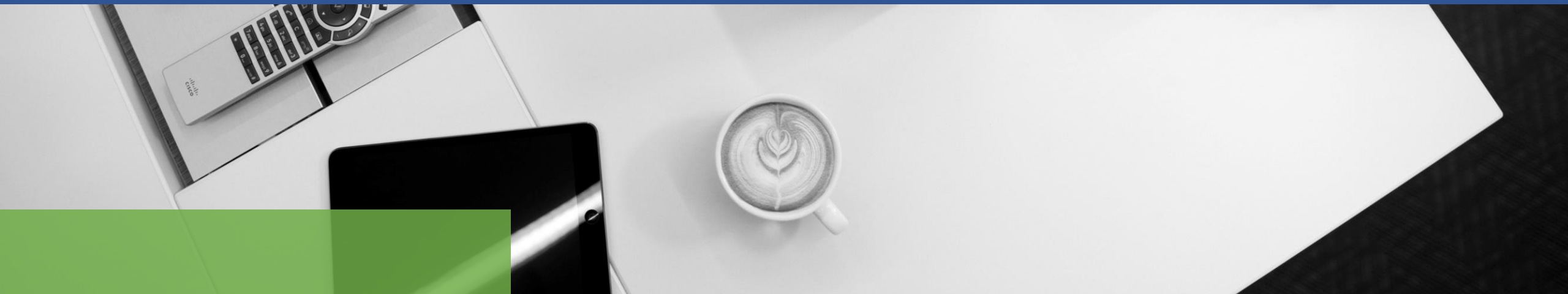
PRAXIS
RESEARCH | STRATEGY | RESULTS

Q9 If there was a drug alert for a bad batch of drugs, 60% would want to hear about it from the Saskatchewan Health Authority.

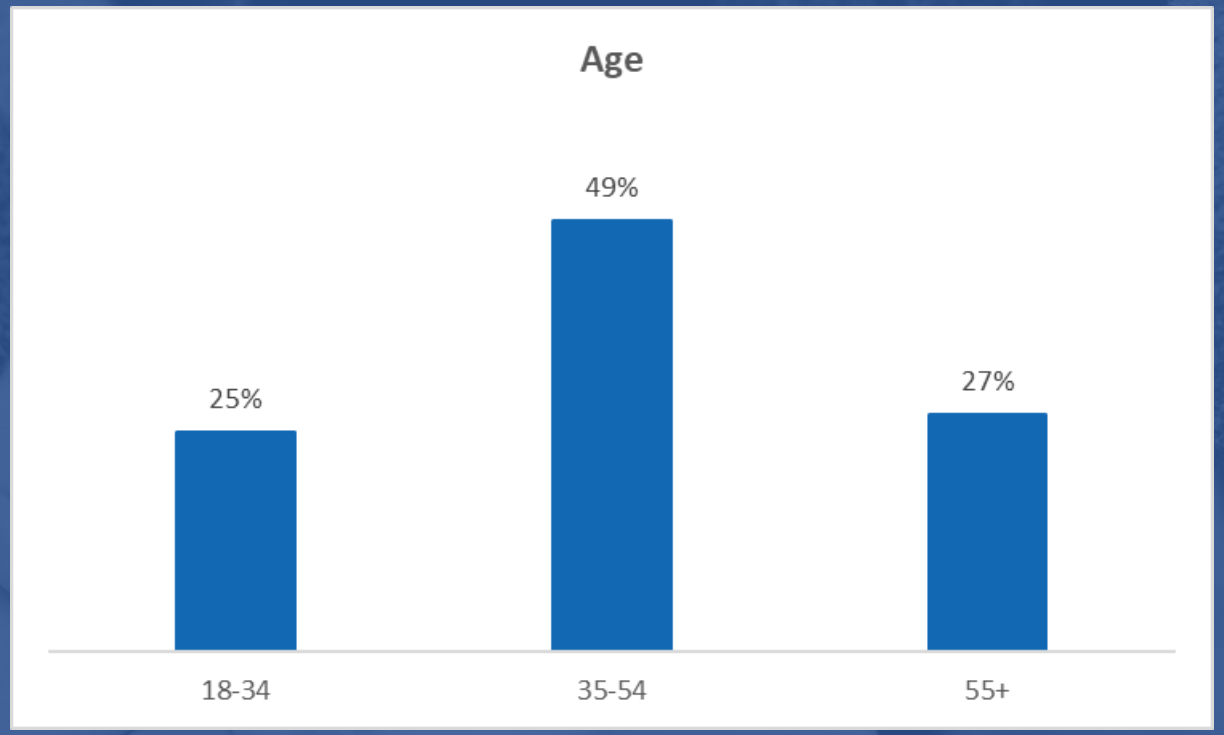


Please refer to the appendix for the responses to “other – please specify”.

DEMOGRAPHICS

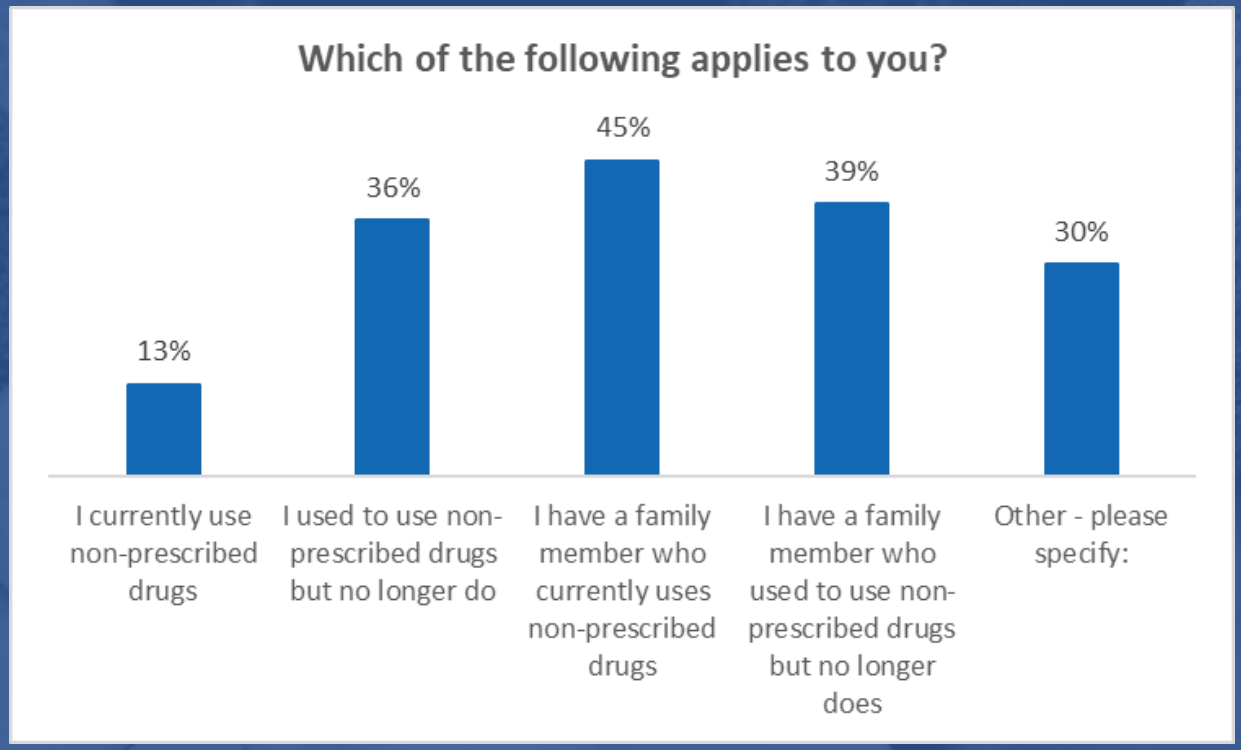


Q10 How old are you?

