CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Mainline
NEEDLE EXCHANGE - NOVA SCOTIA EST 1992

Preliminary Community Assessment Report for
Dartmouth, Nova Scotia

APPENDICES

BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUBSTANCE USE

January 2022

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Appendix A

Current state: What is happening currently to support people who use/d drugs in Dartmouth?

Detailed Summary Notes

The following themes were identified in the summary of the current state of services and supports for people who use/d drugs in the Dartmouth community:

1. **Support for Safer Consumption**
2. **Acute Treatment Supports**
3. **Longer-term Treatment Supports**
4. **Stigmatization of People who use/d drugs**
5. **Affordable, Secure Housing**
6. **Food Security**
7. **Public Safety and First Responders**

Each theme is summarized in greater detail in the sections that follow.

1. Support for Safer Consumption

Participants shared mixed awareness about the support for safe injection. Some did not know there was a site in their community or if the site was open; whereas others (more service providers) did know of the overdose prevention site and identified it as an important corner stone to the harm reduction services available in the community. Some also indicated that a more permanent safe consumption is not available in Dartmouth. Some participants identified peers as the primary source of drugs and needles, whereas other participants cited community organizations (such as Direction 180 and Mainline) as the primary source for needles. The overdose prevention site in Halifax, the Library, Direction 180 and Mainline were also specifically mentioned as also being important locations for safe and supported consumption and disposal. Many participants cited the high numbers of people overdosing and dying in the community as a serious and critical community concern.

"I pray every night for a safe injection site"

In addition to overdose prevention sites, participants indicated that needle safety was lacking, despite multiple programs being available locally that supply new needles. Mainline and some pharmacies were mentioned as having "brown bag" programs that provide needles. People who use/d drugs commented specifically on the need for more education about the risks of reusing needles and where people can go to get new needles. Comments were shared about the limited supply of new needles, one individual indicated that they had gone to 3 different locations, and all were out of stock. Some indicated that the community outreach services bring them what they need; however, others felt the outreach presence in the community wasn't adequate while "many could benefit from outreach the services just aren't there".

> *"There needs to be more of a presence over in Dartmouth where they lost their address. Now that it's not available for clients in Dartmouth – not all people have bus passes. People are reusing old needles."*

Used needles were identified as a health risk to the community by health and social services workers, public safety workers and people who use/d drugs. It was noted by public safety participants as well as some people who use/d drugs that some communities were more likely than others to call first responders when used needles were found. It was noted that some communities are more likely to do their own clean-up or informally share the information about places that pose a personal risk.

A few participants commented on the lack of safe spaces for people who consume drugs other than opioids (crack was the example provided) and that while the overdose prevention site was evidence-based there was a lack of available evidence for how best to support the community using crack cocaine.

Support for Safer Consumption Current State Statements:

- There is an overdose prevention site in Halifax for safer consumption of opioids, but not for the consumption of other substances.
- There are needle disposal boxes at specific community sites including the libraries, shelters, and Mainline; where these boxes exist, there are fewer needles found on the ground.
- Some pharmacies, and Mainline provide unused needles to the community.
- There is a mixed awareness of the supports currently available regarding safer supply, injection and disposal among public safety, public health and people who use/d drugs.

2. Acute Treatment Support

Many participants stated that the detox services and beds available were inadequate, particularly in an emergency ("there is no emergency detox bed"). Some participants noted a change in the way detox services were managed, having moved away from a peer-led model with an open-door approach to requiring hospital triage, interview, or pre-existing working relationship with a community-based worker. This shift changed the 'as-needed' focus of detox to another type of longer-term treatment program thereby preventing people who use/d drugs from accessing detox as many times as needed to be safe. It was also shared that day programs for detox are seen to be a less effective form of support because people must leave in the afternoon when the day program closes and then, without support, often use drugs in the evening. As such, peers were also mentioned as a current source of support during a crisis.

> *"They did it because they were getting a bunch of repeats but that is what detox is for! It's not to break the cycle toward sobriety but it's to help the person not die on Tuesday."*

> *"If I wanted to detox tomorrow I can't, I have to wait 3 weeks. And that's alcohol. If you want to get off Oxy you can't just go."*

It was also noted that the Dartmouth community does not have a place for women who use substances and are pregnant to detox or be started on opioid replacement to help them get out of violent or dangerous places. Participants felt this glaring deficit in the system.

Acute Treatment Support Current State Statements:

- Detox services are inadequate in terms of space available and timeliness of the accesses (i.e., there are wait lists for detox; however, participants identified detox as what should be a 'right now' form of support).

