

UPHNS HUB Community of Practice

“Drug User Groups and Drug User led Advocacy.”

Date: January 26th, 2023

Time: 10am-1130am (PST)/1PM-230pm (EST)/2pm-330pm (AST)

Participants: 63

Facilitators: Andre, Clem, and Matt

Chat box and support: Seff and Savannah

Tech Check/Translation team: Gene & Fannie

Land Acknowledgment: Clint

Introduction to UPHNS HUB Call

- **Housekeeping**
 - Audience intros
 - What is the UPHNS HUB + accountability statement
 - No recording, microphones etc....
 - Chat box support
 - Time support
 - Q & A guidelines
- **Moment of Silence, honoring those we have lost to the drug war**
- **What is the HUB, overview**
- **Statement on Anti-oppression and Inclusion**
- **Panelist Bios**

Panel Discussion/Q&A

What does your drug user organization do in your community?

Panelist – “We are not funded at all. We actively work to disrupt systems of oppressive (health unit and municipality); had to train our health director when they got hired. We started an OPS in the back of an ice cream store people were dying and the health unit wasn’t doing anything. They weren’t acknowledging that people weren’t warm at night, let alone being able to use drugs safely.”

Panelist – “Worked with Tweak Easy and local police to ensure folks wouldn’t be criminalized. Set up support groups for people with kids who use drugs, advocacy through mom stop the harm.”

Panelist – “Use iOAT as ways to support families and shame government. We blast politicians via mail, social media. We offered a safe place for smoking. We fill the gap because we don’t have those barriers, we don’t have funding so we can do that. We’re the only ones who provide meaningful support. We’re the only one’s doing all the harm reduction in this town and the next one. Even to get pipes, people have to travel an hour away. We have to address all of that without funding.”

Panelist – “We have an OPS we’re a group of. To be a member of VANDU you have to be a user or former user, know a lot of the people that go in there. Talk about what’s out there on the street and share it with other people and groups and stuff. We have meetings about harm reduction, basically we have our foot on the ground – they are comfortable talking to us and us talking to them. We haven’t had any fatalities since we started. Our OPS is our main harm reduction service.”

What are structural issues in rural/remote areas? What can be done to overcome some of these issues?

Panelist – “In the Yukon and Whitehorse, we have a small group, we just recently relocated our facility from a location where for some people it was an issue for them to come to the group. Depending on the time of year, because of our small town, everybody knows everybody.” *The location* – “We were right out there on the main roads, people could see us gathering, drive by – different organizations, didn’t want certain people to see you, whether you are using your harm reduction group as a healing mechanism or other -didn’t want people to know what we were up to. Up here, there is a lot of stigmas, a lot of racism.”

Panelist – “We declared a state of emergency last year because of our overdose. We opened our first safe injection site last summer. We opened our safe inhalation room as well. Location was really key for the users. People in general that you just did not want to know what you were up to. Like I said, it was a small town. Everybody knows everybody. We are in a new location and it’s a really great facility. A lot more space. We had our drug user group called DUG – a lot of information provided from our coordinator. We do different things, give a little honorarium to each participant to encourage people to come. 10 dollars. And then they would have a hot meal, snacks and drinks. Food was always comforting for everybody, helps the conversation. We do different things, trivia games. Watch movies, we always had a counsellor onsite for after our group – that was good if we needed to speak to somebody about a certain situation. We get our funding from different places. One of the challenges for us would be to have that continual support – financially – since we moved the RCMP, and certain people are aware that they are not welcome unless need be in our facility. You don’t see them driving by on a regular basis like they did with our other facility. Other organizations and people that you didn’t want to see at those locations.”

Panelist – “Started a group two years ago – the lived experience advisory group. It’s a small group that we have – there are 8 of us. We gather twice a month, we talk about different things, topics, what’s happening in the community with drugs. What’s on the street. We talk about what we’re doing to help, we’ve been into a few big conferences so far. It’s a new group, two years old. We started a gardening project for our health and healing. The DUG group and the XXXX group – we have different facilitators coming – teaching us traditional medicines and other types of learning things – we did some visioning

boards and things like that. It's actually really good – everybody in our group loves our group – we've been pretty steady for the past few years.”

