SCAA

A COMMUNITY RESPONSE TO CRYSTAL METH IN SASKATOON

Safe Community Action Alliance

Crystal Meth Working Group

February 2020

Land Acknowledgement

The Safe Community Action Alliance (SCAA) is a collaborative team of community partners from across sectors, demographics and experiences that work in Saskatoon, Saskatchewan.

Saskatoon is a city with rich histories located on the South Saskatchewan River in Treaty 6 Territory and the homeland of the Métis.

We acknowledge the people from the past who played a key role in establishing what is now called Saskatoon. We respect ancestors and cherish relationships with one another as we work together on a path to build a safe, vibrant and healthy community.

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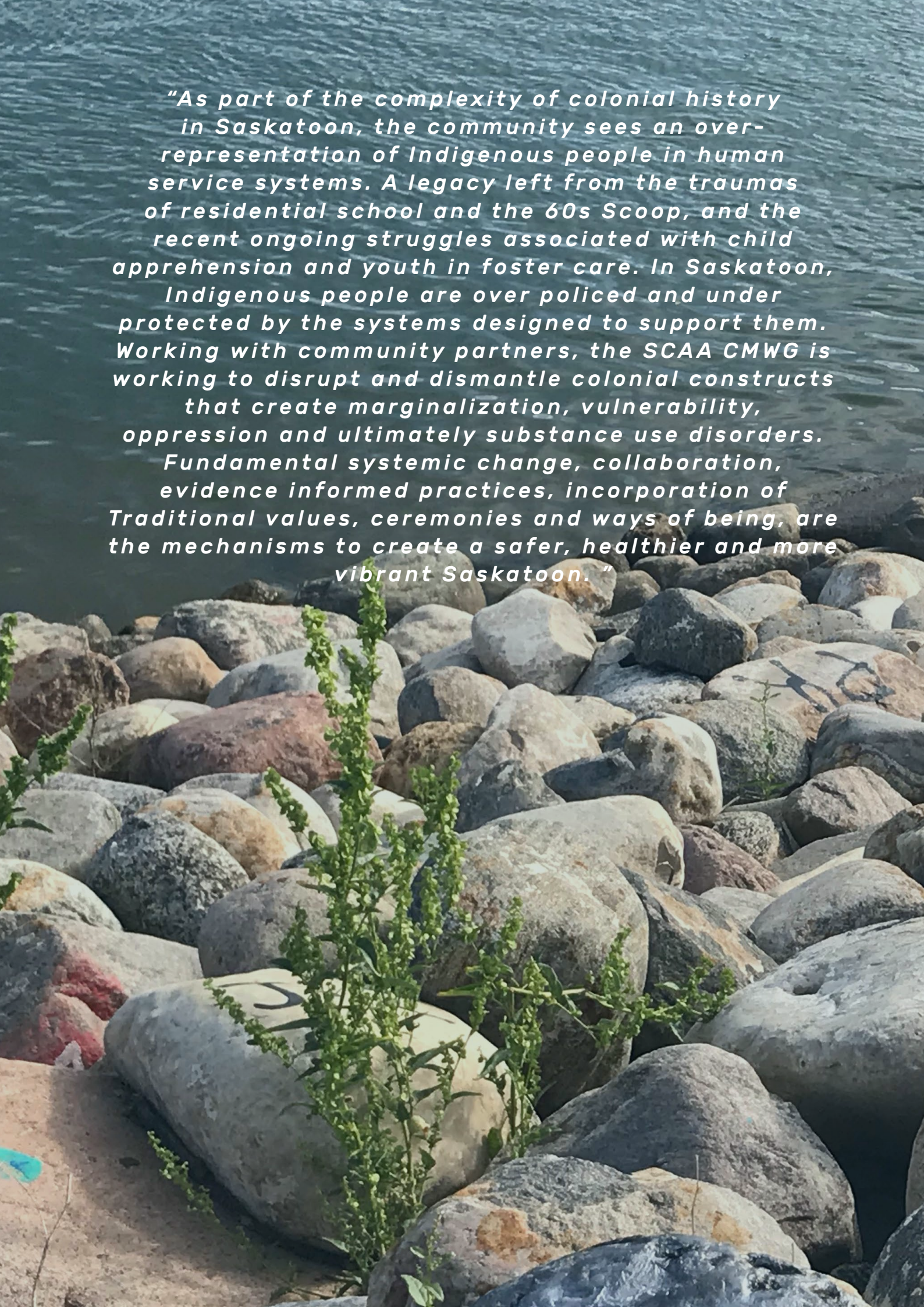


"As part of the complexity of colonial history in Saskatoon, the community sees an over-representation of Indigenous people in human service systems. A legacy left from the traumas of residential school and the 60s Scoop, and the recent ongoing struggles associated with child apprehension and youth in foster care. In Saskatoon, Indigenous people are over policed and under protected by the systems designed to support them. Working with community partners, the SCAA CMWG is working to disrupt and dismantle colonial constructs that create marginalization, vulnerability, oppression and ultimately substance use disorders. Fundamental systemic change, collaboration, evidence informed practices, incorporation of Traditional values, ceremonies and ways of being, are the mechanisms to create a safer, healthier and more vibrant Saskatoon."

WHO IS THE SCAA?

FORMATION OF THE SCAA

The Safe Community Action Alliance (SCAA) is an inter-sectoral collaboration of 35 agencies with expertise, experience, and interests in issues related to safety and well-being in Saskatoon. It was initiated in 2017 by the City of Saskatoon Mayor's Office and the Saskatoon Board of Police Commissioners to address Community Safety & Well-being, one of the City of Saskatoon's 10 Priority Areas of Focus. Since then, the stewardship of the SCAA has been taken up by four administrative and funding partners - Saskatchewan Health Authority, Saskatoon Police Service, Saskatoon Tribal Council, and the City of Saskatoon - as well as 30+ other SCAA member agencies investing time, energy, and resources into bringing the collaborative to life.

The SCAA's work builds on successes and lessons gained by past initiatives, such as the Safe Streets Commission, the Saskatoon Action Accord, and Saskatoon's Regional Inter-sectoral Committee as well as ongoing collaborations on related issues, like the Saskatoon Poverty Reduction Partnership and Reconciliation Saskatoon.

The membership of the SCAA includes:

- Community-Based Organizations with experience and expertise from their daily work of preventing and intervening on issues of safety and well-being
- Business Community Representatives who bring an economic viewpoint on what it takes to make a community prosperous
- Municipal, Provincial, and Indigenous government agencies who are influential in leading, developing, and setting policies for collaborative change.

The SCAA strives to take strategic actions that respond to issues impacting the community while also developing long term approaches to address the root causes of those issues. As part of the collaborative and collective decision making model, the SCAA created action teams to provide opportunities for smaller teams of experts to dig deep into community-based issues directly connected to community safety and well-being.

The SCAA currently has two action teams operating:

1. **The Crystal Meth Working Group (CMWG)**
2. **The Housing Action Team (HAT)**

SCAA Charter

The participants in SCAA work together based on the shared beliefs that:

- All residents of Saskatoon have the right to life, dignity, safety, security of person, and fundamental justice;
- We are all Treaty people and commit to Truth & Reconciliation and Treaty implementation;
- Saskatoon has a strong network of community-based organizations and agencies responding to residents' needs;
- The incidence of crime and the presence of substance use disorder-related disturbances and challenges points to a need for ongoing collective action;
- The root causes of such challenges are complex and solutions can only be found with collective effort;
- Services and programs need to be aligned, responsive, and coordinated to provide immediate care and service and also linked with actions to address systemic issues; and
- Saskatoon City Council has adopted a strategic plan that includes specific direction for moving towards safety and wellbeing for all.