3. Longer-Term Treatment Supports

The Methadone Program, mental health and substance use services through community health clinics and the hospital and services provided by Direction 180 and Open Door were mentioned as primary sources for treatment services. Participants identified that the needs of Dartmouth are often being met in Halifax regarding formal access to in-patient treatment.

> *"There is nowhere anymore, there is more in Halifax than here. The places were shut down. There is no immediate, spontaneous support."*

Most participants noted that the mental health and substance use services, residential programs, methadone programs and other longer-term treatment services available in the community or through the hospital had long wait lists and complicated referral processes. These were seen as barriers for people who use/d drugs to access the support they were seeking, when they were seeking it. The lack of timely access to services was seen as a key factor in contributing to a feeling of hopelessness and the continuation of drug use, despite the individual's desire for change. The emergence of COVID-19 has intensified this issue with some participants citing that the waitlist has dramatically lengthened. In addition, it was felt that the few services that did exist were somewhat siloed and lacked strategic coordination.

Further, participants shared that all mental health and substance use services will be moved out of downtown Dartmouth soon and will be situated in a suburban community. This move was seen as compounding the issue of access, particularly for people who use/d drugs in the North Dartmouth area, resulting in the need to take multiple buses, navigate additional logistical complications and be exposed to increased stigma. It was felt by participants that this increased transportation burden would prevent some people from accessing the services who want to access the services. It was noted that the private facilitates were not affordable for most people with the lower end cited at approximately $9,000.00 for 28 days. A few participants indicated that they felt they were seeing more self-medication because of lack of access to treatments.

> *"It is such a struggle. You have someone who wants to make changes, they want to make changes and get the ball rolling and they can't."*

Some participants shared that they felt many programs available were "too fast, too soon and based on abstinence" and reported that there are very few spaces for those who don't want to be abstinent (e.g., focusing on the benefits of drug use and not only the harms and risks); however, some clinicians shared the opposite perspective, that there were too many spaces that allow rather than prohibit substance use. In addition to conflicting perspectives on the principles of the programs available, there was a general lack of awareness of the scope of programs available for support unless the participants job was specifically to know what was available (e.g. elected officials had a broad but general awareness; community workers had a more narrow but detailed awareness; people who use/d drugs were very familiar with the services they used, or used before they were closed; however less familiar with other options available).

> *"I live up the road and I didn't know [that service] was available to me"*

It was noted that Alcohol Anonymous and Narcotics Anonymous programs are used in the community; however, it was also noted that groups based out of churches were less accessible to those in sex work. Finally, a few participants noted that the access to services through the criminalization of drug use meant that those who were working through the courts system may have access to programming in a way that others would not. It was felt that this process may coerce people into the criminal system rather than having access to peer-led community-based support.

> *"Religious-based groups don't really fly with our program users. Not the 12 steps per se but any groups out of churches; it wouldn't fly."*

Longer-term Treatment Supports Current State Statements:

- The wait lists for mental health and substance use services and related programs, and their respective referral processes, are too long and complicated for people to act when they are ready to act, and these long delays can "throw people off the course they want to be on".
- Moving the mental health and substance use services out of downtown Dartmouth will further restrict access to services, making it more difficult for people who use/d drugs to get the support they seek.
- There is a general lack of awareness programs available, their scope and principles unless the respondent's job was specifically to know what was available or the person had a history of utilizing the support offered by a specific program
- Services or supports only available through churches or through the criminal justice system may further stigmatize an already vulnerable population

4. Stigmatization of People who use/d drugs and Peers

Many participants noted the significant stigma that faces those who use drugs in their community specifically citing formal, clinical services as unwelcoming when compared to more trusted peer-led services. It was shared that formal, clinical services made people feel "entrenched in specific territories" and under surveillance.

Lack of education was perceived as a key contributor to the stigmas people face as well as a lack of "tools to support organizations to help others embrace the peer voice." For example, participants cited criminal background checks as a barrier for some peers to enter communities and participate in peer-led work. Knowledge of appropriate language and sensitivity were specifically mentioned as lacking generally in the community broadly. The importance of first voice, hearing from people with lived and living experience, in the community was underscored by participants as a method to normalize and humanize people who use/d drugs as well as hear what is needed from people who actually use the supports in the community. Some professionals in the community were identified as having power over people who use/d drugs including police and bus drivers.