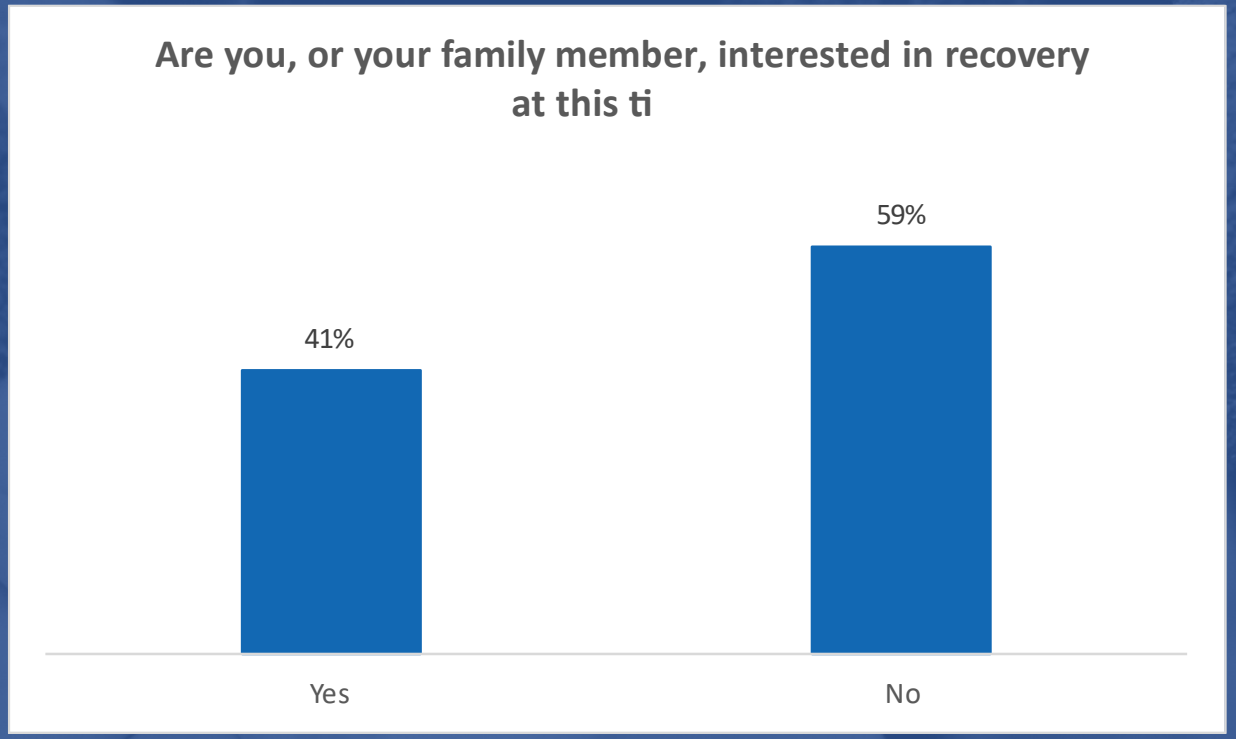


Q11

Which of the following applies to you?

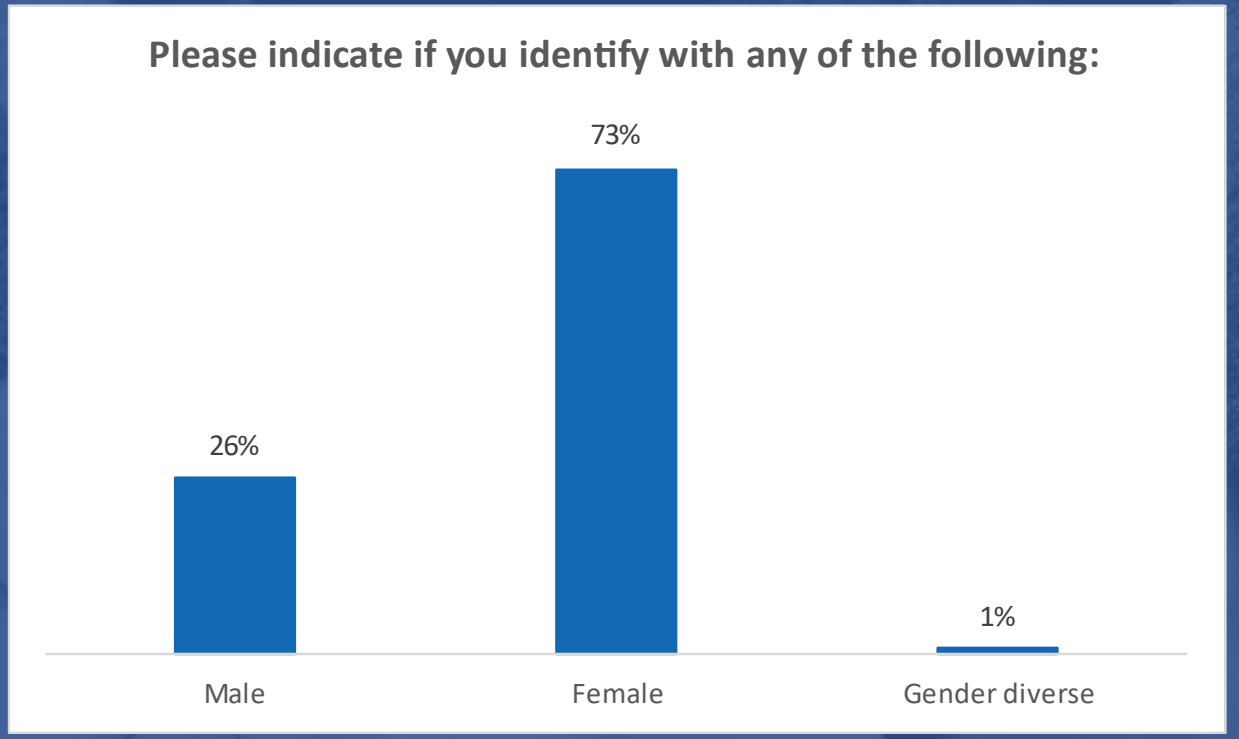


Q12 Are you, or your family member, interested in recovery at this time?

