I bring a different perspective in that I have a PhD in Rehab Science and a postdoc in Public Health Policy. I also have 10 years of front-line clinical experience working in tertiary care (mental health centres).

As we undoubtedly need services for people struggling with homelessness, addiction, and mental health issues, I believe it is imperative to devise a multi-prong approach to advocate for change, and also hold service providers directly accountable for their interventions, programs, and supports.

Briefly, here are a few things I've noticed:

- "Experts" that endorse the polarized version of harm reduction cherry-pick the literature and only present key findings from research that support their ideological stance (and never the limitations). Different research paradigms also demonstrate efficacy, yet are completely ignored (i.e. drug court programs, rehabilitation-oriented programs, etc.)
- The term "harm reduction" has become so misconstrued that we are forgetting abstinence-based programs and recovery-oriented supports are also key components of "harm reduction"; harm reduction SHOULD offer a broad range of services, yet we seem to only be focusing on short-term, low-barrier shelters and free drugs/paraphernalia, which are the quickest, easiest, and "cheapest" interventions. Mental health supports, counselling, and social work (ie "wrap around services") are components that are missing or not implemented properly.
- Most of the "research" on harm reduction is robust because there are a lot of structural components, services, and supports that are **well implemented, monitored, and evaluated FOR THE RESEARCH**...however, what seems to be happening is that core elements are lost in translation - we pluck one or two components (typically the easiest and cheapest to administer such as free drug paraphernalia), we don't monitor impact, we don't evaluate outcomes, and then we wonder why it's not working.
- There is no overall **policy evaluation framework** for these "interventions"; we need to be looking at **PROCESS evaluation, OUTCOME evaluation, IMPACT evaluation, PERFORMANCE evaluation, and COST-BENEFIT analysis** for a proper policy evaluation...none of the programs I'm aware of even have short-term/long-term goals, or any form of evaluation strategy (including a whole-community approach that evaluates ALL stakeholder experiences). This is why the federal government has NO IDEA if their billion-dollar policy has been effective at all.
- It seems that government funding relies only on **service provider self-report** (basic demographic/metrics), which is self-serving, biased, and often erroneous/inaccurate. There is no auditing and no accountability.
- Funding is contingent on outcomes that reinforce the problem- in the policy world this is known as a "**perverse incentive**" (incentives that result in unintended negative consequences due to actions people take to receive the incentive....i.e. the greater the need demonstrated for low barrier shelters/safe consumption sites, the more money provided to support these programs, thus self sustaining the situation as there's no incentive to improve the situation). Ideally we would turn the funding structure inside-out, and incentivize people getting OFF drugs, getting INTO housing, and gaining education/employment to receive additional funding.
- A prime example is the methadone clinic debacle in Oshawa...we have two dozen methadone clinics in Oshawa, and from our preliminary review, NOT ONE follows the Best Practice Guidelines set out by Health Canada - meaning they only need to show demand for service to receive funding (not efficacy). Not surprisingly, demand is growing exponentially, and MORE money is being provided to support the program. In discussion with Michael Tibollo's office, I was told "there is no position or personnel to audit, monitor, evaluate or supervise programs providing these services".