

Saskatchewan Drug Task Force Substance Use Consultations Executive Summary



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Submitted By:

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Saskatchewan Drug Task Force – Substance Use Consultations Executive Summary

The Saskatchewan Drug Task Force engaged Praxis Consulting Ltd to conduct focus groups with community-based organizations (CBOs) and people with lived experiences (PWLE) and summarize surveys with individuals identifying with the aforementioned groups, and to assist with the analysis of key leader interviews (six interviews). The table below breaks down the data responses. During focus group sessions, stakeholders discussed the causes of and solutions to substance use disorder and options for reducing harms in Saskatchewan. These discussions were held between September and October 2021.

Focus Groups		
community-based organizations	9 Focus Groups	42 Representatives
community leaders/representatives	1 Focus Group	8 Representatives
people with lived experience	5 Focus Groups	34 Representatives
Survey Results		
community-based organizations	48 Responses	
people with lived experience	129 Responses	
Interview Analysis		
key leader interviews (conducted by the Saskatchewan Drug Task Force)	6 Interviews	

The non-probability sampling technique used in the surveys is often used in exploratory and qualitative research to develop understanding of a small or under-researched population. However, the results are not representative of the populations under study in terms of demographics such as age, gender, whether currently being engaged in substance use, and so forth. The surveys provided an opportunity to hear from additional voices and hear their stories, however the inferences that can be made and conclusions may be more limited.

In consultations with CBOs, PWLEs, and interviews with leaders conducted by the Drug Task Force, a consensus emerged around short- and long-term solutions to reducing harms from drug use in Saskatchewan. Participants indicated that these potential solutions would have a positive impact on communities around Saskatchewan and would improve social acceptance. Key themes are as follows:

- **Reduce waitlists.** Increase capacity at detox, treatment, and aftercare centres.
- **Coordinate services.** Close the gap between detox and treatment so that individuals receive a continuum of care when they request it. Develop partnerships amongst various government and local agencies to provide wraparound services.
- **Decriminalize drugs.** Provide safe supply and offer harm reduction services.
- **Expand culturally based, trauma-informed, Indigenous-led programs and services for Indigenous people.**
- **Increase Indigenous representation** and engagement to find solutions and make policy.
- **Increase education and spread awareness.** Sharing information in schools and via mainstream, social and advertising media will help reduce stigma, teach coping skills, and generate community buy-in for services.

- **Ensure individuals' basic needs are met.** Address homelessness and provide access to affordable housing. Recognize that some individuals may not have ID and phones to access services and remain on waitlists.

Consultations with participants in both series of focus groups revealed a high level of concern over the increased severity of substance use in communities around the province. Along with COVID-19 causing a spike in both drug use and overdoses, focus group participants observed that easy access to cheap and highly addictive drugs, gang recruitment, mental health issues and trauma, waitlists, and a lack of awareness of available services contribute to substance use disorder in their communities. Participants outlined many barriers that make it difficult for individuals with addictions to overcome substance use disorder. The most common barriers include:

- **Long waitlists.** Individuals cannot get the support they need when they need it.
- **Transition time or gaps** between detox and treatment as well as short treatment timelines. Relapse occurs during these transition periods and the typical 30 days of treatment is not enough time to recover.
- **Stigma around drug use.** Individuals are afraid to ask for help and fear being judged. Some human service sector professionals as well as the general public have negative attitudes toward drug addiction and effective but often unpopular (to the general public) services such as harm reduction.
- **Intergenerational trauma and mental health issues.** Individuals turn to drug use to numb their pain and cope with current and historical suffering.
- **Isolation, boredom, lack of connection.** After treatment, individuals return to their prior environment and want to feel connected to friends and family who may still be using substances. Gangs also excel at recruiting youth and providing drugs.

The CBO survey data revealed a high level of concern over drug overdoses and deaths in communities around the province with historical and childhood trauma, unmanaged mental health issues, poverty and other key factors contributing to overall drug use. Among the preventative strategies that were put forward by survey participants, the following ranked highly:

- **Reduce Stigma** including self-stigma that leads to low self-esteem.
- **Provide crisis response support** to minimize trauma and stress of individuals in crisis.
- **Offer cultural and community wellbeing programs.**
- **Educate youths** and provide resilience training in children.
- **Enhance training of service providers.**

CBO and PWLE survey results also highlighted common support for harm reduction services such as peer support, substitution therapy, take home Naloxone kits, mobile services, vending machines, supervised injection sites, safe apps to contact 911, and more. The results revealed both CBO and PWLE participants' suggestions for effective approaches to reduce harm in communities, including the following:

- **Offer enhanced early intervention** and counselling.
- **Provide enhanced community outreach** for services including outreach after an overdose event.
- **Provide support to families** that are battling addiction.
- **Provide wraparound services through partnerships.** Support people with housing, education, job security so that they do not fall through cracks when receiving care.