The SCAA supports the principles of collaboration amongst all participants with information sharing as a foundation of decision making, focusing on short-term and long-term strategic actions.

WHO IS THE CRYSTAL METH WORKING GROUP?

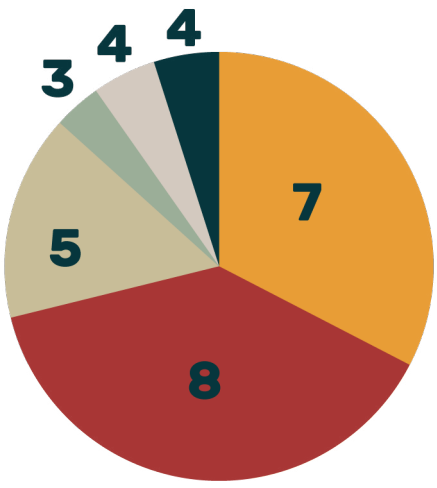
This team has shared goals that are action-oriented and designed to improve the quality of life for those with substance use disorders, particularly associated with the use of methamphetamines:

- Identify and understand evidence-informed practices
- Influence government (Municipal, Provincial, Indigenous, and Federal)
- Provide strategic actions to reduce/eliminate the crystal meth crisis in Saskatoon. It is our united commitment to work with all of the stakeholders to ensure successful implementation of the strategic actions contained within this report.

Who makes up the CMWG?

22 members from:

- Community Agencies
- Health
- Lived Experience
- Saskatoon Police
- Indigenous Agencies
- Government



Strategic actions presented by the CMWG provide a comprehensive approach to tackling the devastastion caused by crystal meth. **Now it's time for action.**

The Crystal Meth Working Group (CMWG) is a group of community leaders, practitioners, engaged residents, and people with lived experience who are committed to creating a shared vision and collaborative process calling for immediate action to address the Crystal Meth crisis in Saskatoon.

The Crystal Meth Working Group spent over 1000 hours working collaboratively with:

- community
- service providers
- youth
- government

to build a comprehensive list of recommendations.

Over **300** recommendations were considered

29 strategic actions were selected as highest priority in five categories

STEPS TAKEN

Comprehensive review of existing plans

25 sectors consulted

8 other community plans reviewed

4 provincial strategies considered

35 partner strategic plans & annual reports reviewed

Community Consultations

3 Core Surveys Conducted

5 sharing circles & focus groups

2 community dialogues

Respondents

167 Youth

131 Service Agencies

300 Online Interactions

287 People with Lived Experience

56 shared stories of how crystal meth has impacted people's lives

17 people shared written feedback

Treatment	Prevention	Enforcement & Supression	Data Integration	Harm Reduction
7	6	4	6	6

What is the primary focus of the CMWG?

The common agenda for the SCAA is focused on improving the overall quality of life for all people in the community, in particular, focusing on the intersection between health, wellbeing, and safety.

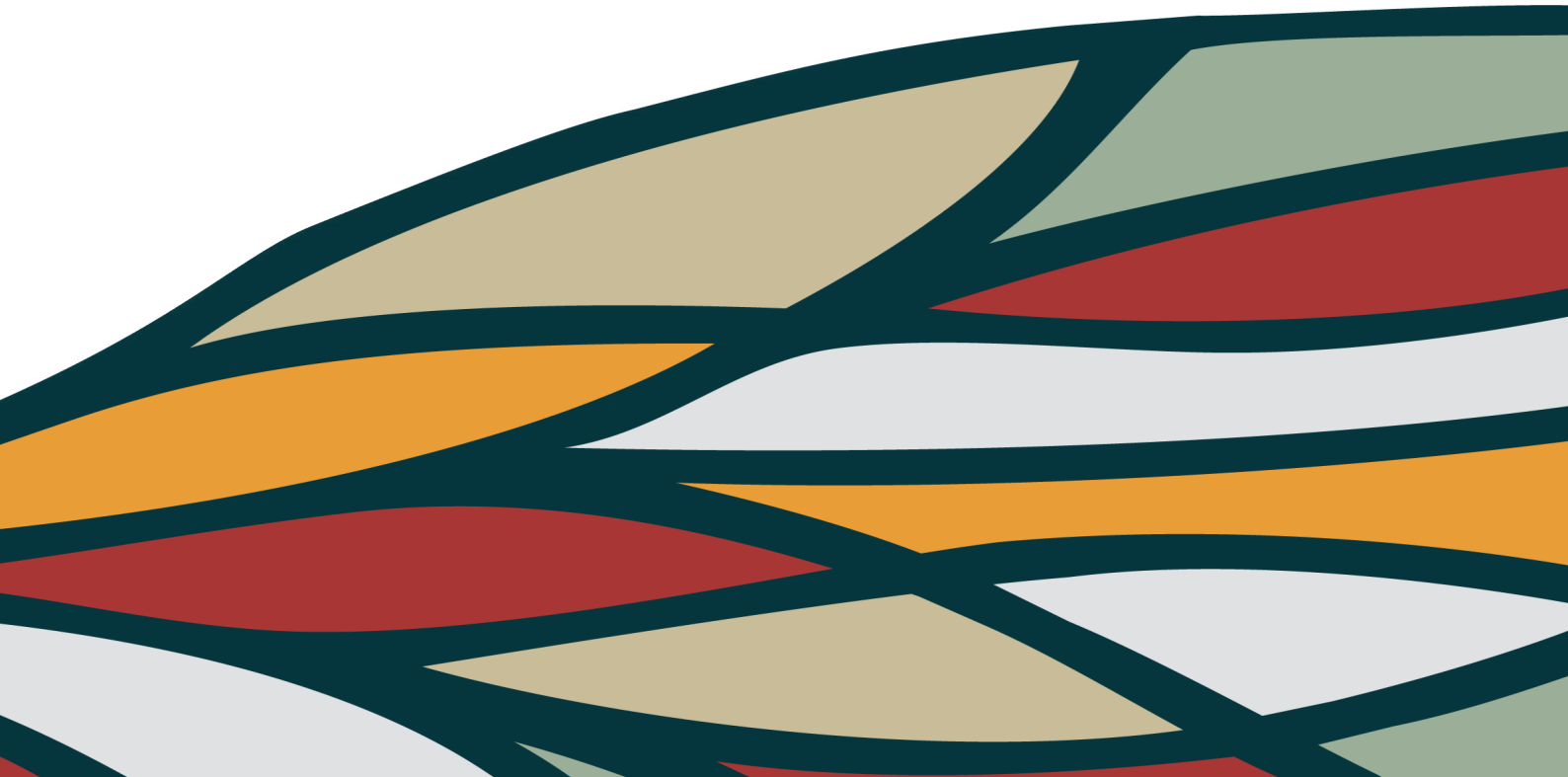
The CMWG created this report to provide a comprehensive, evidence-informed, and local community perspective about the collective actions needed to address core priorities related to crystal meth use in Saskatoon.

