

Some practical suggestions for community champions who are facing similar problems in their neighbourhoods.

- 1. Get neighbourhood crime statistics and calls for services from your local police force. These can be** obtained via your police service as a freedom of information request – procedures will vary according to your service, and you may have to pay for the research, but I suggest seeking annual crime and occurrence data as per the below model we used in Ottawa, on an annualised basis before and after a new social service (such as an injection site or illicit drug distribution pharmacy) has been established, so that you can before and after stats, which will – I am confident – demonstrate that crime increased after (ie indicating it may be as a result of) the launch of a service, rather than that service responding to a problem, which is often argued. The key will be limiting a crime data request to an area where you know a service has had a negative social impact. Remember – the unhoused suffer as much, if not more, from such crime and people in homes, and they are pushed into these high crime areas by an over-concentration of social services that enables them to be targeted by drug dealers – so you are not just looking at impact on condos, businesses, students, visitors but also unhoused and addicted people. Example: *The number of calls for service and all general occurrences, with data broken down by crime type, on streets and adjacent properties from the intersection Both sides of all streets named here within these parameters. To include within these parameters the delineated stretches of, affected roadways. We want annual data for each year from 2014 to the current year. We do not want data of the callers or any personal information, or the specific location of the occurrences and calls.*
- 2. Check the ownership and directorships of charities and pharmacists distributing drugs that would generally be illegal under the criminal code** – but for which special exemptions are given, supposedly to promote safer supply – but with a major risk of on-sale by recipients of these drugs (which we have seen) and hence the lowering of the price of addiction, harming addicted people, and through the above mentioned over concentration of social services, with all the negative impacts on residents, businesses and the unhoused mentioned above. These are often funded by federal government grants via charities – as charities – their board members are on the public record. They may distribute these funds to private pharmacists, whose directors are also on the public record via the College of Pharmacists website <https://www.ocpinfo.com/> -you may find that some of these pharmacists also serve on the charity board. Some of these pharmacies are also linked to health services, from which they sometimes claim to be independent – but if you check the directors of these services, they may also be a cross over with the pharmacy owners and the charity. Conflict of interest is a serious breach of ethics.

and conflict of interest on defamation grounds – but this information will could be very important.

3. **Check the bona fides of any university research undertaken to back the location and use of these services.** It maybe done poorly – for instance ignoring community impact. Check the names of the researchers – they may actually have links to these services, maybe via employment or past employment or association and the services themselves may supply the data. There could be grounds for an ethics complaint to the university sponsoring the research. Again – be careful in any claims – stick to ‘fair comment’ on known facts and avoid speculation and you will avoid being accused of being unfair or defamatory. We found some very interesting information.
4. **Get health data** – we have not sourced this yet, but any evidence that the launch of these services has been met with a subsequent spike in hospitalisations, overdoses, deaths on the street, gang violence, is very important. Make freedom of information requests to hospitals, public health services, ambulance services, fire services – again try to limit the search geographically so that you can demonstrate community impact of over-concentrated services. This speaks to the most important point in any comments, in my view, from personal experience of being accused of being a NIMBY, classist, and damned in the afterlife (yep!), from highlighting these problems. They are not just about residents and businesses with homes and savings, even though our residents (I am a condo board member) suffer emotional distress from seeing the growth in street crime and addiction that has followed (as indicated by the statistics) the launch of the injection site and illicit drug pharmacy in our neighbourhood. These concerns are also about unhoused and addicted people being pulled into one area by these services, in our case, a downtown area that already had its share of drug crime and social problems. These are the people who suffer the most from any increase in street crime and when we seek to protect our own families, neighbours and loved ones, we seek to protect these victims of society, most of whom have awful back stories of sexual and physical abuse, as well.

Any communications, in my view, need to stress our care for these people, even the ones who break into our homes and vehicles, and who loiter in their addiction and take drugs in front of children and the elderly, as disturbing as their actions are. It is the right stance to take, morally and tactically.