

This is important information that needs to be documented.

These factual reports of harms created by safe supply, shelters, outreach units, the 'unintended consequences' on our communities, and the dangers of illicit drug use need to be promoted through the media and must reach the decision makers all the way up to the Federal Government through Health Canada.

Cobourg had a similar incident:

https://todaysnorthumberland.ca/2023/11/10/two-security-guards-sent-to-hospital-following-drug-poisoning-at-the-warming-hub/#google_vignette

Any links to public reports, media reports, warnings from Health offices or the WSIB should be added to the Google drive for future reference.

I came across this report this morning.

https://beyond.ubc.ca/the-roots-of-the-north-american-opioid-crisis-and-3-key-strategies-for-stopping-it/?utm_source=meta&utm_medium=paid_social&utm_campaign=opioid-crisis&fbclid=IwAR25qmeme53rr9wbepVvg3L0UUQwQY4gYKfocXU784oby6YOE5x3Gkt2CZA&mibextid=xfx2i

It is encouraging to see a research based report that appears to support greater rehabilitation over current harm reduction methods.

In my opinion, this report is carefully worded so as to not offend the harm reduction industry, however I suspect a well prepared and thought provoking series of interview questions might lead to a quote condemning the current harm reduction model.

Focusing on the opioid crisis through a public-health approach includes massively increasing access to care and treatment for patients experiencing substance use disorder. It requires more evidence-based services such as addiction clinics, psychotherapy harm reduction strategies and education for both patients and families about treatments that are available to them.

Grass roots initiatives such as ours need help to balance the message:

- Just as there is [stigma associated with addiction](#) that stops people from seeking help, there also appears to be stigma at the political and community level, as there is reluctance to fully acknowledge community drug problems. This [stigma needs to be reduced](#) so patients can get help.
- Unfortunately, UBC research continues on drug dependency replacement as a solution. Replacing the dependency to what are perceived as 'less harmful drugs', such as methadone, buprenorphine/naloxone and extended-release naltrexone, only switch the dependency but to a more secure medical supply. UBC's experimentation with slow release morphine, cannabis, or other replacement therapies still defeat the push for recovery through rehabilitation and abstinence.

We all understand this is a funding issue for the University and researchers.