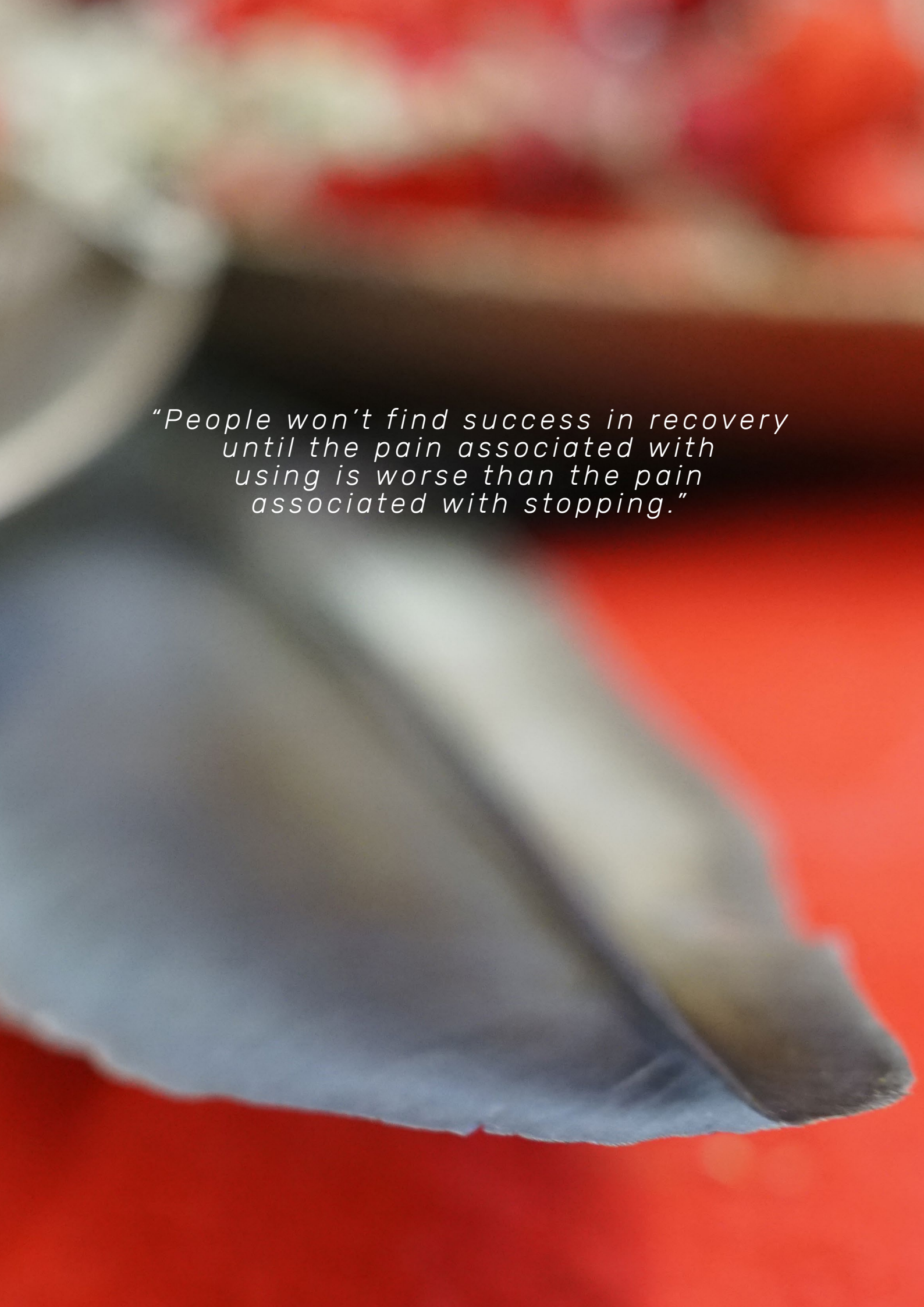
These priorities illuminate where strategic, collective action is essential to address the increasingly harmful impacts of crystal meth in this community. Supporting an increased awareness of the root causes of substance use for people in Saskatoon and recognizing the social determinants of health as key drivers, the information and strategic actions in this document are designed to enhance opportunities that foster healthy lifestyles, reduce harm and stigma associated with substance use, and increase understanding on the importance of holistic, family, and community-based support for treatment. Investing resources to implement these strategic actions will create a more vibrant, safe and sustainable community for all the people of Saskatoon.

Coordination & collaboration are key to solving this issue.

Indicators of Success

- Delay onset of first substance use
- Reduce incidence (rate of new cases over a period of time)
- Reduce prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence
- Supporting individuals to find the root cause of their substance use disorders
- Increase completion of treatment
- Decrease return rates/relapse rates/recidivism
- Decrease emergency visits associated with meth use
- Decrease transmission of communicable disease
- Reduce homelessness
- Safe consumption site
- Consistent 24-hour access to supports when people need them
- Coordinate access to services
- Decrease duplication of services
- Decrease the number of people using on the streets
- No deaths related to meth use
- Focus enforcement away from possession and more towards trafficking
- Increase feeling of safety for all people in Saskatoon
- Decrease apprehension of children, families stay together
- Improve understanding of the actual data in Saskatoon
- Increase data sharing and community trust




“People won’t find success in recovery
until the pain associated with
using is worse than the pain
associated with stopping.”

Indigenous Traditional ways of knowing and understanding Substance Use Disorder

In the traditional ways of knowing there is no language to define a being by their problems or as disordered. Addiction is understood as a fluid state of being, a person's attempt at surviving the imbalance of self and the disconnection from identity, family, kin, culture, meaning, and hopefulness.

Holistic Wellness means to be in balance of own physical, meant, emotional and spiritual self, within the family, community, and with the land. Substance use is the absence of balance. There is a long history of natural medicine's ability to heal the imbalance in a person's physical, emotional, social, and spiritual wellness. When natural ways are lost or abandoned, there is a disconnection that occurs within the whole being, and can not be separated into parts of one's self.

Substance Use Disorder is NOT individual in making, but a community misalignment. There is imbalance in the reciprocal relationship. There is a need for society to realign their core values and activities.

In an attempt to assimilate Indigenous people into Western culture, disconnection was a 'deliberate' strategy utilized by various churches and the government of Canada. Consumption of alcohol and drugs has been an attempt to deal with the intergenerational trauma, powerlessness and hopelessness that has arisen due to the devastation of traditional cultural values. Research has demonstrated that cultural breakdown is strongly linked with substance use and the imbalance of mental health quadrant of self.

Truth, awareness, and understanding of what was taking place prior to the introduction of addictions is important to understand for our future path to wellness. According to history, present day Elders, and knowledge keepers, dislocation and disruption of meaningful connection is the primary source of imbalance of society and individuals. Dislocation is the loss of self - psychological, social and economic connection and integration into family, culture, and values - a sense of exclusion, isolation and powerlessness. Dr. Alexander agrees, "Only chronically and severely dislocated people are vulnerable to addiction."

In the words of one elder, "A tree is only as strong as its roots system, when its roots are uplifted, there is change not only to the single tree but the whole being of that forest and that one tree impacts how the forest support the rest of the world to breathe. We rely on each other. One man down, is too many. It impacts us all. We need to look at ourselves as helpers and our system of support as what needs changed, not the people who are sacrificed from systems mistakes in care. "

How do drugs unbalance the spirit?

Not all can be explained through the physical and emotional quadrants of health. The quadrant that is the least tangible to the western world is the spirit. It is important to understand how the spirit is connected to overall wellness. Many cultures, have understood and know the credibility of this for thousands of years. In many Indigenous cultures, alcohol and drugs are perceived as having a spiritual identity and a destructive way of life. When a person's spiritual self is not aligned, spiritual bankruptcy takes place and allow space for the spirit of alcohol and drugs take over that void in the individual.

The artificial 'spirit' found in alcohol and drugs have been used as a poor substitute for the real 'spirit". Wing and Crow (1995) found in their research that traditional people believe that alcoholism and drug use is caused by a lack of spirituality. Knowledge keepers understand, no community is untouched by this artificial spirit. It is recognized, this spirit is not only understood as affecting Indigenous people but also the general population who have also experienced the effects of a loss of real spirit.