> *"Bus drivers (many) are terrible to people coming back from [Direction] 180 who have had their methadone and treat them terrible. Bus drivers know where people are going and judge you for coming from there, being rude and ignorant. He said, "you all junkies stick together". Having this happen on daily basis is terrible. The first thing I want to do is use. More education for them maybe – they don't have the right to treat me like that."*

In addition to a preference for peer-led services, some participants noted a lack of culturally appropriate services, and service providers. One participant shared and experience trying to find a Black counsellor on a request and was not able to find one in all of Nova Scotia. Another respondent indicated the importance of sex workers having access to treatment that is pro sex work and pro-choice. Participants expressed concern about not being able to match people with supports that understand or have shared their own personal lived experience.

It was felt that the community wasn't prepared for the direction Canada is going in terms of substances. Some participants commented on the resource investment required to educate the public to reduce the stigma in the community that will conflict with progressive drug policy. It was felt that people weren't yet "ready to wrap their heads around it and we aren't resourced to bring the people along". It was felt that more investment was needed to "address the changes that are coming and have already come". Thunder Bay and Vancouver were mentioned as cities that were currently doing this well.

> *"If we want gov to change we must educate people, so they aren't so scared of change. They ended alcohol prohibition to end the harms associated with prohibition. At that time, they didn't understand the addiction side of alcohol, but we could get it right now with all other substances. We are coming at it from a harm reduction perspective to reduce the harms but let's not make the same mistakes as we did with alcohol and get it right – support the addiction as we end prohibition."*

While education opportunities to combat stigma are lacking, Naloxone training was mentioned as being available throughout the community via peers, community businesses (pharmacy, library), and street outreach community navigators.

Stigmatization of People who use/d drugs and Peers Current State Statements:

- Stigma is pervasive in the community, within clinical services and public safety; specifically, people who use/d drugs, or those working in the mental health and substance use see or experience a lack of knowledge of appropriate language, sensitivity, and compassion
- A lack of education is perceived as a key contributor to the stigmas people face as well as a lack of "tools to support organizations to help others embrace the peer voice."
- Peer-led, culturally appropriate services are preferred over clinical services or services led by people who do not have a shared life experience.

5. Secure, Affordable Housing

> *"Many people who have homes use drugs and don't come under the same scrutiny because they have privacy"*

Almost all participants noted the negative impact inadequate housing has on the health and well-being of people who use/d drugs. The number of people experiencing homelessness is increasing, to the point where an arena in North Dartmouth has been used as a shelter. It was felt that the "constant turmoil and chaos" in their lives of those who do not have safe, affordable, consistent housing was a barrier for people who want to stop or slow their substance use.

> *"It's hard to focus on decreasing use when you live outside or have precarious housing. People don't handle stressors well, so they go back to using really easily."*

It was also noted that those who are unhoused are more likely to be criminalized for behaviours that those who have housing would not be criminalized for, due to a lack of private space for consumption, elimination, or sleep. Participants felt this lack of privacy for the unhoused further intensified stigma. In addition, it was mentioned that group homes and other structured living arrangements have a zero tolerance or low tolerance policy for drug use, creating barrier for people who use/d drugs to access those housing options.

> *"People who use drug have complex needs and assisted living would help them with that. Not every shelter has a low threshold / higher tolerance, many have higher threshold / lower tolerance for drug use"*

Related to housing it was mentioned that a lack of private space (for use, disposal, accessing treatment or research) was a concern. The library was noted as providing some access to day-of reservation of meeting space as well as access to the internet but that it wasn't meeting the perceived need for counselling or treatment received online to be confidential. Most participants felt that online treatment was uncommon; though indicated that it could become more common, particularly since in-person engagements have decreased due to COVID-19.

> *"We are very frustrated that public health agencies have used all their power and resources to respond to COVID and a real lack of response to drug overdose – lack of access to daily numbers, weekly briefings and other tools that public health as that their disposal – to address the overdose crisis; for reasons it's not being addressed – this has caused a lot of mistrust, and cynicism for people who use substances and public health."*

Secure, Affordable Housing Current State Statements:

- There are many people who use/d drugs who are living unhoused in Dartmouth and are at risk of criminalization, exploitation, and exposure.
- There is a lack of affordable, secure housing for people who use/d drugs and therefore a lack of stability and safety in their lives.