Panelist – “We do have a drug user organization; we've got the peer advisory council – part of the Manitoba harm reduction network. It's been here for a little while now, I've been with the council for five years now. Do it better do it safer is a group to aid drug users in accessing services and stuff like that. As far as boundaries of being in a rural area, there is a heavy lack of services. We've got no safe consumption site, no homeless shelters, no recovery centres – there is no means of transportation to and from the city for appointments and stuff like that – there is heavy stigma against drug users in the hospital and it is the only hospital in the area. You are stuck going there if you have any health issues. Heavy stigma in most of the pharmacy around town – refusal to prescribe narcotics in spite if you need it.”

Panelist – “If a user is looking for help on a Wednesday, you'll have to wait a week – people can't wait that week sometimes. Discouraging and extremely hard to make appointments through the RAM clinic.”

How can community-based organizations support drug user organizations?

Panelist – “SUNAR partners with 7 different harm reduction organizations. In the communities in which we Panelist members, for time limitations I won't get into where we are all located. Because we are regional, their partnership has been really key for us. It helped us to identify interested members in each of those communities. Some folks don't have access to a computer/WIFI. We also pay an honorarium to attend our meetings and organizations have helped to give cash to people who don't have a bank. They printed off agendas and meeting times for them. We have an in-person events for our members once a year in Halifax. We benefited from having staff drive them to the event or take the bus with them. If you are unhoused, there is so much going on in your life just trying to survive, trying to coordinate and get the basic necessities - they supported folks in attending to people who might not otherwise be able to.”

Panelist – “SafeWorks have given our outreach worker naloxone kits to administer. All that being said – the time that I had consume with our partner – it's important that we only have people with lived living experience of criminalized drug user. We've had staff without lived experience join our calls on occasion – we worked hard to create some boundaries there. Not all community organizations know how to do a good job. One of our partner organizations didn't support the individual autonomy of our members that's hard personally for me to manage those relationships. It's upsetting when members call me and share how they have been treated or under-utilized – we are chronically under-utilized. Harm reduction organizations should be good and support our members – it's hard to navigate not offending them either. Overall, for our network they played a key role – the majority are great and participate fully in a meaningful way.”

How can community-based organizations support drug user group initiatives?

Panelist – “By hosting meetings. The more meetings the better, the more information that is put out there. We have meetings on different topics. The more it is, the better it is. different experiences of life too, poor people, people that have money. Meetings are the best things to have. We've got a lot of groups here – VANDU's umbrella – drug user group on Mondays, Tuesdays is VANDU education – what was done in the past and where we want to go, Wednesdays is the methadone group, Thursdays catch

up on things Board meetings and stuff, Fridays is WAHRS – we’re quite busy every day. Something is going on every day. Women’s group on Saturday – the women running it passed away, she OD’d a couple weeks ago. New group – it’s all about drugs, just started about two months ago. It’s almost everything – we don’t have a men’s group, that’s what we’re lacking.”

Panelist – “We lost so many members; we’re doing what we’re supposed to do – these drug user groups. But it’s the government that’s got to step up. We just lost another member too on the Board on WAHRS, he just lost his wife a couple months ago to the war on drugs. We are losing people so fast. Almost 800 people that I know by first name. at least 80 people that were on the Board of VANDU, whether WAHRS, EDGE – almost 80 people have died that sat on those Boards.”

What is the benefit of PWLLE in drug user groups ...

Panelist – “Anyone that lives in the area that has experience, past or present, in using drugs should be allowed to be part of a group. The benefits of being part of the group is new perspectives on things, access to information for other people that wouldn’t normally have access to harm reduction meetings.

Panelist – “There is STI testing, info and treatment for HIV and other bloodborne infections – people who are clean have quite a lot of knowledge and value to bring to the group. It massively improves how the group functions as well. We can make huge changes and positive steps forward for our healthcare system.”

Panelist – “This is something that has come up a lot, there are folks on ONPUD that are former drug users, and have little experience with drug use nowadays, and creates a dichotomy. Anyone with drug use experience should be allowed to be an advocate. It’s the stigma, oppression all the things that you face as a drug user, that doesn’t change. It’s important to have people that have lived experience because often times that lived experience... – I needed someone that had been there to get me to that point so that I could be where I needed to be, for the reasons to be the things that I am. It is important to have people from all walks of life, drug users are from all different walks of life – they need to have walked it to support people. A lot of voices as part of it – I couldn’t have done a lot of the work that I do without people – I don’t have all the answers, I don’t have all the angles. We need people from all walks of life. I work with public health – I can be the one to tell them off and not feel – not be traumatized about it. They don’t treat me differently than their peers because I don’t use drugs, unfortunately that is where we are in our society. Some people lived and with living experience gives the whole organization a well-rounded vibe.”