Ways to Wellness

Mental, Physical, Emotional and Spiritual balance is at the core of Indigenous ways of wellness and life. In most cultures there are teachings that are grounded in holistic natural ways of achieving wellness. Traditional cultural values, ceremonies, and healing techniques have been known to provide knowledge and skills to attain and maintain a meaningful connection with creation. It is these values and teachings that Indigenous people are now turning to in an effort to let the "good spirits" guide them.

The solution is based on traditional ways of knowing, being and doing, led by knowledge keepers and delivered by those with the truest intentions, heart and understanding. Western ways of knowing, being and doing have not adequately lessened the health disparity. Cultural, spiritual, and language revival has been the strategy used by many Indigenous communities. Traditional healers need to be recognized and supported in a new community of care that values the revival of traditional dances, ceremonies, and spiritual practices. Wellness occurs when there is balance in the individual, family and community, connection to all creation and hope. Speaking in truth, showing respect, and giving humble love are ways we can mutually come together to achieve wellness.

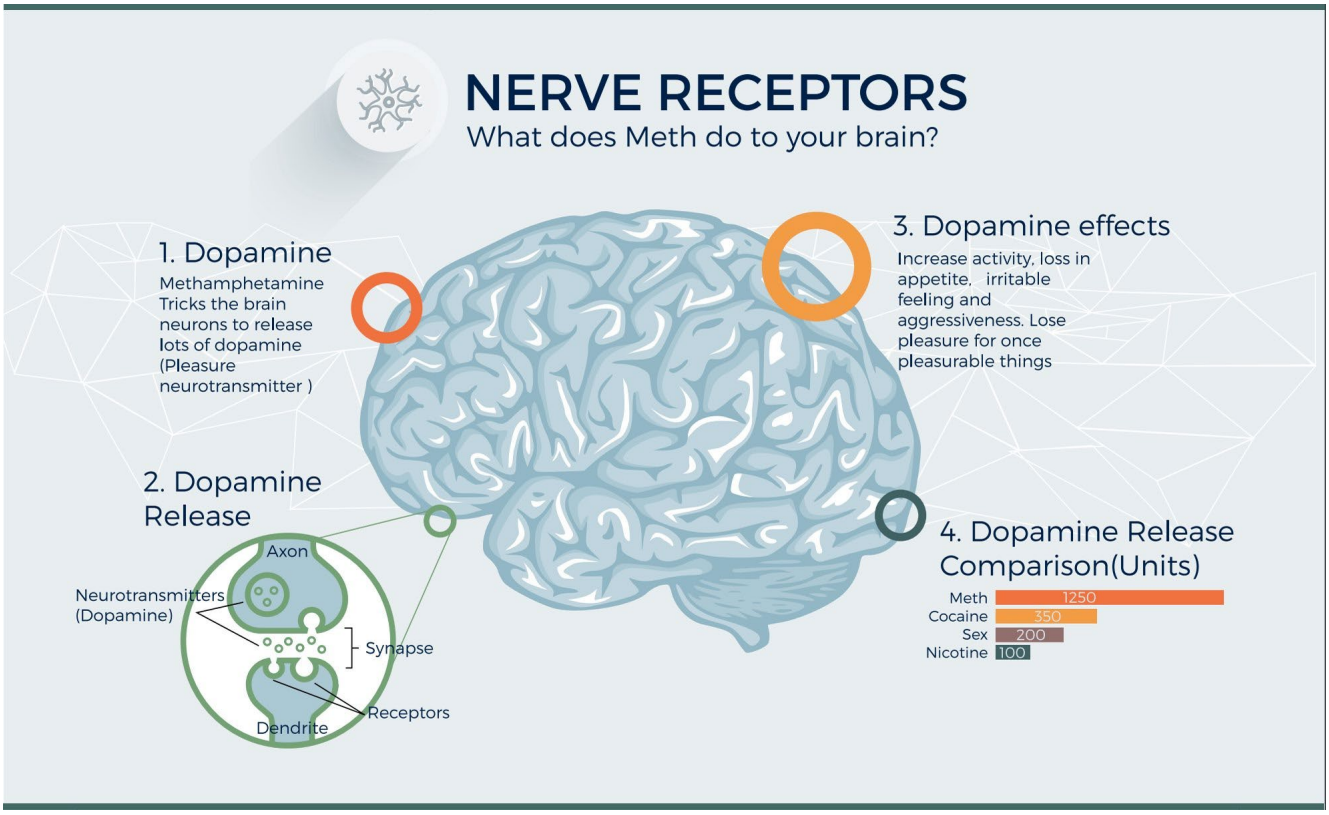
What is Substance Use Disorder? A Health Science Perspective.

Substance Use Disorder (also referred to as addiction) is defined as a chronic, relapsing disorder characterized by compulsive substance seeking, continued use despite harmful consequences, and long-lasting changes in the brain.

Mental illness and addiction are NOT problems of moral weakness or personal failings. The co-occurence of substance use and mental health disorders (also referred to as a Concurrent Disorder) is as 'real' as other physical illnesses.

Substance use disorder is considered both a complex brain disorder and a mental health disorder. In mental health programs, it is estimated that 25 to 50% of people have a substance use disorder. This is mirrored in drug treatment facilities where it is estimated that 50 to 75% of people have a mental disorder.

How do drugs affect the brain?



Consuming addictive substances results in releases of the neurotransmitters norepinephrine and dopamine (the pleasure transmitters). Scientists believe that overstimulating the system with substances alter the way the brain works and help explain the compulsive and destructive behaviours of a people with substance use disorders.

Brain imaging studies show physical changes in areas of the brain that are critical for judgment, decision- making, learning, memory, and behaviour control.

FACTORS OF SUBSTANCE USE DISORDER

Substance Use & Trauma

There are established and compelling connections between the experience of trauma and use of substances.

Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety and empowerment.

They attend to creating a culture of nonviolence, learning, and collaboration at the level of individual interactions with clients as well as the overall organizational level, whether or not the client has disclosed current or past violence or trauma.

For someone struggling with a substance use disorder, it is important to understand their history of trauma and the resulting effect on their neurobiology. There is a strong link between trauma, mental illness, and substance abuse. When the root cause is not addressed, people use substances to manage the pain and push down the memories and negative feelings associated with the trauma. This becomes a negative cycle that keeps the person stuck until both the trauma and the substance abuse issues are treated.

In Saskatoon, Indigenous people represent the highest population with complex substance use disorders. Connecting this to the historical and intergenerational trauma faced by Indigenous people over the course of the past 150+years, including residential schools, the 60-scoop, policies and practices of the Indian Act, and perpetual cycles of poverty, it is no wonder this over representation exists.

Adverse Childhood Experiences (ACEs) are traumatic life events that are linked to more than 40 poor adult health outcomes. Up to two-thirds of substance use problems may be traced back to ACE's.

Substance use treatment services that are emotionally and physically safe opportunities for learning and building coping skills and for experiencing choice and control all make a significant difference in client engagement, retention, and outcomes.

Implementing trauma-informed service paradigms in substance abuse treatment services also supports staff learning, safety, health and satisfaction. Trauma-informed services demonstrate awareness of vicarious trauma and staff burnout as well. Many providers have experienced trauma themselves and may be triggered by client responses and behaviours.

Key elements of trauma-informed services include staff education, clinical supervision, and policies and activities that support staff self-care.

WHAT IS METH?

With a long-lasting high and the sense of overwhelming euphoria it produces, those who use it become quickly addicted and experience more intense effects from prolonged use compared to other drugs.