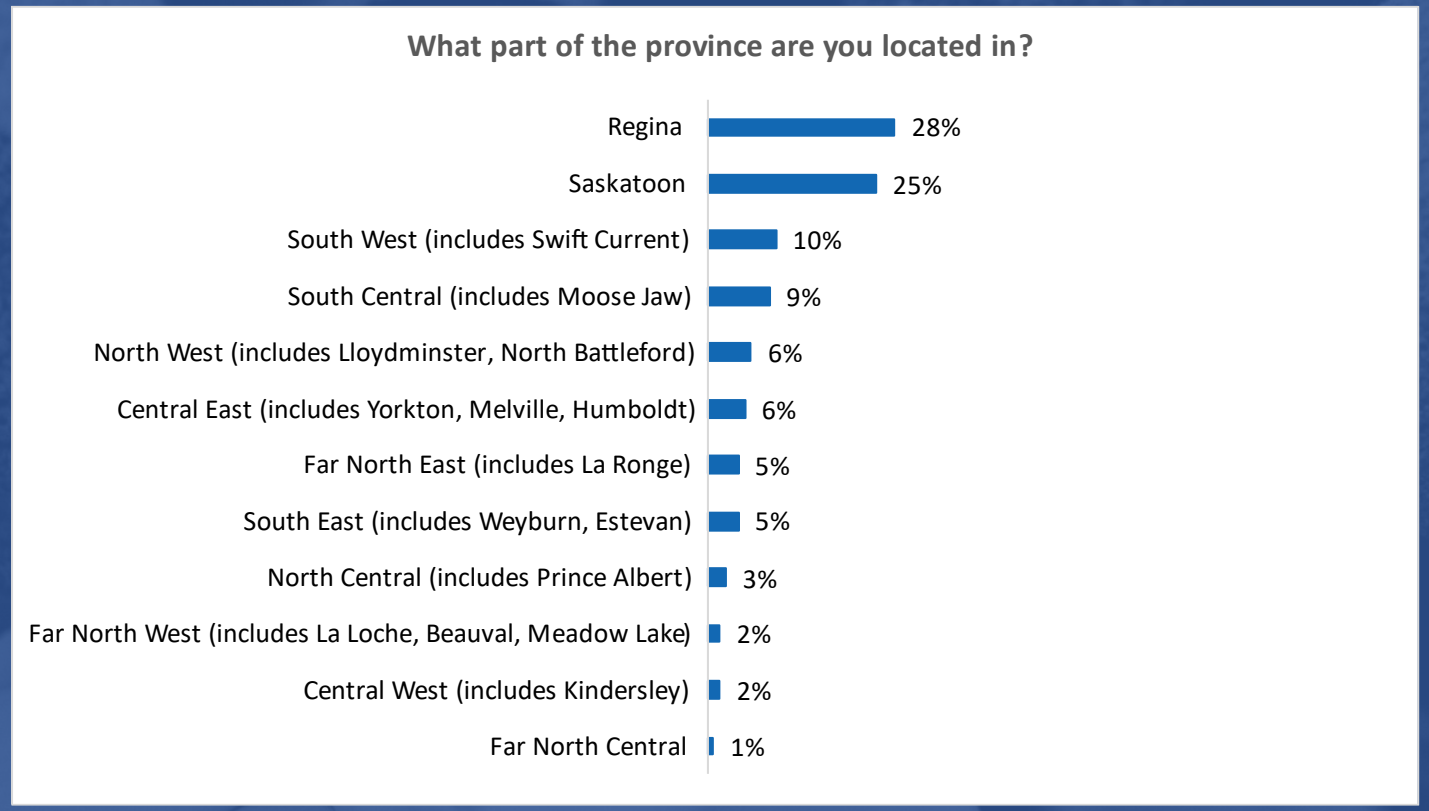


PRAXIS
RESEARCH | STRATEGY | RESULTS

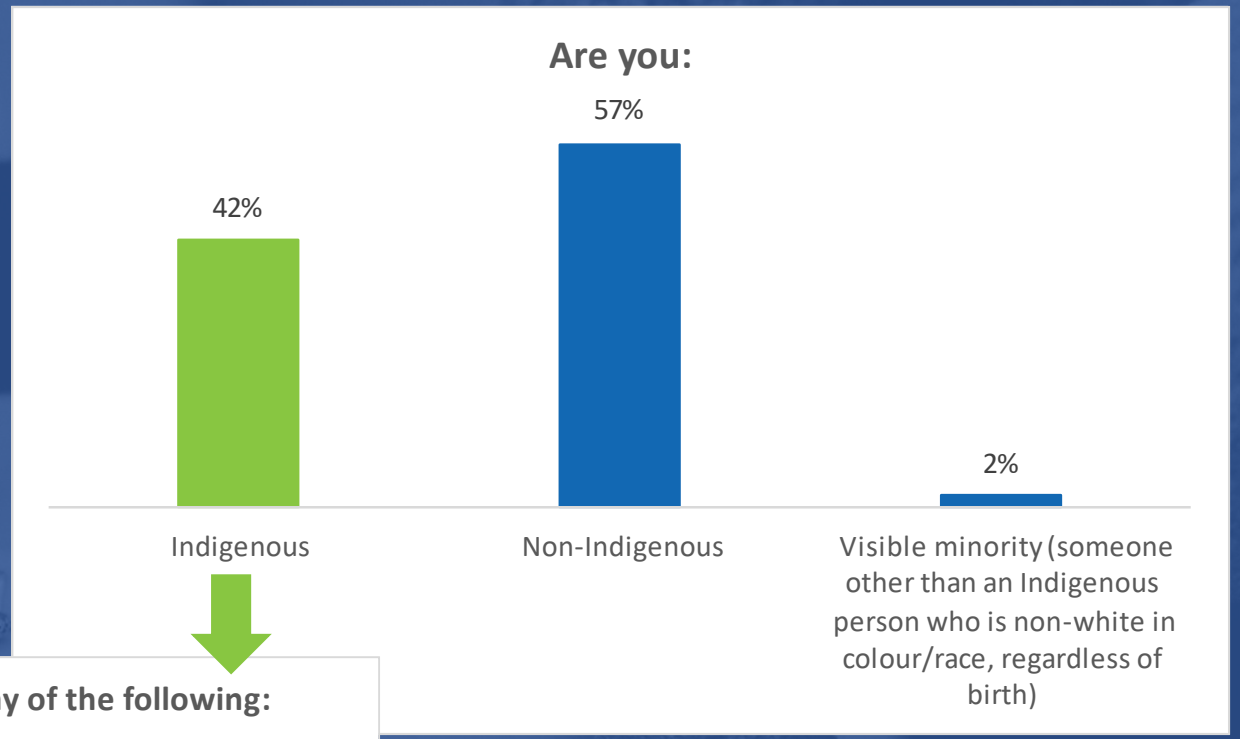
Q13 Please indicate if you identify with any of the following:

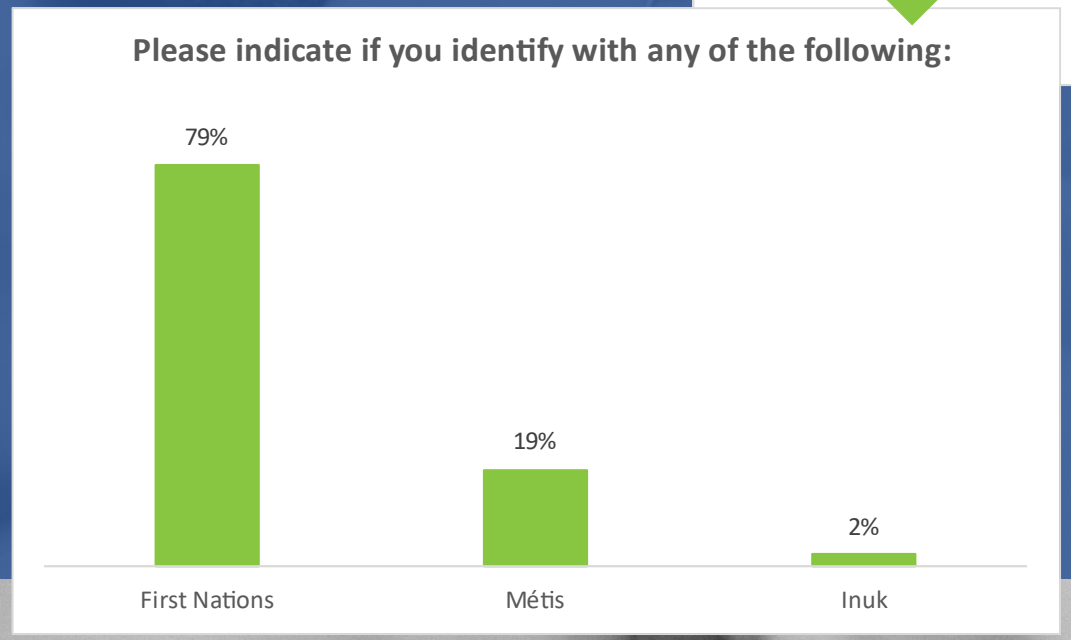


Q14 What part of the province are you located in?



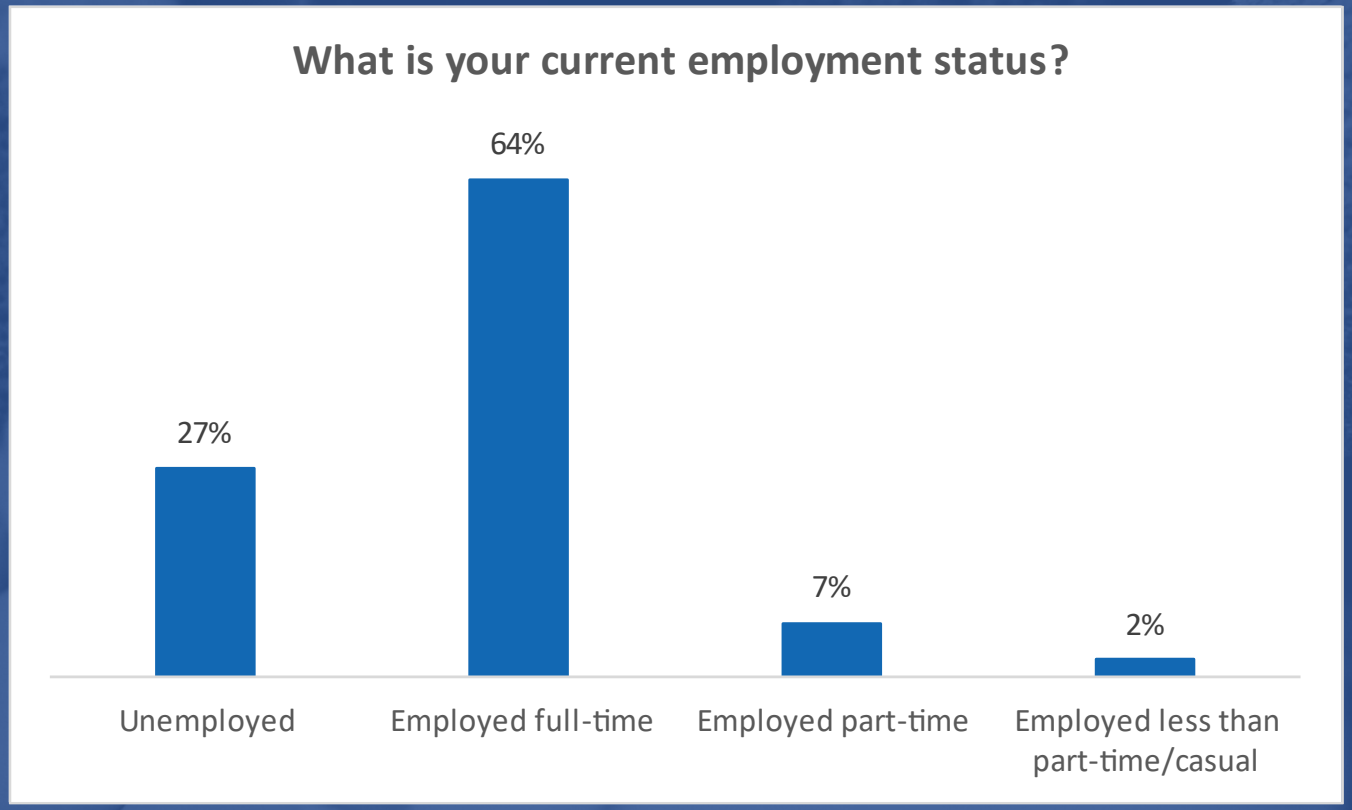
Q15 Are you:



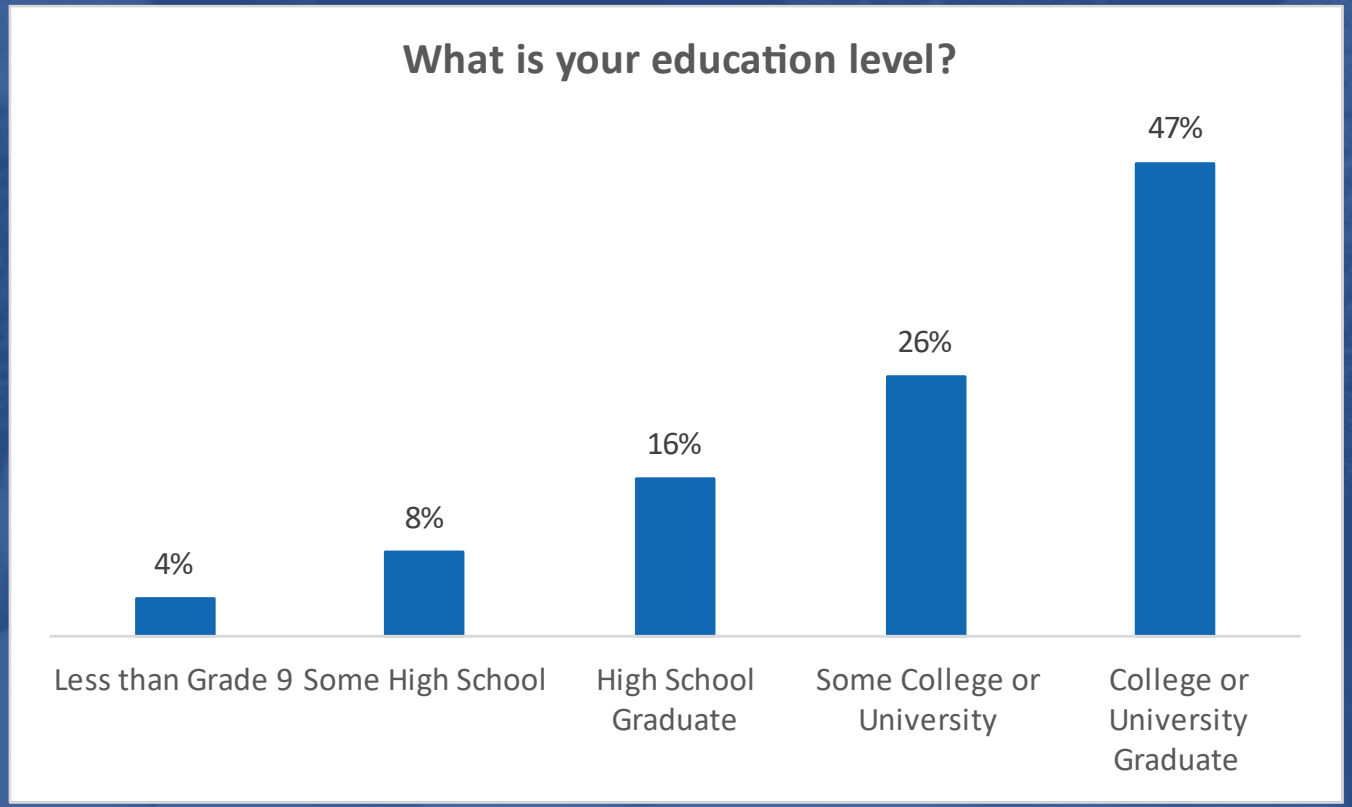


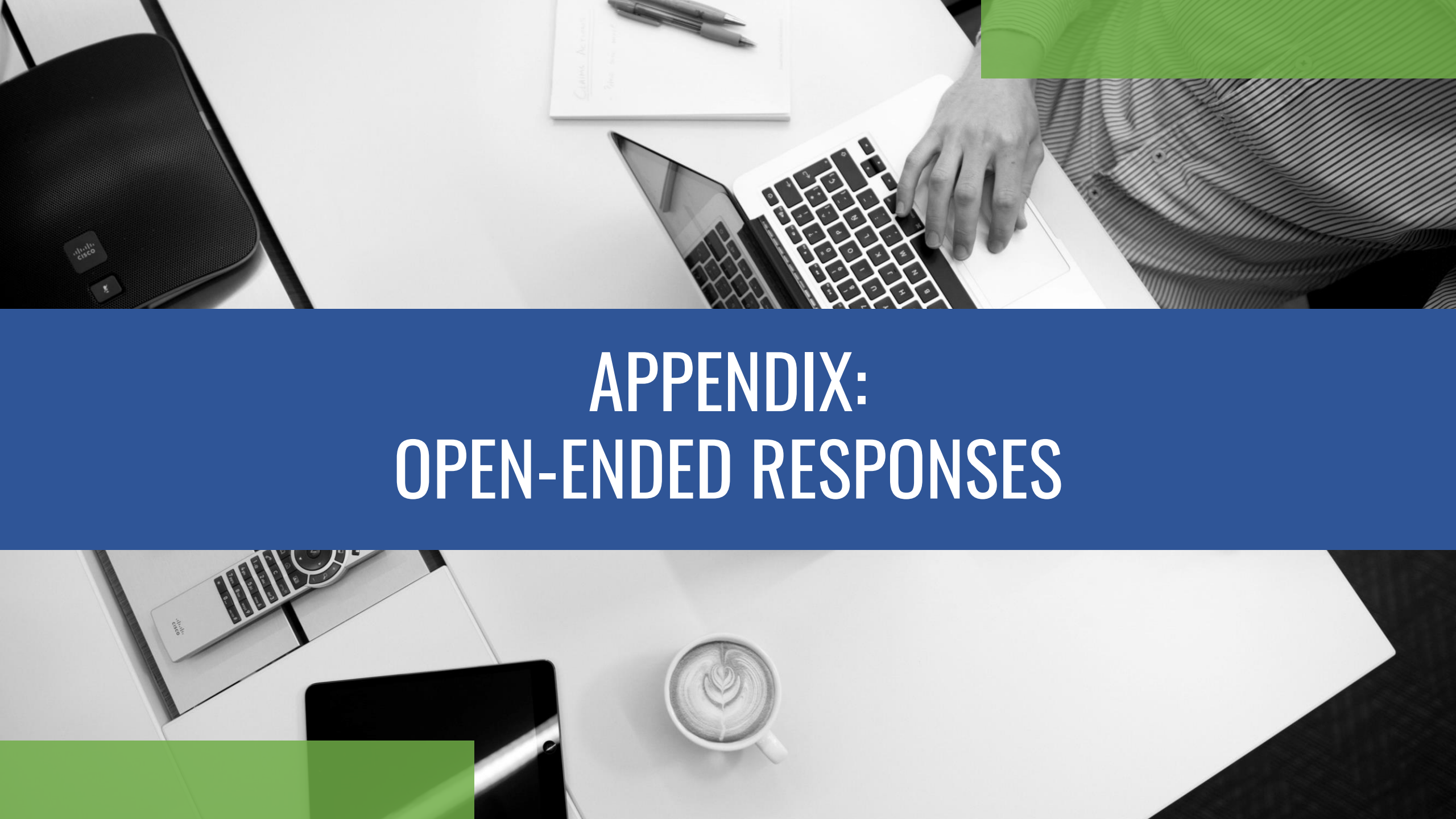
PRAXIS
RESEARCH | STRATEGY | RESULTS

Q16 What is your current employment status?



Q17 What is your education level?





APPENDIX:
OPEN-ENDED RESPONSES

Q1 What do you think led you, or your family member, to use drugs?