6. Food Security

Food insecurity was also identified as a primary concern for participants. Several community partners were noted as providing a meal on a weekly or monthly basis; however, participants acknowledge these meals were inadequate to meet the community's current food needs. Many participants felt that food security was the most basic need to be met and without which, people would not be able, or expected, to consider other needs. In addition, it was noted that the effort expended for people who are food insecure to get fed left little time for other health-related pursuits. In addition to an inadequate volume of food being provided by food programs, lack of personal income for food was also noted as a concern.

> *"If you have a full belly, it's a little bit easier to start looking at other needs. If you are hungry all the time you can't look at anything else…just spend so much energy getting food, there is nothing left in the day for them."*

Food Security Current State Statements:

- Several community-based organizations were noted as providing meals including North Grove, Souls Harbour, Margaret's House and when possible, Primrose Pharmacy.
- Despite several meal programs, access to health, affordable food within a reasonable walk is a concern in Dartmouth and North Dartmouth in particular.

7. Public Safety and First Responders

Some participants identified that the criminalization of drug use has further stigmatized an already vulnerable population. The role of first responders had been identified by a few participants as not always appropriate. Issues with the patient care and exchange were identified where first responders arrive at a scene and end up waiting there with an individual or at the hospital for long periods of time before the appropriate help can arrive. It was acknowledged that despite the "vast majority of their calls" being related to mental health and substance use, first responders have limited abilities to deal with the root causes of these calls (such as determinants of health, trauma, etc.). It was noted that the strategically located infrastructure assets of public safety (e.g., fire stations) enables first responders to provide timely mental health and substance use support for those who need it; however, it was acknowledge that "re-tooling, re-training and refocusing some of the work and workers" was required.

Some participants felt that the criminal justice system has become too embedded into the health system ("Police, courts, etc. are responding to overdoses and it's not a crime"); the risk of being criminalized acted as a deterrent for people calling for assistance. Despite that risk, it was acknowledged that there were limited to no other options of "a place to call" if someone needed help.

> *"We need the right tool for the right issues. Everything looks like a nail when you are a hammer… people who do emergency response do not have the training to provide the support they are required to provide when they come to a client who has needs that aren't immediately life threatening."*

Public Safety and First Responders Current State Statements:

- The assets of first responders (e.g., fire stations) ideally positions them throughout a community for a rapid response time.
- First responders are trained to respond to acute and life-threatening health issues and currently have a limited ability to deal with the root causes of the calls they receive related to mental health and substance use.
- It is felt that calling 911 increases the risk of a person being criminalized which acts a deterrent to people calling for help; however, despite that risk, it is felt that there are limited to no other options of “a place to call” if someone needed help.

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Appendix B

Desired future state: What the community would like to see happen to support people who use/d drugs in Dartmouth

Detailed Summary Notes

The following themes were identified in the summary of the desired state of services and supports for people who use/d drugs in the Dartmouth community:

1. Support for Safer Consumption
2. Acute Treatment Supports
3. Longer-term Treatment Supports
4. Continued Commitment to Harm Reduction
5. Affordable, Secure Housing
6. Food Security
7. Enhanced Outreach and Community-Based Services

Each theme is summarized in greater detail in the sections that follow.

1. Support for Safer Consumption

Culturally and gender appropriate, private locations for safer use of drugs was noted by several participants as an ideal addition to a supportive infrastructure in their community. It was felt that the overdose prevention site was a good start; however, more locations are needed to meet the needs of the community and should have a broader scope of consumption to include other substances such as alcohol and crack cocaine and other methods of consumption (I.e. smoke rooms). The magnitude of used needles was seen as a problem that would be ideally solved with education (e.g., learning about “cap and snap” and “safe buckets”) and public safe disposal locations, such as those found at Mainline and the library and the addition of private washroom facilities (e.g., more port-a-potties). North Dartmouth was mentioned specifically as benefiting from safe disposal support.

More generally, it was suggested that there is a need for an increased diversity of available harm reduction services (i.e. treatment programs, counselling, and supervised injection site), as well as improved accessibility of these services (particularly regarding location and hours of operation).

Finally, participants had different views on what "safer supply" is. Some participants suggested achieving "safer supply" in an ideal world would involve people coming to a supervised site 3 times a day for "safer drugs and clean tools" and pills to sustain the individual overnight (e.g. opioid agonist therapy). Alternatively, some participants felt that sharing the information available online about "dirty drugs" or "bad batches" would help achieve a "safer supply" to those who don't have internet access (i.e., analog sharing of the online lists of toxic drugs). It should be noted that participants generally used the term "safer supply" as being synonymous with "safer consumption".

"I've been getting the 'bad drug' list and they are posted online, and a lot of our individuals don't have computer access so getting the word out there about what drugs maybe laced with fentanyl would save lives."