Easily accessible, cheap to buy, and popular among young people. Children, youth and young adults are being exposed to meth and don't even know it! More and more, drug producers are adding meth to other substances.

Depressive and psychotic symptoms are significant with individuals who are using and withdrawing from crystal methamphetamine. They typically experience hallucinations, delusions, paranoia and are often agitated and can become aggressive, even violent.

The use and abuse of crystal meth is on the rise in Saskatoon. It is in the community, schools, in families and workplaces. It knows no boundaries in who it can affect - young or old, man or woman, rich or poor.

“The policies of our institutions and a lack of access to services and resources, play major roles in health inequality and the widespread use of crystal meth, especially among youth.”

YOUTH VOICE OF TREATY 6 TERRITORY

As youth living in inner-city Saskatoon, we see the impacts of crystal meth everyday. Some of us have been and some of us are users. Some of us have watched and some of us are currently watching crystal meth devastate the lives of our loved ones. We came together to share our stories and lived experiences in hopes of putting forward our own recommendations. Our experiences are as diverse and coloured as the lives that meth seeps into.

We know that the crystal meth crisis cannot be addressed without taking into account other issues such as colonialism, poverty, and trauma. The policies of our institutions and a lack of access to services and resources, play major roles in health inequality and the widespread use of crystal meth, especially among youth. For this reason, crystal meth should be seen as syndemic - a synthesis of multiple epidemics affecting our community.

We advise that the following youth-created recommendations be taken:

TREATMENT	Provide facilities for a crystal meth specific treatment and rehabilitation centre in Saskatoon that offers transportation, family accommodation, optional cultural programming, and access to Elders.
PREVENTION	Create a 24-hour drop-in centre and youth shelter providing all services to individuals under the age of 18.
HARM REDUCTION	Establish an out-patient, supported-living and housing program for addicts and implement a Managed Crystal Meth Program, like CMAPS, within the city of Saskatoon.
ENFORCEMENT / SUPPRESSION	Mandatory trauma-informed training for police and emergency services to effectively and safely intervene and provide care to users; implement a policy for mental health professionals to ride with police officers responding to crystal meth related calls; and build relationships with persons in the Saskatoon community that have historically been over-policed and under-protected.
DATA	Conduct a study examining the syndemic factors contributing to the crystal meth crisis and a subsequent comparative study after the above mentioned recommendations have been implemented.

Kiyari McNab, Brandon Applegate, Jessica McNab, Thomas Roy, Morpheus, Andrea Cessna, Shane Partridge, Dave Shanks

This section of the report has been prepared and collaboratively written by a group of Indigenous youth and adult allies with lived experience with crystal meth and substance use disorder.

I AM METH

I destroy homes, I tear families apart,
I take your children, and that's just the start.

I'm more costly than diamonds, more precious than gold,
The sorrow I bring is a sight to behold.

If you need me, remember I'm easily found,
I live all around you - in schools and in town

I live with the rich, I live with the poor,
I live down the street, and maybe next door.

I'm made in a lab, but not like you think,
I can be made under the kitchen sink.

In your child's closet, and even in the woods,
If this scares you to death, well it certainly should.

I have many names, but there's one you know best, I'm sure you've heard of me, my name is crystal meth.

My power is awesome, try me you'll see,
But if you do, you may never break free.

Just try me once and I might let you go,
But try me twice, and I'll own your soul.

You were told. But you challenged my power, and chose to be bold.

When I possess you, you'll steal and you'll lie,
You do what you have to just to get high.

The crimes you'll commit for my narcotic charms
Will be worth the pleasure you'll feel in your arms.

You'll lie to your mother, you'll steal from your dad, When you see their tears, you should feel sad.

But you'll forget your morals and how you were raised, I'll be your conscience, I'll teach you my ways.

I take kids from parents, and parents from kids, I turn people from God, and separate friends.

I'll take everything from you, your looks and your pride, I'll be with you always ? right by your side.

You'll give up everything - your family, your home, Your friends, your money, then you'll be alone.

I'll take and take, till you have nothing more to give, When I'm finished with you, you'll be lucky to live.

If you try me be warned - this is no game,
If given the chance, I'll drive you insane.

I'll ravish your body, I'll control your mind,
I'll own you completely, your soul will be mine.

The nightmares I'll give you while lying in bed, The voices you'll hear, from inside your head.

The sweats, the shakes, the visions you'll see, I want you to know, these are all gifts from me.

But then it's too late, and you'll know in your heart, That you are mine, and we shall not part.

You'll regret that you tried me, they always do, But you came to me, not I to you.

You knew this would happen, many times you were told, But you challenged my power, and chose to be bold.

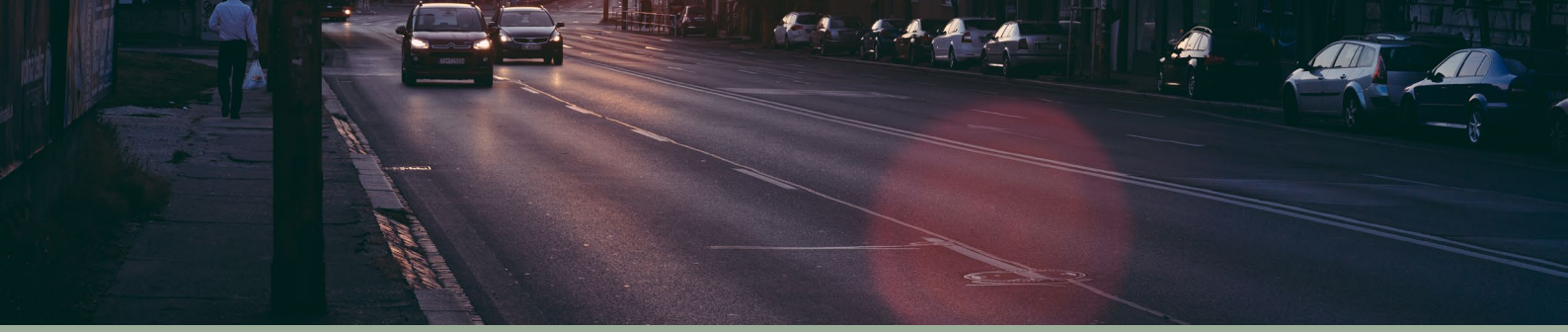
You could have said no, and just walked away, If you could live that day over, now what would you say?

I'll be your master, you will be my slave,
I'll even go with you, when you go to your grave.

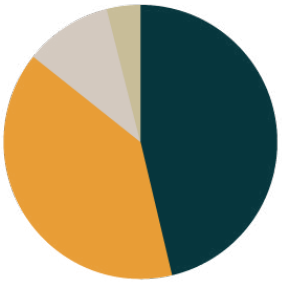
Now that you have met me, what will you do? Will you try me or not? It's all up to you.