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *A boyfriend pushed me into drugs*
- *Addictions in my family started with alcoholic parents & grandparents. My addictions began at 12 yrs old. Alcohol > pills > heroin > cocaine etc., etc. I have been sober for 6 yrs and off hard drugs for 35 yrs.*
- *Addictive behaviors include: 1. codependent relationships 2. Self harm 3. dangerous situations 4. Alcohol and drug use 5. Negative self talk in order from 1 - 5, 1 being early teens (pre) into adulthood*
- *Alcohol has always been a part of my life, and the life of my family. I along with many members in my family live with alcohol addiction. As far back as I can remember it has always been acceptable to have drinks with family and friends, even if it was in excess; in my circle its laughed about and comical when someone gets drunk and acts a fool...many times this is me. I choose to not drink like I did many years ago because I know I do not have control of the amount I drink, what I say/do once I've had said drinks, and many times end up hurting those closest to me.*
- *At the age of 18, my daughter died from Fentanyl poisoning. She suffered from anxiety and depression stemming from incidents in elementary school. Counselling was inadequate and rarely available.*
- *Bad divorce and depression*
- *Being in residential school setting from age 6- 12. Being a street kid from age 12 until 15.5. Being incarcerated from age 15.5 until 38-39.*
- *childhood, adolescent abuse and extremely recent abusive relationship (all verbal, physical and sexual (none by family))*
- *Death of my mother at age 10 no father sister died in my early 20s and my fiance died of an over dose may 2020. All of which kept me self medicated*
- *Drugs where a part of my childhood life. I've seen many adults as a child with a needle in their arm. I use to help them tie them off as a child. I started using intervenous drugs in my early 20s lasted on and off for about 8 yrs. I haven't touched a needle in years. I have lost many family and friends due to addiction. I also have seen many many successes with over coming addiction.*
- *EARLY TRAUMA!!!*
- *early use in high school.*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *I am a recovering alcoholic and drug addict, fours year's clean and sober. I grew up and was born in alcoholism and abuse, sexual, physical, mental and emotional abuse, I have 3 children,13-3-1. And I changed my life so that they can't go through the things that I endured as a child, these past four years have been the only stability of my entire life . I believe that in good recovery you need a good support system and people behind you to believe in you 💪, I want to continue helping others like me.*
- *I am here because my family members are addicted to drugs. and alcohol. I am affected by this. It has caused a lot of trauma, dysfunction, financial hardship, poverty, homelessness and mental health issues.*
- *I grew up in foster care, group homes and suffered abuse and trauma from 13 years on until I was 18. From 18 - current day I have used non-prescription to help me cope with day to day motivation and stress.*
- *I have an adult niece who has been addicted to meth for close to ten years. She has cognitive disabilities and has been on a lifelong search for acceptance/friendship/love so is in with the wrong crowds who just use her. Her father is bipolar with a Marijuana addiction. My ex-husband was an alcoholic but replaced it with Marijuana. My adult daughter uses Marijuana to medicate her depression and anxiety as well as a health condition.*
- *I have been involved in the 12 step program starting with Al Teen then Al Anon my husband was sober 43 years so needless to say we were shocked to find out our daughter was doing Meth … she lived in another city so really we did not have much to do with her addiction till she moved back to our city… we new about tough love and we held our ground but being a mom I fell into the thinking .." I have this back ground of the program that I should be able to guide her in the right direction ". Well we know how that went … then the unthinkable happened the love of my life passed away…. I was lost and need my girls so I wrapped my self in the meth world learning as much as I could about this drug but her addiction became worse and it was like she started to beat me up emotionally it tore me apart I couldn't understand at her age 50 why she couldn't get sober she had lost so much her home her sisters her dad who she loved so much her kids and grandkids … how could a drug be that important… I had started attending a grief zoom counseling and a zoom Nar Anon meeting and finally was able to again realize only she can do this I can not fix her….. I had to set boundaries she could not be a part of my life until she is sober…. After two months of no contact she has just finished detox and now waiting to go into treatment ….. but the wait is so long and we have been down this road so many times … but I never give up hope …*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *I have Bipolar and grew up in a geographical location with not much to do and drugs and alcohol were the norm. Bipolar made drugs even funner*
- *I started using cocaine recreationally as a party drug in my early 20s. It was a very slow and gradual decline into habitual use. It definitely became a coping mechanism for traumatic moments in my life such as when I sought out an abortion, was in an abusive relationship and was processing conflict and trauma within the relationship with my parents (or lack there of at times).*
- *I started using drugs at 12, I believe I got into them for a number of reasons, I'm a survivor of childhood sexual trauma and other forms of abuse. I had pretty bad depression and anxiety, and I had been bullied and found it was a way for me to have friends. I used drugs on and off for a number of years until my mid 30s when I finally started taking my mental health seriously, I got on medication and started extensive therapy, books, lectures, symposium, I did the gamnut. I now only smoke weed. However my son who I had at 16, fell into the drug scene very heavily. I lost him this spring to an intentional fentynol overdose. My life is shattered. I'm devastated by the loss. He was my whole world and he had been in remission through harm reduction but he relapsed into the drugs and his supports stopped supporting him. He missed getting back on the methadone maintenance program by one day. One more day and my beautiful talented funny kind smart boy would still be here.*
- *I started using when I was young because drug use was all around me, and I simply grew up thinking it was a "normal way of life".*
- *I use at parties and to have fun. Forget things for a while. Just life problems, kids finances all that stuff. I Don't know if I'm an addict but I think the only person who can decide it's a problem is me. I will never go to MHAs cause I can't be seen there. My job is In social sector and I might run into some of my clients there. There is no resource for me in this province. Just to say hey I'd like to talk this out. It's your an addict and you have a problem. Nothing in between. It's super sad actually*
- *I used drugs as a coping mechanism for boredom and as a means of fitting in*
- *I was sober 2 year's from cocaine and meth. Alcohol recently slipped up it got bad. Been sober again almost 2 months today. Trying to avoid relapse.*
- *I work with Homeless People who are mainly first nations residential school and sixties scoop survivors or are the children of survivors*
- *I'd like to include grief and loss to your options as the death of someone especially someone close to you. From my own experience and also being an addict, the grief I had feed my addiction more and more to not feel anything.*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *I'm 29 and I'm an addict of fentanyl and meth. I'm currently 2 weeks sober from both. It feels awesome. I started using back in 2013 to fit in or to get attention. I was also in an abusive relationship from 2010 to 2020 which led me to use drugs on and off … I was 3.5 years sober until my ex-husband left me june 12 2020 and then I fell right back into the drugs because I was ashamed of who I was. He made me think u deserved the abuse and that's the life I'll always have. He broke me apart and I literally gave up. I tried fentanyl for a hopes to end my life. On July 8th 2021 I over dosed off fentanyl. I remember waking up in the ambulance and them telling me its a miracle I'm alive and there trying to keep me stable. All I remember is bright light and so much machines hooked up to me… scariest day of my life. My friend saved my life. I was gurgling on my own blood dying and he still some how saved me it's honestly a miracle and I'm so thankful for that. He is now my boyfriend and we been dating ever since. I had to learn to love myself again. And get everything I lost back and I'm slowly accomplishing that. I got a place from being homeless and now fighting for my kids.*
- *Indigenous Extermination Camps (residential school system)*
- *Inter generational trauma is part of First Nations Lives.*
- *It began by befriending people who used non prescription drugs, it progressively went from recreational to addiction.*
- *Lack of previous responsibilities led to use of drugs*
- *Loss of a close family members. 6 family within a 3 year span*
- *Mental health*
- *My daughter was raped by 2 men when she was 17 years old. She held this in for many years. Her alcoholism became an issue when she delivered her first child and she had post party's depression. She was always looking for a quick fix to help her anxiety and depression and we found that her Dr. was quick to diagnosis her with ADHD and piled on medications that then became an issue. He wouldn't even ask about her alcohol consumption. He would cancel appointments at the last minute and was so ineffective in getting her the help she needed. It was a down ward spiral. She took an overdose of her anti anxiety medication and passed away on March 11, 2021. It was ruled accidental and it occurred less then 3 weeks after her 3 month stay at a private pay rehab center in BC. It was beyond sad as she left 3 young children. The help was not available here that she needed.*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *My daughter had migraine headaches from a young age, as well as anxiety that made attending school a challenge. At puberty, these things became far less manageable, and even though I had looked for help for her at an early age (I paid for an Ed/Psych evaluation when she was 9) we were unable to identify or source appropriate supports. She wasn't "sick enough" to get help from our systems. I knew that once she went into the high school we would have bigger issues as students lose a lot of one-on-one supports in high school as well as having to adapt to having many different teachers every day. By Grade 9, my daughter was rarely attending school and was using prescription drugs (oxycontin) that was provided to her by a boyfriend whose mother had an ongoing prescription. She reports that the discovery of oxy was the first time she felt ok, that it was the only thing that really made the migraine pain go away and kept the anxiety at bay. I did not know she was using oxy, I did know she had been drinking alcohol and had tried marijuana (she said she didn't particularly like either one but drank alcohol to satisfy her peers). As a child with low self-esteem, she was far too easily influenced by other kids, and particularly by older boys. A transition to an alternative education program and out of the regular high school took place for Grade 10 and she stayed in that program to complete Grade 12 although a year behind when she should have finished Grade 12. This was in large part due to the flexibility of the program as she did miss school due to drug use, migraines and her anxiety. She was kicked out of school on a couple of occasions for being high at school and was sent to a drug and alcohol counsellor before she could return. The visits to the counsellor generally consisted of him talking about his model airplanes and other interests. This was not in any way effective counselling, even though it was through the health region and he was apparently a credent*
- *My mother and sister have abused non prescribed medication, they are battling with mental health such as schizophrenia, intergenerational trauma, and homelessness. My mother says its pain management and if its not the drugs its the alcohol, numbs her pain, she has had a very rough life from being taken to Residential School at the age of 4, then enduring trauma there, and then with the 60s scoop and her daughter was taken, then there is the child welfare system, where I was lost in the system for a couple years. My mother deals with these unfortunate circumstances in a way thats best for her.*
- *My parents both had substance abuse issues, and both passed away prematurely due to the strain that they put their bodies through My father attended residential school, was highly educated but always struggled because he constantly turned to drugs and alcohol. My mother was a victim of childhood sexual abuse and grew up in a family where alcohol was prevalent from a very young age. I grew up in a house where drugs and alcohol were a normal occurrence. My parents loved me and that showed but they consistently chose alcohol or drugs over what was best for me. Domestic abuse was a normal occurrence in my home. As the oldest of three in my family I too turned to alcohol and drugs by the age of 13, it was normal for me to be partying with my mom and dad. I grew up knowing that that was not how I would raise my family. I have protected my kids from this vicious circle of dependency. That has always been my goal, to have strong Healthy children .*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *My son had ADHD, dyslexia, anxiety. He began self medicating in his mid teens. He sustained an injury at age 22 and was prescribed seven months of oxycodone. When his doctor stopped the prescription, my son went to walk in clinics and acquired a number of different drugs. The combination stopped his heart one day.*
- *My son was a recreational drug user….for whatever reason. He was involved more heavily with drugs as a teenager and I believe he would blame it on childhood trauma. As an adult he had a great job, 2 beautiful kids that were his world. He did have a back injury due to a car accident which he sought pain relief from. He was at times treated as a drug seeker by his physicians when it came to his back and the pain from the compressed discs. I believe this contributed to the drug use. He also used cocaine recreationally on his days off as he worked in the mining industry and it is well known that coke will be out of your system in 48 hours so if you had to do a urine test at work n Monday for some reason, you would be able to pass. Unfortunately he bought from the wrong person and a night of recreation cost him his life. I am also a volunteer first responder in the rural for Sask health authority. At this time as a first responder I cannot give naloxone to someone who is overdosing as it is not considered to be in my scope. I believe this is just a matter of policy not catching up with reality. At this time in rural Saskatchewan our ambulance system is in crisis due to lack of staffing. It is becoming the norm for us to wait up to an hour for an ambulance to arrive at a scene as many rural EMS services are down due to inability to staff shifts. With not being able to administer narcan we are essentially sentencing people to death needlessly. Anyone can purchase or obtain a kit…..but a trained first responder can't give it…..this policy needs to change quickly.*
- *My son was addicted to Cocaine and used it every day. He nearly died the last time he used it it was cut with fentanyl and overdosed*
- *Nearly all of the above to some degree.*
- *peer pressure in high school; started with weed and like the high and then wanted better highs so shifted to other drugs*
- *Residential school, parents using on reserve*
- *Started drinking at 14 years old, then moved to weed. Then started me going with non-prescribed and prescribed meds.*
- *talk to me and find out.*
- *Very stressful parent care*