Furthermore, ideally participants wanted to see community education programs that focused on reducing the stigma attached to the overdose prevention site and the safe disposal boxes. It was felt that the community at large has not yet embraced the idea of publicly visible harm reduction strategies (vending machines, disposal boxes, clear and obvious signage for services or supports) and that various churches and business are still advocating to either move or remove these supports. Ideally, the broader community would understand that "even simple things like putting needle boxes isn't encouraging behaviours; it's trying to help people co-exist". Community education, and political leadership to support this education was seen as ideal.

Support for Safer Consumption Desired State Statements:

- Culturally and gender appropriate, private locations for safer use of drugs would be available, in addition to the current overdose prevention site and would have a broader scope of consumption to include other substances such as alcohol and crack and other methods of consumption (I.e. smoke rooms).
- More safe disposal boxes would be available throughout the community, education about safe disposal would be increased and a concerted effort to combat the stigma related to the safe disposal of needles would be made.
- Supervision for safer consumption of would be ideal, or at least, sharing of information related to the "bad drug list" broadly would reduce harms.

2. Acute Treatment Supports

Participants overwhelmingly commented on the availability and investment in services as a key priority in an ideal world. They indicated that a short-term admission detox that is open 24/7/365 would be ideal, with enough spots for those who need it, when they need it. Ideally, this detox centre would be run by people with lived experience. In this ideal acute care setting, participants also noted that there should be direct connections available to mental health and substance use services to provide the opportunity to people "while that window is open where they may be contemplative of change". In addition to guaranteed access to detox, same-day access to mental health and substance use services (e.g., a walk-in mental health and substance use clinic) was identified as important.

"I would like NS to fund (we are 1/10 the pop of ON), ON has 400 beds, so I would like NS to fund 40 beds for inpatient, ready access rehab treatment where people could be referred by their own doctors and get best practice rehab...should start at age 14 and have no age limit."

Acute Treatment Supports Desired State Statements:

- A short-term admission detox would be open 24/7/365, with enough spots for those who need it, when they need it.
- Detox would connect to longer-term treatment supports as appropriate and desired for the individual.

3. Longer-Term Treatment Supports

Resources that can be contacted 24/7 for referrals into the system and access to supports (e.g., substance use counsellors) was mentioned as important to have, "especially as it relates to traumas that can fuel substance use". Participants noted that in an ideal world the service access would not be coercive, would be on an outpatient basis that is culturally appropriate and led by people with lived and living experience ("systems designed for them, rather than systems designed for the system itself"). Participants wanted to see provincial investment as being on par with other provinces who they considered more progressive in terms of inpatient treatment (BC, ON and AB were mentioned) which does not exist in Nova Scotia and that referrals to inpatient treatment could be made by a broader type of clinician (not just physicians) to facilitate access.

"Right now, in our province, a 23-year-old and they can't get their stuff together and get to an addiction's physician [for an out of province rehab treatment referral], all they will hear is 'I can put your name on detox, here are some meds and have a good life.'"

When asked ideally how they felt people should be supported, some participants identified that they were not the most appropriate to answer that question and that the ideal state of services should be designed and directed by the people using them.

"I think people need to have systems that are designed for them and not for the system itself. Our systems need to be designed for the people who use substances. They know what works and what doesn't. If we built the systems around them, we would have a functioning system that serves their needs and therefore our needs."

Longer-Term Treatment Supports Desired State Statements:

- Access to out-patient mental health and substance use services, at least a person on the other end of the telephone, would be available 24/7/365.
- Services would be culturally appropriate, not be coercive, and led by people with lived and living experience
- Referrals to mental health and substance use programs could be made by a broader group of clinicians.

4. Continued Commitment to Harm Reduction

Leveraging and expanding what is already working (Direction 180, MOSH, Mainline were examples given) was a priority for participants, including continued investment and commitment to the application of harm reduction principles and ensuring that services are focused on a person-led experience that doesn't expect, though allows space for, abstinence as a goal. Participants identified that expanding funding and ensuring that funding is not precarious (e.g., not a pilot project) would help ensure what is existing and useful could be sufficiently supported and expand according to need.

Continued Commitment to Harm Reduction Desired State Statements:

- Continued and enhanced investment should be made to the existing organizations that apply harm reduction principles and ensure that the existing services are focused on a person-led experience that doesn't expect, though allows space for, abstinence as a goal.