I can bring you more misery than words can tell,
Come take my hand, let me lead you to hell

- Samantha Reynolds, LeFlore County, Oklahoma (2000)

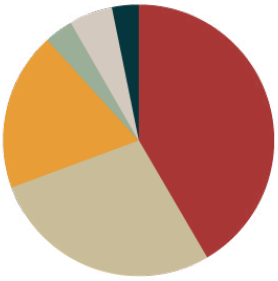


COMMUNITY DATA



Method of Use:

- 43.9% inject
- 32.3% smoked
- 18.1% snorted
- 5.9% swallowed



Reasons for use:

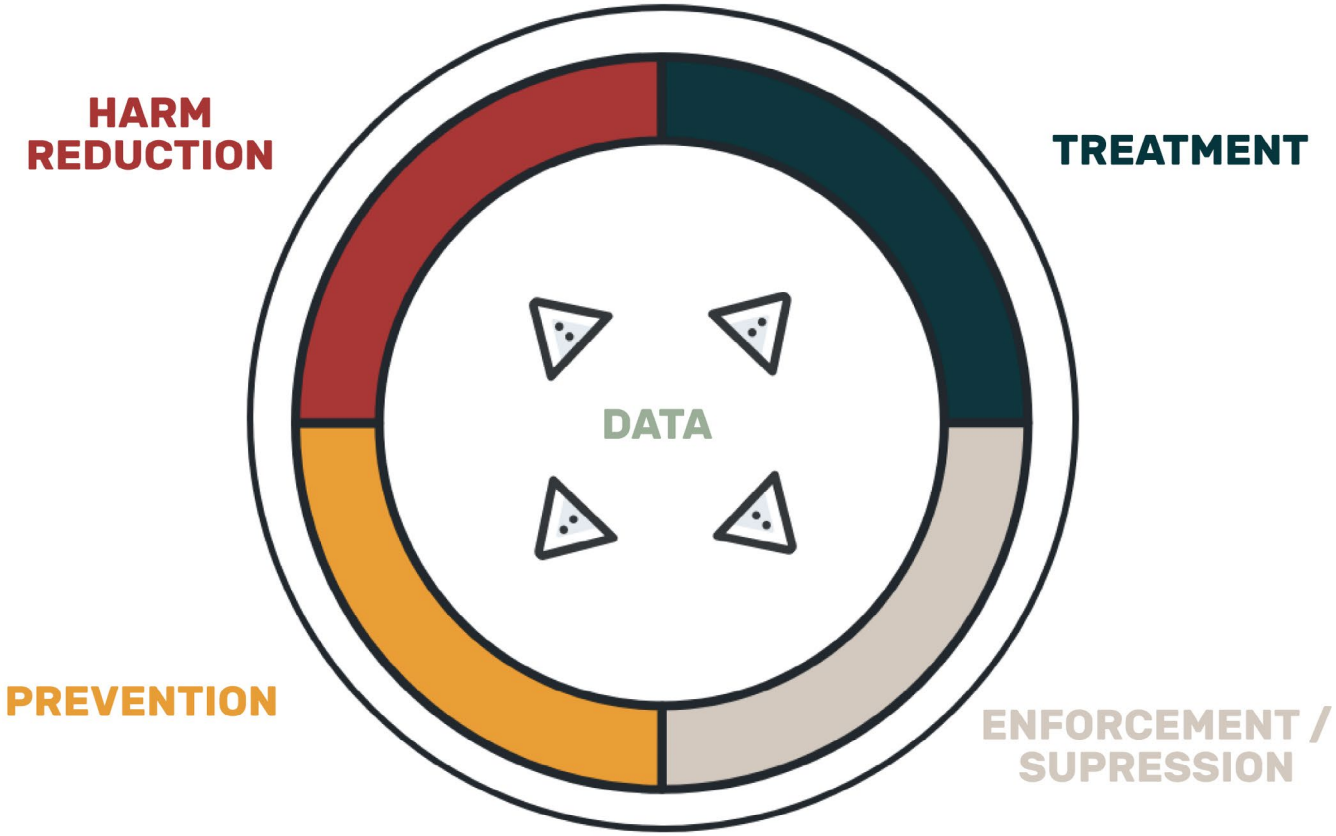
- Personal 40.6%
- Mental Health 18.8% (coping with trauma)
- Only drug available 16.3% (also easily accessible and cheap)
- Housing pressures 9.4%
- Income pressures 8.8%
- Employment 6.3%

- From the lived experience people surveyed, the youngest reported age of first use was **13.**
- The average age of first use was **26.5**
- **100%** of youth surveyed indicated that CM was not a "gateway drug"
- **100%** of youth surveyed indicated that alcohol was the first substance used
- People self-reporting crystal meth usage upon admission to addiction services within the Health Authority has dramatically increased since 2012/13, growing from **5% to 48%** in 2019/20.
- STC has provided community members with **23,400** pipes (meth and crack) since March of 2019.
- STC outreach sees over **120** people monthly who are struggling with the legacy and traumas of Indian Residential School.
- Community service agencies reported *"A lack of a holistic community approach to healing. Recognizing that there is more to treatment than just the medical view of fixing sick people"*
- People who use crystal meth describe it as *"(crystal) meth is a monster – when you are high there is a demon inside you that will never stop until it gets what it wants"*
- 2012 possession charges for meth: **15**. 2018 possession charges **408**.

Service agencies report that there is an over-representation of Indigenous people who are using crystal meth

The point in time homelessness count revealed that **85%** of people who are currently homeless in Saskatoon are Indigenous, **65%** of those were exposed to the foster care system

Strategic Actions for a Response to Crystal Meth in Saskatoon



The CMWG built the strategic actions on a 5 Priority Model. This model is a coordinated, comprehensive, and collective approach that balances public safety and public health in order to create a safer and healthier community.

Using the 5 priority approach this report presents policymakers with a diverse range of evidence-informed policy proposals that seek to save lives, reduce wasteful government spending, and empower communities. These 5 priorities are: Prevention, Treatment, Harm-Reduction, Enforcement/Suppression, and Data Integration. Many Community plans outline 4 pillars, but exclude the data integration component. The CMWG firmly believes that building policy and practice with current, local, real time data will create a more equitable and realistic framework for change.

The CMWG also recognized there are 3 core teams that should be working to develop, implement, and evaluate these strategic actions. It is not productive to create ideas or solutions without local, regional, provincial, and national context and accountabilities. For this reason, the strategic actions are also categorized by who would have the most impact as leaders of the work. There are 3 categories of leadership:

- The local CMWG team and SCAA
- The Community Safety and Well-Being Partners and Government
- The local community sectors in Collaboration

“for many of us the work is very personal. It is in our communities, it is in our backyards, in our homes and families. The work is urgent and the commitment is deep.”

PREVENTION

Crystal meth wasn't my gateway drug - by the time I was in high school I was already abusing alcohol. It was normal in my life and how I started coping with my trauma

Prevention refers to interventions that seek to prevent or delay the onset of substance use and that address root causes of underlying problems. Prevention is grounded in the idea that addressing substance use before dependency is more favourable than waiting until dependency sets in.

Of the 5 priorities, prevention requires a long-term commitment, investment and collaboration across all sectors of the community to show significant and sustained results, which results in the greatest impact in minimizing substance use disorders and reduce harm from substance use.

> Collaborative connections to all human service systems is required (health, education, social services, housing, income, food security, etc.)

> Avoid policy and practices that do more harm than good.

> A deep connection to family, community, Elders, and spiritual leaders is essential. People who use/used meth spoke clearly about losing that sense of connection.

STRATEGIC ACTIONS

1. Community awareness campaign

2. Speakers bureau

3. Provincial drug and alcohol strategy

4. Technology based training and awareness framework

5. Curricular tools in the preK-12 education system

Youth specifically asked for the following to be considered:

6. 24-hour drop-in centre + youth shelter

Throughout the consultation process there was a clear indication that there are many myths and misconceptions about the crystal meth crisis in Saskatoon. Given the capacity and strengths of the CMWG the focus on prevention will include the development of consistent, accurate, and meaningful information about what crystal meth is, why there is a crisis in Saskatoon, and the implications of crystal meth on community safety and well-being.