Sustainability for Drug User groups

For this portion of the webinar, Matt and Andre are going to lead a discussion on ways drug user groups can be sustainable and the way CAPUD can contribute to that.

Funding: There are multiple national organizations that provide grants including health Canada and PHAC. Three major streams: SUAP – has funded CAPUD and SUNAR. PHAC has two major funds: HRF and HIV and Hepatitis fund. Funding from 2 to 5 years, with a chance for renewal. While these are great to fund projects, they can have some cons. They require extreme reporting requirements that can be difficult for some organizations. Unless you are providing a harm reduction service, its hard-to-get sustainable funding for projects.

Other ways are, through sole source contracts with other community organizations that are receiving money. That can be through contract work or providing feedback through KT projects to name a few. Acknowledge the hustle of drug user groups through donations and merchandise. CAPUD does a call every couple of years, members sit on the review council which helps review unless sit poses a conflict.

Format: It's essential to have a strong foundational format to support members of your drug user organizations, and that they are compensated, along with, consistent framework on how your organization runs meetings. Someone should Chair the meeting, and someone should take notes, and ideally you rotate these roles. Land acknowledgements, it is important to acknowledge colonization within the context of the toxic drug crisis. Check-ins, people who use drugs don't have a lot of support. Checking in with members before getting into heavy conversations about drug use is important. National, provincial, and local drug user presentations. It is important to have a section for receiving new information, Q&A period, wrap up, and moment of silence. Once the meeting is done, it's important to acknowledge the members and loved ones lost to the overdose crisis. PWUD are not homogenous, group needs to be made up of people with different backgrounds. You can reach out to **Andre** and **Matt** for more information.

Friendship: Social network of drug user organizations. Drug user organizations create valuable and meaningful relationships. Build and form important social networks that help keep people safe. This could be distributing harm reduction supplies and naloxone kits. It can also be through virtual or in person support.

Another important element is the opportunity to share knowledge with one another, to help one another be successful in one area – by attending drug policy conferences or travel plans and to let folks know about some of the projects that you are working on. Keep this warm sense of connection that people may have never felt before. It's so important the friendships that we build in these organizations, and how that ensures the engagement and the sustainable aspect of these organizations. Some of my closest friends are people who work in these organizations. Being around like-minded people is so important.

Panel Discussion/Q&A

What are some ways that drug user organizations can be sustainable?

Panelist – “The work that we do is great, better than any of the work that services in our town does. We don't have non-for-profit status, so we can't apply for funding. If there are ways for organizations to fund us without having to go through all those barriers – that would be helpful. Usually, they try to partner with us with projects, it disrupts our processes, and changes what we were doing. Community engagement is a big piece. If your community is by your side, you can be more sustainable. We have seniors coming out to help us. Small towns are a lot different. We have real community here, where I used to live was not like that. Helping donate to things we need and stuff like that. We need organizations with more power and ability to advocate for us. Just to show that we can be trustworthy and effective at what we do. Promoting our work rather than using us as an advisory. We are often just used as an advisory – how should we market our sharps bin? Take pictures and put them on Facebook... anyone could figure that out. Utilize our skills and pay us. It's so important to be compensated for all of the work that you do.”

Panelist – “This is a great question; we are running out of funding at the end of march. In the Atlantic provinces – out west and in BC – the lived and living experience is more recognized. I would love to see permanent and paid positions in government. I don’t like government, but I feel like we need to be in there. Being a regional network, we hate limiting it to Nova Scotia – it is really challenging. We feel SUAP is one of the only ways to do that. That is what we have been trying to work towards. Getting some contracts. We need permanent positions, not gig work here and there. So hard to manage gigs here and there. I’m all ears – that’s the hardest part for sure. Love the idea of having people within organizations. Might lose your voice, but so important to infiltrate the system from within.

Panelist – “Without organizations and our groups – secure funding at all times through whichever places we can get it, and that our participants are working together and that we are both on the same page. As well as having consistency with facilitators coming in to keep our group more engaged into what we’re doing. Making sure that we all have a voice and that we are on the same page with the things that we are doing and amongst ourselves. That’s pretty much it. The funding element is so important. We do get an honorarium – we get 50 dollars every two weeks; we have a two-hour session. That’s different than our drug user group – that’s more money than our drug users’ group. That’s good – keeps the people coming and helps us with transportation as well. That helps. There is always a meal, that keeps people coming. There’s a lot of homelessness here.”