Q1 What do you think led you, or your family member, to use drugs? (continued)

Responses from those who opted to share their story in writing:
(listed alphabetically, verbatim)

- *She started using drugs for fun, with kids from school. Just wanted to fit in and have a good time. Trauma and drug use are not causal, nor are they mutually exclusive. After about 10 years of substance use, she informed me that all she remembered about her childhood was me smashing plates over her head. Which is completely untrue. Another 10 years go by, and she now considers her DOC to be her "medication", she needs it to function. Which is also untrue. The narrative that society and "recovery culture" feeds these people of being a "helpless victim" is a load of s==t which need to change. Let's encourage people to be victors instead of victims and let them know they have the power within to make change. Alcohol and drugs are inert substances and do not control you. You control you.*
- *We have a feeling our now adult daughter may have been raped in her teens. She still will not talk to us about what happened.*
- *We have all been affected by multi-generational trauma, addictions, and family violence. Further, the oldest male child in our family was harshly incarcerated for the majority of his youth 12-18 years and significantly harmed by being held in long term isolation. My family all suffered and the behaviours of the family members as adults now looks the same as the families of residential school survivors. I believe the youth justice system is simply the re-branding for today's residential schools.*

Q2 There are a number of harm reduction services. For each of the following harm reduction services, please select all that apply.

Responses to "Other – please specify":
(listed alphabetically, verbatim)

- *better access to education and naloxone supply....currently we are having to purchase our kits as there is nowhere local available that distributes*
- *Have no idea what else is available or what has been used.*
- *How do I know if my drugs are clean? It's getting scarier every day. I don't need all The safe sites, whatever, just clean supply. I like the relief of using. What's wrong with that?*
- *I am not certain of all the services and options available in the immediate area*
- *I answered these questions as if my daughter were still alive; what she would use if she hadn't died.*
- *i dont use any of above nor a family member*
- *I used to use some of these services in other communities when I was still using*
- *Methadone*
- *My kids are my support/strength and why I quit my other addictions. Never used any of these.*
- *My youngest son is dead from drug harms and would likely have used some of the services above were he here. My oldest son went through many of the disjointed, ineffective, punitive and stigmatized services listed above. He refuses to do so again.*
- *Personal development options to guide user to having a better life; setting goals, support to become financially independent, relationship coaching, trauma counselling/healing, sober friend/recreation activity (something positive to do), erase the stigma of drug abuse by recognition it is an "illness" not just a bad habit.*
- *Some of these services are available I have used but no longer use .. I believe they are very important and would have used some when I was using if they were available*
- *Used to have a vending machine with supplies but it kept getting broken into /vandalized*
- *We have a Methadone program; but a lot of the Dr's do not have adequate training or up-to-date information. People are not being monitored and no supportive care is given in conjunction with this program, in our experience. We must do better. Throwing a drug at someone who needs comprehensive medical care is criminal.*

Q4 Do you have any other ideas that would help reduce harms from drug use?

Responses:
(listed alphabetically, verbatim)

- *A large part of the problem is the inappropriate language used. Many people are labeled as dying from overdose, when in fact their drugs are unkowingly laced with Fentanyl or other substances. If the correct language and descriptions were used, more people would understand the danger and would stop thinking that it isn't something that their family is at risk for.*
- *A lot more access to drug information and counseling services.*
- *Access to treatment on an urgent basis. When an individual makes a decision to get sober and clean they have to wait 3 weeks and more which by that time they have continued to use and their mindset changes.*
- *Approaching the drug user in a holistic way, mental, emotional, physical, spiritual. Deep understanding that the drug user requires supports in all four areas in order to become healthy and productive. Recognition by health service providers that drug users are born with a gift but the drugs have changed the course of their life - stigma and negative attitude to drug users by health professionals is a huge issue. Establish sober "friend" for drug user to be able to go to (similar to AA "buddies/sponsors"). Don't judge, love.*
- *Better educate Law enforcement officers and the general public as to the reasons why individuals consume drugs/ alcohol and have them trained to be more proactive and compassionate when dealing with individuals who suffer from long term addictions due to lived trauma*
- *Classes here*
- *Connection is of utmost importance, the idea that sending someone to prison is going to help is delusional thinking*
- *Counseling, sure. Methods to manage stress and cravings.*
- *Create a mandatory protocol for ALL public service employees, to serve & support those affected by substance use. ie: doctors, nurse practitioners, pharmacists, EMS, police As well, PUBLIC EDUCATION about substance addiction. Reduce the Stigma & Systemic Judgement.*
- *Culture sensitive*
- *Decriminalize. Look at Portugal. Stop telling people they are powerless. 20% of the population takes up 80% if the resources. I think there is a HUGE gap for those that do not meet the most vulnerable criteria. Stop calling them “overdoses”. They are poisonings from tainted drug supply. 96% of all deaths in Canada by drug/alcohol overdose are accidental. Of those , 99% contained illicit substances. And Naloxone only works on opioids, not on stimulants. So that isn’t the answer.*
- *Decriminalized personal use drugs. Better understanding of addiction by police officers and other emergency workers.*

Q4 Do you have any other ideas that would help reduce harms from drug use? (continued)

Responses:
(listed alphabetically, verbatim)

- *Detox center in smaller communities and women shelter*
- *Education, housing*
- *Employ people who have been there and know what addiction is and not from a text book.*
- *expanded treatment beds, better access….or access period… to naloxone in the rural I currently must purchase kits and I have been giving them out at my own cost*
- *Far too many to list here.*
- *First contact staff at hospitals on how addicts and the mentally ill are treated. Too often we have experienced hostility and disrespect from nurses which in turn made our daughter feel even more like a burden and like she didn't matter. She sat in her own filth while detoxing in hospital without access to a warm shower. She was given adult diapers and nothing to help with withdrawal symptoms. It was sad to watch her treated in that manner.*
- *Having more mental health services available. Currently the wait times to seek counseling is absurd. The amount of time someone has to wait to receive help is months. A lot of people barely have minutes and hours let alone months to get the services that they need.*
- *I am not addicted to drugs*
- *I definitely don't know if I answered the question right because I have three years clean already*
- *I did not use any of these resources. My kids are my support/strength and why I had to quit my other addictions.*
- *I don't know if he is I don't live on the Rez my nephew has a drug problem so I don't know what kind of service they have on the Rez I live in the city I'm not a user*
- *If utilizing Methadone there needs to be some accountability from health care to the get off methadone, my dad was in methadone for over 10 years as I watched him deteriorate.*
- *Increased mental health help is HUGE including regular counselling for both the user and the families, more doctors trained in the proper use of pharmaceuticals for mental health, more detox/rehab centres designed for long term healing for things like meth. More trained teams for families dealing with violent incidents rather than police that are untrained in mental health. Mental health in the curriculum from K to 12.*
- *Legal regulated safe supply, which is low barrier and non-stigmatizing for the average person.*

Q4 Do you have any other ideas that would help reduce harms from drug use? (continued)

Responses:
(listed alphabetically, verbatim)

- *Less wait times for services; when a person who is a substance abuser says they will accept help; they need access immediately; somehow we have to try to influence pre-teens/teens that using / trying drugs is not cool; we have to try to shift societal beliefs that people who abuse drugs are bad people*
- *Many more detox and rehab facilities, and readily available as soon as patient asks for help. Separate ER facility for mental health and addiction as these patients get thrown to bottom of priority and do not receive respect and compassion. The stigma is still very big*
- *More family support programs and education Treatment centres that allow/encourage Methadone or Suboxone*
- *More funding for programs … I believe an education facility for people to get clean, stay clean and get educated while being surrounded by people who are going through the same … and I believe there should be more funding for peer support as No one can help and relate to an addict more then another addict who has gone through it and knows first hand*
- *More info on the 12 step program, detox centres and treatment centres a wait of months before the addict can go to detox and treatment centres Is to long*
- *More resources and supports, and more educational opportunities to help out the community*
- *More treatment centers in Saskatoon*
- *More treatment facilities. Individualized programs, more advertisement of programs, facility and options.*
- *My son passed away in May 2020 so my answers reflect what could have helped him stay alive. Stigma needs to stop and that needs to start at the governing/policy level.*
- *Naloxone needs to be much more widely available in rural areas. The barriers to access are still very high in rural communities. More community based outreach is needed - as a citizen, I have personally reached out to marginalized people in my community because they have been unable to maintain supports in our community. For whatever reason, the agencies we have here are not effectively reaching the people who are most in need.*
- *NO*
- *No … the user MUST want help*
- *Not arresting drug addicts*
- *On methadone program for 6+ years will be off by next summer I'm hoping. Sept from 30mg to 175mg down to 22.5 mg*

Q4 Do you have any other ideas that would help reduce harms from drug use? (continued)