Repeatedly, participants in consultations and surveys spoke of the need for access to appropriate, safe and consistent information for frontline staff, policy makers and community agencies. Participants spoke of the need for effective and consistent training options that don't require extensive resource investments (time or money) and that community agencies often have the most up-to-date, evidence-informed practice that should be proactively included in a training model for people who work intersectorally across the human service system on complex social issues.

Youth participants (through surveys and conversations) spoke to the urgency associated with the strategic action for relevant, age-appropriate, and accurate drug/alcohol education in schools.

All participants, in the surveys and conversations about how meth usage started, spoke to their connections to alcohol, the breakdown of family and the importance of feeling connected to community.

Saskatchewan lacks a comprehensive strategy to look at the connections between community safety, quality of life and well-being, poverty, trauma, and substance use disorders. Coupled with data that shows this province has high rates of substance use, alcohol/drug related driving offences, and other mental health related issues closely connected to substance use disorders, all agreed that there is an immediate need for the provincial government to develop a comprehensive, collaborative, culturally relevant and evidence-informed drug and alcohol strategy.

Today we have meth, tomorrow is an unknown. The province and community needs to be ready.

TREATMENT

Treatment, not incarceration, can keep families together

Treatment refers to medical, therapeutic, and spiritual supports, interventions, policies, and practices that seek to improve the physical, emotional, and spiritual well-being of people who currently and actively seek to use substances such as alcohol, cannabis, prescription drugs, and/or illegal "street" drugs such as crystal meth.

In general, treatment is designed to enable people to confront substance dependence, if present, and cease substance use to avoid the psychological, legal, financial, social, emotional, spiritual, and physical consequences that can be caused, especially by extreme use. Treatment may include medications, counseling, and guidance, harm reduction processes, and/or sharing of experience with others with substance use disorders. An important dimension to this must include supportive recovery which requires safe, adequate, and affordable housing – and a transition strategy that doesn't create/perpetuate a cycle of homelessness/poverty and recurring substance use.

Treatment must include mental, physical, emotional, and spiritual balance. There is a unique opportunity in Saskatoon to weave Traditional cultural values, ceremonies, and healing techniques together with a western medicine/health model. The treatment solution must recognize that substance use disorder is not about fixing individuals; it is about holistic support for people, family, and community.

> "**95%** of community service agencies indicated that there needs to be a crystal meth specific, culturally appropriate and publicly funded treatment system"

STRATEGIC ACTIONS

1. Stimulant replacement/substitution programs

2. Land-based healing programs and services

3. Harm-reduction Indigenous services, for Indigenous people by Indigenous people

4. Inpatient and outpatient choice-based models

5. Long-term funded and sustainable crystal meth specific inpatient treatment facility

6. Rapid Access Addiction Medicine Programs

Youth specifically asked for the following to be considered:

7. Crystal Meth specific treatment centre that offers transportation, family accommodation, optional cultural programming, and access to Elders

In Saskatoon, and across the province, there are limited culturally safe and relevant treatment options. Deep rooted colonial histories and intergenerational traumas faced by Indigenous people creates and perpetuates over-representation of Indigenous people in human service systems, including the over-representation of crystal meth use. Moving forward, treatment must include land-based healing programs, programs, and services for Indigenous people, led by Indigenous people and a commitment to truth, respect, equity, and fairness.

HARM REDUCTION

Perpetuating old myths makes matters worse

Harm Reduction refers to supports and interventions, including programs and policies, that aim to reduce the potentially adverse health, social, spiritual, and economic consequences of problematic substance use. It can include (but does not require) abstinence from substances.

The harm-reduction approach is a way of working with people that "meets them where they are at" in a person-centred, non judgemental, practical way regardless of whether they are currently using substances or not.

The principles of harm reduction require that we do no harm and that we focus on the issues caused by problematic substance use. Harm reduction involves establishing achievable goals which, when taken step by step, can lead to a healthier life for substance users and a healthier, safer community for everyone. It accepts that abstinence may not be a realistic goal for some people, particularly in the short term.

MYTH: Harm-reduction is a replacement for treatment.

FACT: Harm-reduction opens doors, offering people safety and options that were never an option before and may actually lead to a path of treatment.

In 2019, STC health saw **61,695** outreach visits, **812** new clients, over **200** daily visits.

Needle exchanges work:

STC health saw **1.5 million** needles go out to community members in 2019 - **93%** of those came back through the needle exchange program

STRATEGIC ACTIONS

1. Report on the social return on investment for harm-reduction practices

2. Increase options for harm-reduction housing

3. 24/7/365 community street outreach

4. Animate community space

5. Safe consumption site

Youth specifically asked for the following to be considered:

6. Out patient supported-living and Managed Crystal Meth Program

Harm reduction practices are integral to the policies and practices associated with substance use disorder. Throughout the process of developing these strategic actions, youth and those who identified with lived experience clearly indicated that there is a need to meet people where they are in a non-stigmatizing and non-judgemental manner. Research clearly indicates that communities that implement policy and practices, like a safe/ supervised consumption site see improvements in the overall health and well-being of people with substance use disorders and the general population as a whole.

It is important to include that harm reduction is not a mutually exclusive practice. Often criticisms include myths and misconceptions that fail to recognize that offering harm reduction services are often the first step towards treatment for so many.

Harm reduction is extremely complex and can be built into policy and practice in many different ways. In speaking with participants of surveys and consultations, it was clear that there is a need for place-based, land-based programming that supports (particularly youth) with day-to-day struggles, trauma, and the general stresses associated with being a youth. There are plenty of community based services that operate during business hours, but so many issues arise when youth are isolated, places are closed, or there are no services available. In Saskatoon we can do better with providing access to services in a 24/7/365 model in an innovative and engaging way.

Creating opportunities to connect to services also needs to focus on the safety of all people– including staff, general population, and clients of the service. Currently models of outreach are mostly reactive and could be more coordinated, efficient, and effective – both from a safety for all perspective and from an access perspective. Community agencies that work 24/7 feel the pressures with accessing appropriate (harm-reduction based) options for clients in the middle of the night.

Harm reduction, education, and community outreach saves lives.

ENFORCEMENT / SUPPRESSION

Policy and practices needs to move away from zero tolerance

Enforcement / Suppression refers to interventions, policy, and practices that seek to strengthen community safety by responding to crime and community disorder caused by illegal drug activity, including (but not limited to) police, courts, and corrections.

Crime Prevention Through Environmental Design (CPTED) is defined as a multi-disciplinary approach for reducing crime through urban and environmental design and the management and use of built environments. CPTED strategies aim to reduce victimization, deter decisions that precede criminal acts, and build a sense of community among residents so they can reduce opportunities and the fear of crime.

> *The top 10 neighbourhoods with the highest crystal meth possession charges are in the "Saskatoon Core Community" and represent* **65%** *of the total charges for meth possession.*

> *Percentage change increase of meth possession charges from 2012-2018 has increaseb by* **2620%**

STRATEGIC ACTIONS

1. Look at the connection between enforcement, substance use disorders, system policies and apprehension of children

2. Drug court in Saskatoon

3. CPTED policies and practices

Youth specifically asked for the following to be considered:

4. Mandatory trauma-informed training for police and emergency services to effectively and safely intervene and provide care to users. Implement a policy for mental health professionals to ride with police officers responding to crystal meth related calls . Build relationships with persons in the Saskatoon community that have historically been over-policed and under-protected.

Interventions address criminal behaviour associated with substance use while coordinating with health and social service agencies to connect people who use substances with appropriate supports. Enforcement should focus less on individual possession charges and more on trafficking and diversion of large quantities of substances in order to decrease the concentration of drugs on the street and not overburden the justice system with individuals with minor possession charges.

