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Preliminary Community Assessment Report for  
**Dartmouth, Nova Scotia**

# WHAT WE HEARD

**BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUBSTANCE USE**



January 2022



## About Mainline

Mainline is a health promotion organization dedicated to supporting people who use substances through harm reduction programs.

Mainline's mission is to reduce the acquisition and transmission of HIV, hepatitis B & C, to increase awareness of health and social issues facing people who use substances, and to help people with lived and living experience of substance use through education, support and empowerment. Mainline is a program of the Mi'kmaw Native Friendship Centre.

**Mainline Staff involved in the project:**  
Jo Parker, Program Coordinator

## About CPHA

The Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice.

We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wideranging discussions and information sharing. We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

## Our Vision

A healthy and just world

## Our Mission

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

**CPHA Staff involved in the project:**

Greg Penney, Director of Programs  
Karin Moen, Senior Project Officer  
Hailey Morton, Project Officer  
Sophie Chochla, Project Officer  
Kelsey MacIntosh, Project Officer

**Facilitators:**

Gestalt Collective:  
Megan Harris; Liz Lusk



# 1.0

## Background

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The Canadian Public Health Association (CPHA) is a national non-profit organization dedicated to public health.

CPHA has been funded by Health Canada for a project titled “Normalizing conversations: Engaging public health, public safety and communities to build capacity for a public health approach to substance use.” The project will run for four years, from January 2020 to December 2023. This project builds on CPHA’s previous project work on cannabis.

The goal of this project is to build the knowledge and capacity of communities to implement a public health approach to substance use. Within communities we will focus on engagement with people who use/d psychoactive substances, public health, health and social service providers, public safety, decision-makers, and allied stakeholders. Recognizing the many intersections between public health and public safety, this project focuses on understanding and responding to the needs of both audiences in a way that respects the rights of, and protects and promotes the health and safety of people who use/d psychoactive substances.

In this project, CPHA has partnered with Mainline Needle Exchange, a program of the Mi’kmaw Native Friendship Centre, which is a health promotion organization committed to helping people focus on their health and well-being through raising awareness, education, and empowerment in Nova Scotia. The partnership between Mainline and CPHA will be one of the primary vehicles (though not limited to) to understand the needs of the community, people who use/d drugs, and professionals; to co-develop tools and resources; and to identify and measure any changes related to a public health approach to substance use.



# 2.0

## Community engagement for informed design

Throughout the project, community partners and key informants will be engaged to ensure the tools, resources, and learning opportunities developed work for diverse audiences, and to support any required adaptations of the tools, as necessary.

Between March and May of 2021, CPHA and Mainline engaged 26 people from the Dartmouth area in either a focus group or individual format to better understand what is happening currently to support people who use/d drugs, the community supports currently available for people who use/d drugs, what the community would like to see to support people who use/d drugs and community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use.

### These individuals represented:

- People who use/d psychoactive substances
- Health system professionals (both public health and acute care)
- Public safety professionals
- Social and community services professionals
- Private sector mental health and substance use professionals
- Decision and policy makers

These key informants have been invited to review and validate the findings prior to their finalization.

### The summary of findings is organized as follows:

- What is happening currently to support people who use/d drugs
- Community supports currently available for people who use/d drugs
- What the community would like to see to support people who use/d drugs
- Community needs and next steps to close the gaps between the current and desired states for a public health approach to substances



# 3.0

## Identifying what the community wants to do to support a public health approach to substance use

The following statements were drawn from interview and focus group data collected within the Dartmouth community in support of a base-line community assessment. The goal of the initial community engagements is to describe the current and desired supports for people who use/d drugs. The current state includes both challenges and successes as described by key informants as they exist in the community today.

The desired state includes the supports the key informants would like to see 'in an ideal world' based on their experience and expertise. The Canadian Public Health Association will use this information, validated by the participants of this process themselves, to inform the development and co-design of capacity building opportunities within the Dartmouth community in partnership with Mainline as well as key community stakeholders.

# 3.1

## What is happening now to support people who use/d drugs

### Domains

#### Support for Safer Consumption

#### The current state of support for people who use/d drugs:

- There is an overdose prevention site in Halifax for safer consumption of opioids, but not for the consumption of other substances.
- There are some needle disposal boxes at specific community sites including two libraries, two shelters, and a wooded area near a school; where these boxes exist, there are fewer needles found on the ground.
- Some pharmacies, Mainline and some shelters 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.