Responses:
(listed alphabetically, verbatim)

- *Our experience was extremely frustrating. We were desperately trying to reach out for support and every agency we got connected with would refer us to another agency. Mental health wouldn't deal with addictions, addictions wouldn't deal with mental health. There needs to be a fully comprehensive and holistic approach to supporting people with addictions. Treatment and counselling needs to go hand in hand.*
- *Quicker access (shorter wait times for admissions) to free in-patient treatment and 3 month model. Long term Inpatient treatment for women who can bring their children with them after initial 30 day treatment.*
- *reduce poverty for a start.*
- *Safe support groups led by a professional that also includes healthy recreational activities*
- *Services available in remote places*
- *Support navigating and self advocating the current services systems (counseling, support groups etc). Transportation to services mentioned above or high walkability score venues from which clients can call-out or log-in to phone or web-based supports.*
- *Teach them early about drugs and the effects. Many meth addicts said, if they knew how deadly that drug was, they would not have used the first time,*
- *transportation to programs*
- *We need everything above.*
- *Who cares! Like really if I use drugs how does that hurt anyone? Alcohol is the wurst... yet it's legal. Wtf?!?!?!*
- *Wide spread education about addiction and what it is. Addiction is so often viewed with stigma, and there is a common attitude that "addicts deserve it" in society. Elementary and highschool programs should provide a lot of education on addiction.*
- *Yes I do not believe that someone has to be clean for treatment to begin. That is like telling a diabetic that they can have their insulin when they stop being diabetic. I do not believe that all people can become abstinence free. I believe that if someone can get by with a six pack and a gram of weed in a day that's fine at least they won't be overdosing in the street or alone and dying. I think the entire system needs to be overhauled. We put addicted people in jail for being addicted, for having a disease. When if we looked at crime etc as symptoms of addiction instead of behavioral problems of the addict, it might go a long way in how all the systems need to work together to help heal these people. If it was cancer they would be with an entire team of professionals working on making them better. Helping them get back to remission. Its no different for an addict and just like cancer it ebbs and flows. Its the ebb that needs attention.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery?

Responses:
(listed alphabetically, verbatim)

- *#1 currently using many - concurrent disorders - OARS program (opioid assistance) - NA meetings/ service work and community - Went to treatment - addictions counselling and trauma counselling - pathways to wellness group*
- *Access Complex system*
- *Affordable housing*
- *Anyone I know still in active addiction has been an addict for a lifetime and unfortunately the brain damage incurred over longterm use and numerous overdoses, makes it hard to see any end to them being in active addiction. It's their life now.*
- *availability to treatment, long wait times.*
- *Bills to pay and I like my freedom.*
- *Brother is in treatment at the moment and I have been sober for a month and a week doing AA, counselling etc. Already on the recovery path.*
- *can't get there. miss appointment and can't reschedule. virtual or phone call appointments but I don't have a phone or no where private to talk. have to call detox every day and then can't get there when i finally get a bed*
- *cost of treatment services; I was able to send my son out of province to a treatment centre which provides a longer time frame for treatment leading to recovery and then supervision up to a year; these services are very expensive; we cannot expect an addict to attend a 28 day treatment centre to stay sober once they return back to their same environment; our provincial treatment centres must be at least 45 days to 90 days and then we need to have support housing in place;*
- *COVID and a disdain for SHA and many health care professionals as a result of their near sightedness and bullying demeanor. to hell with them*
- *currently support services are difficult to access due to covid-19 restrictions / lack of space and staff shortages . clients are unable to access detox beds at hospitals and many mental health services are under staffed and difficult to access*
- *Define recovery. Then we can talk! That's your interpretation not mine.*
- *Don't feel i need it at this time*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *Everything! Nothing is being done except criminalizing addiction. What services are their in our community of Moose Jaw? A outdated detox centre but no continuing support or peer support. The Hospital and Mental Health & Addictions have a clinical program that does not serve or support those with CM or Opioid addiction. Often times, it makes them feel judged or shamed. The local Police criminalize and punish people who live with substance addiction. There are no safe consumption sites or sense or urgency to medically support addiction. In order to get help so my loved one does not die is to search myself options out there; and trust me: they are slim to none. As a family we would have to come up with $25,000 to $40,000 per MONTH for treatment in a private facility in either British Columbia or Washington. WHY DO WE HAVE TO SUFFER BECAUSE THIS KIND OF MONEY IS INSANE. OUR GOVERNMENT and OUR MEDICAL SYSTEM Prevents Recovery: We need funding to help people (with mental illness and substance abuse addiction) We need IMMEDIATE ACCESS to detox and treatment. We need more supports and immediate help.... Most of our crime is fueled by mental health and addictions which is a health crisis. We can't arrest our way out of this.*
- *Family refuses to seek help. Unless they finally decide, they will refuse help until then.*
- *Fear of judgment, life long traumas that were overlooked, dismissive behaviours from close family. It would have been prevented if traumas were helped at an early age and throughout adulthood.*
- *I am currently on the Suboxone program.*
- *I am depressed.*
- *I am in recovery and believe that the supports are underfunded and not enough space to help addicts when they are ready because when an addict calls for help you have a small time slot to get them started in recovery before we loose them back to using or worse death*
- *I been clean a long time. It's all within ones self*
- *I dont know what has happened to my parents. But i am in recovery, & recovery driven.*
- *i have never abuse alcohol or drugs for most of my life. My daughter who has since passed had a lot of problems with drugs, alcohol etc. We found it hard to help her when she could not or would not get the help.*
- *I need a talk therapy group for bipolar/borderline/SH and nothing lilu this is available in this city*
- *I wouldn't know the answer to this he lives on the Rez*
- *I'm not sick. I have a preference for drug use.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *In Saskatchewan the rehab services absolutely suck. By the time anything would ever be available the desire to go had gone. This is a common theme with alcoholics/ persons with substance abuse disorder. Families are not included in decision making or at least not in our situation. No physician ever listened or acted on our concerns.*
- *Just the will to be better*
- *lack of beds available. The need for referrals to get help…the intake process to get a referral….the need for a physical in order to get into a treatment program….access to doctors in our province is alarming I am currently trying to access a program for a family friend and the hoops that have to be jumped and the 12 week wait time to get in are daunting. We need people to be able to access help when they are ready as they may well be dead 12 weeks from now.*
- *Lack of professionalism or healthy standards of care: Mistreatment by psychiatrists in the health care system. My appointments being rescheduled multiple times in a row by the mental health facility. My voicemails not being returned.*
- *Lack of services in rural areas.*
- *Long waits to get into treatment and Councilors that will assist without taking so long to refer.*
- *Many resources!! Starting by mandatory rehab instead of jail. Then a proper plan and help learn to live in society, to care for them as so many have never done so.*
- *Money, and homes,*
- *Mostly a lack of readily available treatment and substance abuse supports. It seems there is a one way track, while every addict is different and may require different needs. Being turned away from detox, or put on wait lists for treatment is a huge issue. When an addict wants help, they generally would need that help almost immediately. Especially with the loving conditions, if all you have is the life that keeps you in drugs, there is a much lower chance of making it into treatment during the months spent waiting. Especially with mental health issues. Feeling hopeless with no real way out is a dangerous feeling. The financial stress some may feel for leaving their family to seek treatment is also a deterrent. If a functioning addict wants treatment, but is the sole provider for their family, they feel even more guilt and shame for not being able to provide for their family.*
- *My brother is dead*
- *My clients complain that wait times to get into outpatient Tx is long and only will give them a certain number of sessions before discharging them.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *My daughter says she's a "functioning addict" but she doesn't see what we see, when I talk to her to get help she retaliates by getting angry, it's like bouncing the ball back and forth with no real solution.*
- *My family member who was using drugs died from an overdose. That is what prevents him. I answered the questions that would apply if he had been alive and using opioids.*
- *My little sister is deaf and there are no special specific treatment center for her that would help nor are there any special needs programs fro special needs people with disabilities in Saskatchewan*
- *My son has passed away. Its too late. He was 35.*
- *myself.*
- *No coordination between agencies - mental health and addictions and social services and support for youth. It was a constant battle to try and get help.*
- *No just the wait is to long for treatment*
- *No time to wait for intake*
- *Not at this time. While in recovery access to services was limited (long wait times for detox) no availability for harm reduction drugs (suboxone) available within my community. Mental health overloaded. Fear of losing children if i spoke to mental health about my addiction issues.*
- *Not enough resources available. Can't get into any counsellor right now and a lot of treatment centres don't or can't cater to people with other mental health issues as well as their addictions. For example, people with high level of social anxiety having to stay in shared accommodations with a stranger. It makes it extremely hard for some people to reach out for help when their other mental health issues prevent them from trying to resolve their addiction issues as well.*
- *Nothing preventing. I am sober now thanks to the help I got and the brother that used passed away from an overdose.*
- *One family member is seeking services through mental health. Another still uses occasionally. Wait times to see professionals are very long.*
- *One is incarcerated. The two who are mothers fear CFS coming and taking their children if they seek help.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *Our daughter has been in active addiction for 15 years now and the things that come up repeatedly is lack of access to beds for detox and treatment. Such long wait times between detox and treatment is another big issue as many addicts return to using while waiting for a bed in one of the few treatment facilities. We also need longer term treatment vs 30 days and many more sober living facilities which are long term so the addicts can learn to stabilize life, work, family and sobriety while having the support they need. More publicity regarding help for loved ones of addicts. So many don't know what resources are out there for them aside from Al-Anon or Naranon and in the beginning many family members feel too much shame to attend a group type setting. The shame and stigma placed on family as well as on the addict is what keeps addiction thriving.*
- *person not wanting to asking for help*
- *Poverty*
- *Recovery currently in progress, & ongoing.*
- *Resources in home community*
- *Services not available on reserve. Health system jurisdictional rules; ie) go to the city from the reserve for services and being told they are in the wrong health district but their home district doesn't have the services. Lack of cultural competency training by Health system workers and lack of representational workforce is an issue, ie) Indigenous drug users 'may' feel judged, alienated, misunderstood. When trying to get into treatment, wait lists, leaving family/isolation from family supports, fear about losing circle of friends when/if they become sober and clean, and travel/distance issues to get treatment are a few of the barriers. A 'curriculum' or self-study package for addicts to use on their own would be helpful, even if its just goal setting or imagining a different and better life. Treatment shouldn't be an event, it is a lifelong process.*
- *she tried accessing these services, but didn't live to follow through.*
- *Space & efficacy of affordable or free inpatient programs in Saskatchewan. Lack of long term follow up planning and integrative wellness. Wait times for programming. Lack of naloxone access; inaccessibility to naloxone due to it only being available by appointment at public health*
- *Stigma attached to having addiction in the family.*
- *Stigma has absolutely kept us from seeking some services. Outdated theories on addiction that persist in treatment settings are widespread. Counsellors often are not effectively trauma informed and are only willing to deliver abstinence based counselling. Physicians and other medical personnel can be extremely biased when dealing with people who use drugs and their families.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *Stigma held me back from reaching out for help for quite a long time*
- *stigma, shame, lack of services in the SE*
- *Systemic issues, lack of accessibility in rural locations, lack of funding supports, lack of understanding, ineffective processes and programming, stigma, fear of punitive measures., among many others.*
- *Takes a lot of time and scared to be alone*
- *The cost of in-patient rehab*
- *The fear of relapses. Fear of dope sick. To slowly come off the opiates*
- *The long wait for treatment of detox.*
- *Their death.*
- *Them selves fear of dealing with them selves*
- *There is a lack of services available. I as a parent tried so may things at the school level, at the health care level and even, unfortunately, at the policing and judicial level. Too many barriers, too much systemic bias, not enough grassroots resources and supports and way too much dependence on reactionary measures versus prevention measures that would take significantly less resources.*
- *There is lack of services.*
- *There is nothing in my community to help*
- *They are embarrassed about getting the help. And one day the want help the next day they think they are fine without help*
- *They are not ready for it yet. and the fact that with Covid is still around, it slows things down, my mother wanted to attend treatment, but when the pandemic hit, she was denied, and it was only available for people within their community.. (on reserve members for Cree Nation) , More treatment centers to combat the ongoing drug crisis, and I also feel more educational resources for the high schools. and naloxone training should be done in the highschools.*
- *They have to realize that they have a problem first, we try to tell them that their lifestyle is going to have an effect on their personal lives but they choose to ignore these things right now. Sometimes it takes hitting rock bottom before some people realize they have a problem.*