Panelist – “On Thursdays is our Board meetings, with all of these drugs, we have an agenda, and we follow the agenda, we have somebody from every group liaison, and we talk to their problems and our problems, and their topics – vice president and all the way, it’s very democratic. With all these different groups – we have our Thursday group – we learn about what other groups are up to and keeps things going.”

Panelist – “The adults that have lost children that are adults, that’s really important – I lost two of them, when it first happened, I couldn’t speak about. A lot of people have, it’s unbelievable how many adults have died that are children to someone. Maybe they can watch for things. I think it’s really important, not talked about as much as we should be.”

Question and Answer of Participants

Participant – “30 years on the needle, recovery and using addict. If you’re not using than I don’t know if you understand that. Sustainability... you have such a huge resource that you are not being tapped into. *Drug users want to volunteer*, I don’t want to use my harm reduction supplies. Homeless people will come and get food, they want to help out – they know what it’s like. I lived all over the country. That’s something that is not really happening at all. A person said something about chaos. If you want change – you’ve got to let chaos in. it can be intimidating – they are valuable resources. You got to open up the system to people who actively work. Because they will work. I will volunteer for a cup of tea at times. I don’t get paid for it even though I got 30 years’ experience and education. I lost a friend last week, the drugs out there – they are so toxic. The naloxone – we don’t have enough of it. What we have to do is get our needles, then we have to go somewhere else to get our naloxone. When you are dope sick, you are not going to travel. Once you get your gear, you are going to get high because you are sick. Is there a way to get people a naloxone kit easier – put it in with their needles, smoking kits, and all that. One thing I do want to say – I’m someone’s son, uncle – we are not them or they – we are your family and

your friends, we are your loved ones. Otherwise, it makes us very depressed and makes us want to use more. What are the roadblocks with putting naloxone in the harm reduction kits?"

Participant – "ENSEMBLE services, with respect to naloxone kits, different than Nova Scotia where you can go to pharmacy and get your naloxone for free - can distribute naloxone with your kits. The primary purpose is to make it available to people who use services and their family and friends. Because of the crises that we are in in the moment – we have a much greater demand. It's almost like it has become fashionable to walk around with a naloxone kit – it takes it away from the people who need them. We give them 2 to 4 kits just to get them through from closing to the morning. We are going through them really fast. The province has now purchased kits to give them to the shelters even though they don't believe in harm reduction. If there is a harm reduction service in your area, try to work with them for the distribution. Our folks are really blossoming, we've hired them on as peers – always struggled with money – would like to hire them on full time, but for now – they are part time. One of our peers is homeless, almost lost her bed because she had kits and supplies on her. We have a really nice, computerized dispensing services. They are climate control and can provide the naloxone kit. The new machines are low barrier – our other ones were no barrier. You have to put a code in – the funder wants data. We have three machines now, one in Moncton, one at Sackville United Church, and one in another rural community in a pharmacy. That's the way we are able to get naloxone out in the community."

Participant – "I am in Montreal, and we depend on the Quebec government for our naloxone supply. They will send us a kit that has the case as well as two doses of naloxone in it. But we are putting 4 cases of naloxone in them instead. It can take up to 10 doses to reverse a severe overdose. We get 2 in the kits, and then we have to order supplemental naloxone that comes individually that is not pre-packed in a kit. You have to put two more syringes in, we have to go to Stephens to order the syringes to complete a kit with 4 doses. We have to deal with our public health agency in Quebec and the supplier for the needles. Each province experiences different barriers to get those naloxone kits out. We're lucky to get more funding for our naloxone kits and the training, we were able to distribute a lot more naloxone kits and various organizations. We get them – we have them distributed from our drug stores, doctors' offices, the hospital, safe consumption sites, our outreach van that we have on the road here, a lot of different organizations. We also have training – a lot more training from our state of emergency that we declared being the top province in Canada with the most overdoses per capita. We were able to get a lot more for the situation up here. A lot more people are trained in organizations and have this on hand."

**National Harm Reduction Community of Practice: first call is Friday Feb 10 @ 12:30 PM EST –
L'Interzone presenting on their indoor inhalation services.**