## 3.1 What is happening now to support people who use/d drugs

### Domains

#### The current state of support for people who use/d drugs:

##### Acute Treatment Supports

- 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).

##### Longer-term Treatment Supports

- 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 of 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

##### Stigmatization of People who use/d drugs

- Stigma is pervasive in the community, within clinical services and public safety; specifically, people who use/d drugs, or those working in 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.

##### Affordable, Secure Housing

- 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 worsening lack of affordable, secure housing for people who use/d drugs and therefore a lack of stability and safety in their lives. This includes an increase in reno-victions over the last few years.





## 3.1 What is happening now to support people who use/d drugs

### Domains

#### The current state of support for people who use/d drugs:

##### Food Security

- 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 healthy, affordable food within a reasonable walk is a concern in Dartmouth and North Dartmouth in particular.

##### Public Safety and First Responders

- 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 lifethreatening 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.

## 3.2 What the community would like to see to support people who use/d drugs

### Domains

#### The desired state of support for people who use/d drugs:

##### Support for Safer Consumption

- 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 cocaine, 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.



## 3.2 What the community would like to see to support people who use/d drugs

### Domains

### The desired state of support for people who use/d drugs:

#### Acute Treatment Supports

- 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.

#### Longer-term Treatment Supports

- 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.

#### Continued Commitment to Harm Reduction

- 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.

#### Affordable, Secure Housing

- 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.

#### Food Security

- 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.





## 3.2 What the community would like to see to support people who use/d drugs

### Domains

#### **Enhanced Outreach and Community-based Services**

#### **The desired state of support for people who use/d drugs:**

- 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 and Mainline)
- 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



## 3.3 Community supports currently available for people who use/d drugs

**The places specifically mentioned by participants as the places people go in the community to receive information, services, or supports related to drug use include (alpha order):**

- ALCARE
- Between the Bridges
- Canadian Association of People Who Use Drugs
- Caring and Sharing Centre
- Community Health Clinics School Plus program
- Dartmouth Community Mental Health and Addictions
- Dartmouth Listening
- Dartmouth North Community Health Center Planning Team
- Detox service at the Nova Scotia hospital
- Pals (Peers Assisting and Living Supports) Program
- Direction 180
- Elizabeth Fry (Substance Use Counsellor)
- Fire / EMS (first responders)
- Health Authority Hotline
- Lawton Pharmacy on Primrose (food support and training)
- Libraries (North End Dartmouth mentioned specifically)
- Local AA / NA groups
- MOSH mobile outreach
- Mainline
- Margaret's House (food support)
- Marguerite Center
- Methadone Program Mainline
- North End Community Clinic (Naloxone training)
- North Enders Listening
- North Grove (food support)
- Nova Scotia "Take Home Naloxone"
- Out of the Cold
- Overdose Prevention Site (OPS safe injection site)
- Pharma Choice (physician there was specifically mentioned)
- Souls Harbour (food support / housing)
- Step programs / 7 step program (for those in the criminal justice system)
- Transition House Freedom Foundation



## 3.4 Community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use

**Participants identified that ideally, they would have the following to support the work they are involved in:**

- More resources, time, and money to invest in the programs they work for
- More space to run clinics and teach people about healthy lifestyles, including a kitchen
- Best practices working with people who use/d drugs (for non-clinicians/community members)
- Knowledge of different drugs and their effects (for non-clinicians / community members)
- More opportunities to partner with the community and communicate their mission
- More progressive drug policy and support from political leaders for it
- Investment in the implementation of progressive drug policy for education “so people aren’t so scared for change”
- More training for people who use drugs regarding personal safety
- More training for Good Samaritans
- More funding for needle exchange programs to eliminate supply limitations
- Collection of disaggregated race-based data
- More sharing, open dialogue with all the agencies (e.g., “opportunities to get together and share our stories, share our success, things we can get better at”);
- Knowledge sharing with other communities about best practices for outreach and community-based services (e.g. Mainstreet Project in Winnipeg)
- More opportunities for organizational learning, including a policy lens and how to incorporate harm reduction principles (“get them into those policies and written but also enacted, operationally”)
- Easier access to physicians in Dartmouth that will take people who use/d drugs
- More information on “safe self-withdrawal”
- Training for persons who use/d drugs on life skills such home cooking and exercise programs (“Things to help us get back to “normal”. I’ve lost a lot of my life skills; I just don’t care. It’s hard to find anything that would help you deal with those life issues.”)
- Education for community to combat stigma including those that have power such as first responders and transportation officials