Q5 Is there anything preventing you, or your family member, from seeking the services you need and/or preventing your/their recovery? (continued)

Responses:
(listed alphabetically, verbatim)

- *Wait times (detox and treatment)*
- *When we were going through it there was no access to treatment. It seems the quickest way to treatment was through the courts which is absolutely ridiculous. If one is lucky to get into drug treatment court as part of the sentencing-which was our case-success happened. Putting people in jail for crimes committed to feed their addiction with no programming does not work. They come out worse. The system is incredibly flawed and the system does not work. Take a look as to what is happening and look at the reasons to why. Jail is a university for criminals.*
- *Yes the entire system is based on shame, blame and guilt. My daughter has been to treatment twice. It was simply awful. Perhaps we need to look at more evidence based, science backed approaches towards changing behaviours in order to really be effective. I am a affiliate with 2 models that do exactly these things.*
- *Yes, lack of mental health facilities, resources and personnel.*
- *Yes. My daughter is dead. She was a brilliant straight-A student with a bright and promising future. Anything that can be done to address this giant, growing and inadequately addressed problem, will be too late for her, and for me, and her sister and her father and her entire extended family and community that suffers from her unnecessary and tragic loss.*

Q6 In your opinion, what are the main sources of stigma and discrimination against people who use drugs that could be improved?

Responses to "Other – Please Specify":
(listed alphabetically, verbatim)

- *As a mother and a nurse for over 40 years it was eye opening for me. Everyone needs education on this being an illness. There should never ever be any judgement. Only kindness, compassion and help!*
- *Certain counsellors or programs who follow a one size fits all formula (ex- have to do a, b, and c or you are failing at recovery)*
- *Everyone*
- *Everyone has opinions and beliefs about drug use and the people who use. Its time to start addressing this problem as a disease and the behaviour problems of the addicted person as symptoms of the disease. Stop blaming the victim.*
- *friends/coworkers/peers*
- *Government*
- *Honestly everyone but harm reduction staff. No one has enough information on what a person going through addiction goes through or a person in recovery for that matter. The stigma alone is enough to stay in addiction or relapse*
- *I do not use drugs*
- *I do not use drugs but this is what I think*
- *It could be all of the above depending on the specific people. I do think that some of the positions above that I chose get frustrated and tired of dealing with situations that they don't have the proper understanding of so it becomes a problem.*
- *It's not limited to area, some people dislike or don't care for addicts some, people are wonderful and will bend over backwards but some believe we are a parasite on society*
- *I've both witnessed and experienced racism within our healthcare services. Assumptions that people are on drugs, worse when they actually are. Media instills fear. Family members are negative*
- *Legislators*
- *People not involved or people with little or no knowledge about addictions are very judge mental. Assumptions based on appearances. Additionally, people can be extremely judgey on social media.*
- *Politicians and bureaucrats !!!!!*

Q6 In your opinion, what are the main sources of stigma and discrimination against people who use drugs that could be improved? (continued)

Responses to "Other – Please Specify":
(listed alphabetically, verbatim)

- *Public schools. Employers.*
- *Systemic Racism Government*
- *Teachers*
- *The doctors and nurses across this nation need some form of education when it comes to addictions.*
- *the user*
- *There is a lack of education in terms of signs to look for, questions to ask, and how to treat or refer. These people are not bad people that need to get good - they are sick people that need compassion and right care to get well.*
- *Think it is race*

Q7 What role do you think law enforcement and the justice system should have to address the opioid and toxic drug crisis?

Responses to "Other – Please Specify":
(listed alphabetically, verbatim)

- *Addiction, mental health & opiod and toxic drug use is not a police issue unless they are providing services or support and a safe space. This is a HEALTH CARE ISSUE not a criminal issue.*
- *All of these things would help*
- *Charging even the small time dealers for selling drugs. It has to start somewhere, the RCMP will not charge the small dealers and wait to go after the bigger ones. Yet the small dealers are running around openly selling.*
- *cultural supports - sweat lodges, elders counseling etc.*
- *Decriminalization*
- *I think law enforcement would rather charge the person using drugs rather than participate in helping them recover.*
- *If drug possession was decriminalized, there would be no need for the criminal justice system to be interfering in the lives of people who use drugs. Drug use is a health issue not a criminal issue.*
- *Less of a criminal focus and more of a health focus*
- *Longer jail time for offenders*
- *Need to do more prevention before it gets to law enforcement. School systems, family assistance systems and Healthcare systems need to be in the forefront which will reduce policing and judicial needs.*
- *RCMP do nothing when given information on drug dealers especially in the First Nations community*
- *Social based justice programs that assist addicts in changing lifestyles instead of putting in jail*
- *Social workers, councilors, a group of people who actually care should attend each OD,,, which I realized that is ALOT*
- *Stop putting sick people in jail. It doesn't cure them. And probably does more harm.*
- *This is NOT a law or justice issue. It is a health issue.*
- *We have to stop putting addicts in jail. Jail makes it worse. 80% plus of people in jail are addicts. They do not get the programming they need to deal with their addiction; they have to fight to survive in there; drug treatment courts are a good alternative; supervised housing like Kates Place; we need more of these type of services*

Q9 If there was a bad batch of drugs, who would you like to hear it from?

Responses to "Other – Please Specify":
(listed alphabetically, verbatim)

- *All of the above and more!*
- *Do not do drugs*
- *Everyone who uses should be notified of bad drug batches. We are losing so many young people*
- *Every outlet possible should alert people to bad batches of illicit drugs. We have a few ways to keep people alive, and communication is one of them.*
- *Everyone should be reporting this....the more times it is said or shared the better chance there is of the right person getting the information*
- *Everyone who knows about it should tell about it!*
- *Facebook*
- *I wouldn't want to know.*
- *Local Radio, Social Media*
- *News I prefer*
- *Social media sites like Facebook, etc...*
- *the hospital*
- *The more people the better as some people will not believe it from the news and only from people they know so if there is a bad batch of drugs, we need to get word out as fast as possible*
- *This usually doesn't get people to stop knowing there is a bad batch but it would be a good heads up.*
- *through our entity, we are a health authority in the north*