To further mitigate harms, the survey data showed that participants would encourage law enforcement and the justice system to enhance mental health and substance use knowledge among workers, provide referrals to treatment and social programming, offer more opportunities for drug court, avoid arresting individuals for possession of small amounts, and offer medication assisted models (substitution therapy) in correctional institutes, and more.

PWLE survey data showed that participants want to receive a bad batch drug alert from the Saskatchewan Health Authority or other local health authority (e.g. AHA, NITHA), as well as via media, community-based organizations and local government. The PWLE data further revealed that the services they would like to see on a community wellness bus include among many suggestions: mental health and addictions assessments, connections to services along with training, testing for sexually transmitted diseases and blood-borne illnesses, reproductive health services, vaccines and more.

Conclusion

Praxis appreciates the opportunity to present this report to the Saskatchewan Drug Task Force and looks forward to the forthcoming success of this important initiative. Should you require further information or have questions, please contact Kauron Cooper at kcooper@praxis-consulting.ca.

Saskatchewan Drug Task Force Engagement with Community Leaders Final Report



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TRIBAL COUNCIL LEADERS AND MAYOR INTERVIEWS – SUBSTANCE USE ENGAGEMENTS

Conducted by the Saskatchewan Drug Task Force

A CONSULTATION SUMMARY

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Introduction

This document reports the findings of three (3) interviews with Saskatchewan-based Mayors and three (3) interviews with Tribal Council Leaders conducted in August 2021 by the Ministry of Health Drug Task Force.

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

Executive Summary

The findings of this report summarize the perspectives of various leaders within Saskatchewan regarding the extent of the ongoing substance use situation within our province. The following is an overview of what was heard:

What is working well?

- General supports: Harm reduction services, needle exchange clinics, safe houses, drug court and sustained support for aftercare programming, centres that focus on opioid and crystal meth treatment and follow up support, and shelters for homeless individuals.
- Indigenous specific supports: the tribal council health bus, and traditional healing centres.
- Tribal councils working with Saskatchewan Health Authority (SHA) leadership, police services, and community agencies.
- Approaching addiction as a health issue rather than a criminal justice issue.
- Using data-driven approaches to identify, understand and share trends to align community efforts.
- Having organizations within the city, outside of relying on community-based organizations, help individuals secure stable housing.

What is in progress?

- Focusing on underserved family and community-focused elements such as supporting more vulnerable populations with programming, reunification, safe havens, meals, and shelters.
- Bilateral relationships between Councils and the Province, the Ministry of Health and Saskatchewan Health Authority to address community issues.
- More efficient coordination efforts to address urgent issues of addiction, homelessness, mental health, safety, and overall community wellbeing.
- Considerations and strategies are being developed regarding the potential of safe supply, drug court, and rapid access clinics.
- Establishing partnerships with Indigenous leaders to provide culturally based approaches to referring, rehabilitation, and supportive housing.

What needs improvement?

- Ensuring that individuals' (including youths') basic needs are met through access to housing, food, jobs, culturally safe spaces and shelters.
- Improving program coordination and seamlessness of services to provide a continuum of care for increased long-term sustainability.
- Improved statistical understanding within communities of what is and is not working.

- Indigenous representation on committees and within organizations that address these issues, and Indigenous engagement in finding solutions, making policy, and integrating culturally responsive/appropriate mechanisms.
- Diverting more funding to implement programming – specifically programs that are preventative and embrace the Indigenous approach.
- Gaining community buy-in for provincial programs and services addressing drug use and services.
- Returning to the previous social funding system of paying rent to landlords to improve housing stability of those at risk.
- Moving towards treating drug addiction as a health issue rather than a criminal justice issue.

Interview Findings

Readiness

During interviews that the Drug Task Force held with Tribal Council leaders and Saskatchewan mayors, interviewees were asked three questions: how ready their community is to take action to address the current issue; how areas of alignment can be leveraged; and what issues/solutions are specific to their community. Their answers were grouped into the following categories: what is working well; what is in progress; and what needs improvement.

What is working well

During 1:1 interviews with Tribal Council leaders, the following programs and services, when available, were identified as working well: harm reduction services, needle exchange clinics, safe houses, the tribal council health bus, and shelter for homeless individuals. Tribal Council leaders observed that drug court and sustained support for aftercare programming, if available, make a positive difference. With available resources, the tribal council has had great success with traditional healing centres and centres that focus on opioid and crystal meth treatment and follow up support.