5. Housing Security

Non-profit, secure housing was seen as an immediate need and desirable in an ideal world, citing the lack of privacy as a driver of the criminalization of people who use/d drugs as well as the emotional, psychological, and physical burden faced by those who are unhoused. Participants identified that homelessness was on the rise in Dartmouth. It was also mentioned that more recovery, transitional housing with a focus on substance use, or with a high tolerance for drug use would be desirable.

Housing Security Desired State Statements:

- Non-profit, secure housing would be available to all who need it including transitional housing with a focus on substance use, or with a high tolerance for drug use.

6. Food Security

Improved access to free foods for those who experience food insecurity was a priority for participants in an ideal world. Investing in the existing programs that provide meals was mentioned (such as North Grove), as was better access to local grocery stores especially in North Dartmouth where fresh food is a long walk outside of the neighbourhood. It was felt that there were an adequate number of organizations working to help people with meals, but that they were underfunded and understaffed to meet the actual needs of the community.

Food Security Desired State Statements:

- Healthy, affordable food would be available to people in Dartmouth within a reasonable walk.
- Existing organizations would be invested in so that free, healthy food would be available to those that are hungry.

7. Enhanced Outreach and Community-Based Services

Enhancements to outreach, or changes to those who are available to first respond, were mentioned including investment in localized community centers, more visible advertising of outreach numbers at pharmacies (currently only given out on cards), and 24/7 staffed outreach hotline where a person can connect with another person right away, when they need it "rather than being directed to a pamphlet or appointment". Suggested enhancements in the community also included the library acting as a site for substance use outreach ("meeting people where they already are"), increasing the number of MOSH outreach workers on the street and mobile mental health and substance use workers who don't require a referral from a clinician. Additionally, it was suggested that monthly case-conferencing and networking meetings that were once common in the housing sector be re-adopted, in order to foster wraparound care that spans health services, harm reduction, and other agencies/services. Some participants also felt that ideally, support for other substances such as alcohol and crack would be as available and invested in as they are for opioids in the Dartmouth area.

> *"I'd like to see support for the various types of uses that people have. Those in the industry know what the uses are. Are you providing support for all the different types of uses? Ideally that would be good."*

An enhanced, shared awareness of what is currently in the community was seen as ideal and a 'situation table' that connects mental health and substance use services, public health, public safety and others on a regular basis for knowledge exchange was suggested as a method to enhance a shared awareness of community services and also would recognize the "crossover between people who are at risk for fire safety issues and other issues such as child services, mental health, EMS, housing and substances". On a related note, it was suggested that partnerships involving public safety could concentrate on building relationships with the Fire Service, to move away from an enforcement focus, although it was acknowledged that this would require significant training, partnerships, and education. Other outreach supports that were mentioned included a 'legal navigator' to support people who use/d drugs with their legal challenges, substance related or otherwise. A 'social navigator' was also suggested in the domain of public safety, specifically a plain clothes paramedic or other first responder available to help those who are not in acute crisis but for whom the EMS system has been activated.

In addition, it was felt that in an ideal world, community organizations could support individuals in courts by documenting positive interactions. One example included pharmacies who include positive comments about interactions with individuals they serve in the personal medical files to enable a 'positive paper trail' that can be of help in the court system as a paperwork proof of the person's character. Participants felt that more of this approach could help counteract the criminalization, dehumanization and stigmatization of people who use/d drugs in their community.

Participants noted that the COVID-19 pandemic has increased the level of difficulty accessing resources due to the slow adaptation of previously exclusively in-person supports. In an ideal world, participants indicated that mental health and substance use services as well as the other forms of support for individuals be deemed essential so people can have quick and easy access to what they need to be healthier.

Private, secure access to free WIFI and technology was also mentioned as ideal for people in the community so they can individually conduct research or utilize online support.

Enhanced Outreach and Community-Based Services Desired State Statements:

- More and varied options would be available for people to call 24/7 for support with mental health and substance use (beyond 911).
- Community hubs where people already gather would be used for outreach or support services, reducing need for transportation.
- More street-level outreach workers would be made available (such as those through MOSH).
- Support for the consumption of other substances would be made available as it is for opioids.
- A situation table that connects mental health and substance use services, public health, public safety, and others on a regular basis for knowledge exchange would be established and active.
- People who use/d drugs would have members in the community establishing a positive paper trail that could be helpful in court proceedings, where people would be supported by legal navigators.
- Investment in publicly available remote access services would help maintain mental health and substance use supports through pandemics or for those who are unhoused.