Tribal Council leaders noted they are making progress at the service level by collaborating directly with SHA leadership, police services, and community agencies so that everyone understands the context of the challenge and brings forward new ideas. One respondent mentioned that when the tribal council partnered directly with SHA and the federal government to open a vaccine clinic, it 'flipped the script' of governments caring for Indigenous people and showcased how Tribal Councils contribute to community and society.

During 1:1 interviews with Saskatchewan mayors, the following was identified as improving and working well: there is growing support in one of the cities to approach addiction as a health issue rather than a criminal justice issue; the business community shows a willingness to participate in discussions on addictions and to collaborate with one of the cities to problem solve; and cities are using data-driven approaches to identify and understand trends and are willing to share information, mediate discussions, and align efforts. Mayors observed that when organizations can help individuals secure stable housing, this takes pressure off community-based organizations.

What is in Progress

Tribal Council leaders noted that they have been able to help more vulnerable populations with programming, reunification, safe havens, meals and shelters, and are looking to supplement and collaborate to strengthen underserved family and community-focused elements. To help face the reality of the disproportionate impact on First Nations and Métis people in Saskatchewan, one leader noted that harm reduction will be effective. Councils should continue working on bilateral relationships and strategies with the province and encourage more collaboration with the Ministry of Social Services (MSS) and SHA to address issues and realities in the community.

In interviews with mayors, there is a consensus on the importance of more efficient coordination to address urgent issues of addiction, homelessness, mental health, as well as safety and concern about community wellbeing. One city is well positioned to implement harm reduction services even though harm reduction is still considered political and controversial. City mayors talked about continuing to study the issues, attempt strategies that address overdose deaths, and use evidence-based data for solutions. Mayors noted that the business community wants to approach issues differently and is considering safe supply and drug court. Cities are also looking for ways to support rapid access clinics. Mayors observed that partnering with Indigenous leaders is key to providing culturally based approaches to referring, rehabilitation, and supportive housing. It was noted that the City Mayors Caucus struck a committee to examine mental health and addictions and that one city is partnering with the Canadian Municipal Network to develop a Community Safety and Wellbeing Plan.

What Needs Improvement

Tribal Council leaders identified several areas that need improvement to address substance use issues. Critical to improving the situation is ensuring that individuals' basic needs are met through access to housing, food, jobs, culturally safe spaces and shelters, including for youths. Leaders expressed concern about gangs' ability to recruit and provide youths with connection. Improving coordination of services, durability of treatment for individuals, and providing a continuum of care will help individuals avoid returning to the situation they were in before.

Leaders noted that there is an over-representation of Indigenous people in child and family services, youth facilities, and correctional services. To break the cycle of addiction and incarceration, communities need a better statistical understanding of what is and is not working. Tribal Council leaders also observed that there is a lack of Indigenous representation on committees and in organizations that address these issues. To provide a more holistic approach, more representation is required to work together at solutions.

Tribal Council leaders mentioned that more funding to implement programs is needed. People are trained to help, but not enough money is available to fund programs or purchase buildings. Instead of putting money into reactive services that are not yielding results, money should be redirected to programs that are preventative and embrace the Indigenous approach. Indigenous representation and engagement in finding solutions, making policy, and integrating culturally responsive/appropriate mechanisms are essential for a balanced viewpoint.

Saskatchewan city mayors observed the importance of gaining community buy-in for provincial programs and services addressing drug use and services. They noted that the public has a negative

perception regarding harm reduction programs, specifically in reaction to discarded needles and meth pipes. Because clean-up is significant and existing program staff cannot always keep up, the public may avoid using adjacent health care services, have concern about community safety, and push back against programs that could yield positive results. Communities need more adequate consultation before changes are made to services such as harm reduction.

Mayors noted a spike in homelessness, in part because MSS now sends cheques directly to clients instead of diverting a portion to landlords for rent. Evictions, including evictions from municipal housing, are increasing. Mayors observed that mental health and addictions make it difficult to support clients with complex needs. Returning to the previous system of paying rent to landlords will help provide more housing stability.

Mayors mentioned that drug addiction ought to be treated like a health issue rather than a criminal justice issue. More needs to be done to direct resources and support toward drug courts, beds, timely treatment for meth and fentanyl addictions, and coordinating with CBOs to deliver services. To prevent youths from entering a cycle of drug use, cities need to provide more programming and recreational activities in the evenings.