The enforcement/suppression priority recognizes the need for peace, public order, and safety in the community. While policing alone is not an effective solution to a community's substance use problems, it is an important element to an integrated approach that should also include prevention, treatment, and harm reduction.

Treatment, not incarceration, can keep families together. Keeping families together and breaking cycles of revolving doors with justice and child apprehension eventually leads to decreases in substance use disorder. Particularly when combined with harm-reduction and effective, appropriate, safe and culturally relevant treatment policy and practice.

Throughout the conversations, consultations and surveys all participants said " Saskatoon cannot police its way out of the meth crisis." And while there are very specific enforcement strategic actions outlined in the document, it is critical to note that they are not to be implemented in isolation of the strategic actions for treatment, harm-reduction, and/or prevention.

Across jurisdictions and in all the data collection for the CMWG, it was clear that policymakers should avoid developing policies that do more harm than good. A policy of incarcerating low level drug users, for example, may create more problems than it solves. Former drug law violators face countless challenges after completing a jail sentence (the majority of which are for simple possession), including ineligibility to receive income assistance benefits, housing and homelessness pressures, food insecurity, stigma, as well as tremendous difficulty finding employment.

Punitive drug policies that rely on incarceration also result in tearing apart families, children being placed into foster care, and the steady erosion of entire communities. Moreover, incarceration is incredibly expensive, certainly far more so than drug treatment with few long-term societal benefit.

DATA INTEGRATION

Less than 40% of community agencies track data specific to crystal meth

Data Integration refers to an essential part of creating a community-based strategy for change and is included as a means to move beyond silos and sectors towards a cohesive, collective strategy where all community members can create change using evidence-informed practices.

STRATEGIC ACTIONS

1. Create a team of lived experience colleuagues.

2. Map the current system(s) used by those who have crystal meth substance use disorder.

3. Build data sharing agreements and processes

4. Build an online data sharing portal

5. Create opportunities for community driven research

Youth specifically asked for the following to be considered:

6. Conduct a study to compare syndemic factors before and after implementation of strategic actions.

No one priority area can independently address the issues associated with problematic substance use. Further, many substance use-related issues crossover between priorities meaning that long-term solutions to problematic substance use involve collaborative action across sectors, across priority areas, and across jurisdictions. Development of data sharing policies, processes, and agreements will provide real time access to the most pressing issues, indicators of success, and areas for improvement.

Moving forward it will be critical for all the work of the SCAA and the associated action teams to ensure that an evaluation framework, set of indicators for success, and access to real-time, up-to-date, and appropriate data sets are available.

Effective and efficient public policy and practices are rooted in evidence-informed practice. Data sets come from a variety of sources. So often these data sources are assumed to be from larger, evaluation based, agencies, but it is critical to community practice that both quantitative and qualitative data be used to inform practice and policy. These sources are likely to come from a variety of places and may include (but are not limited to) local community agency data, sector data, system data, lived experience stories, media, and/or research.

Detailed Strategic Actions & Accountability

Priority Area	Recommendation	Leadership
Prevention	1. Develop, implement, and evaluate a Saskatoon community awareness campaign about Crystal Meth (including myths, science of addictions, community safety, and harm reduction)	Crystal Meth Working Group
	2. Develop an inventory (speakers bureau) of local experts to compliment the awareness campaign and provide opportunities for training to local community partners	Crystal Meth Working Group
	3. Develop, implement, and evaluate a comprehensive provincial drug and alcohol strategy	Community Safety and Well-being partners
	4. Create a technology based training and awareness framework for all human service employees, including a commitment from agencies, partners, and government to implement and evaluate	Community Safety and Well-being partners
	5. Improve access to age-appropriate curricular tools in the preK-12 education system that focuses on the complexity of addictions, truths, and histories of colonial and intergenerational trauma and the intersection between substance use and trauma	Collaborative connections with Ministry of Education, school systems and community
	6. Create a 24-hour drop-in centre and youth shelter providing all services to individuals under the age of 18	Collaborative connections with Ministry of Education, school systems and community

Treatment	1. Research the best practices for opportunities to support stimulant replacement/substitution programs	Crystal Meth Working Group
	2. Investigate and support best practices for land-based healing programs/services for indigenous users of crystal meth. *(emerging: collaborative connection to the land-based treatment in Montreal Lake First Nation)*	Crystal Meth Working Group
	3. Support consistent, appropriate and sustainable funding to develop, implement, and evaluate a crystal meth treatment/harm-reduction model or indigenous people, by indigenous people	Community Safety and Well-being partners
	4. Create a long-term, publicly funded, impatient treatment strategy (specific for crystal meth substance use disorder) that includes prevention and harm-reduction	Community Safety and Well-being partners
	5. Work collaboratively to develop, implement and evaluate options for inpatient/outpatient (or a combination) services for community members with active crystal meth substance use disorder	Collaborative connections with STC, CUMFI, MACSI, CSWB partners and other indigenous community members
	6. Monitor and support SCAA partners connected to the implementation of the Rapid Access Addiction Medicine Program	Collaborative connections with SHA and community
	7. Provide facilities for a crystal meth specific treatment and rehabilitation centre in Saskatoon that offers transportation, family accommodation, optional cultural programming, and access to Elders	Community Safety and Well-being partners
Harm-Reduction	1. Develop a methodology to report on the social return on investment for harm-reduction programs/services	Crystal Meth Working Group
	2. Develop/expand, sustainably fund, and evaluate a harm-reduction housing model in collaboration with Camponi Housing Corporation and its partners, for community members who are currently using crystal meth *Best practice example: Ambrose Place, Edmonton, AB*	Community Safety and Well-being partners
	3. Develop a comprehensive strategy for (24/7/365) coordinated and sustainably funded street/community outreach to increase efficacy, reach, and safety	Community Safety and Well-being partners
	4. Develop policy and practice that would encourage maximum use of vacant/underused spaces in the city (including options for intensive youth programming/supports)	Community Safety and Well-being partners
	5. Monitor and support the implementation of the safe/supervised consumption site	Collaborative connections with AIDS Saskatoon and community partners
	6. Establish an out-patient supported-living and housing program for addicts and implement a Managed Crystal Meth Program, like CMAPS, within the city of Saskatoon	Community Safety and Well-being partners

Enforcement/ Suppression	1. Create a community document that investigates the relationship between enforcement policy/practices for crystal meth and apprehension of children including innovative best practices that support keeping families together	Crystal Meth Working Group
	2. Develop, implement, and evaluate a drug court in Saskatoon	Community Safety and Well-being partners
	3. Develop policy and practice that requires implementation of CPTED principles in the design of community spaces (including City of Saskatoon developments, independent development, provincial and federal investments)	Community Safety and Well-being partners
	4. Mandatory trauma-informed training for police and emergency services to effectively and safely intervene and provide care to users; implement a policy for mental health professionals to ride with police officers responding to crystal meth related calls and; build relationships with persons in the Saskatoon community that have historically been over-policed and under-protected	Community Safety and Well-being partners
Data Integration	1. Create and resource a team of lived experience colleagues	Crystal Meth Working Group
	2. Create a system map that collects current data associated with access to systems for those who are currently involved with crystal meth (including a mechanism to determine recommendations to encourage a no wrong door approach)	Crystal Meth Working Group
	3. Work with existing data and evaluation experts to create policy and practice for sharing data specific to the crystal meth working group	Crystal Meth Working Group
	4. Develop, implement, resource, and evaluate a centralized data storage/sharing system that creates opportunities for community, government, and systems to share/use data	Community Safety and Well-being partners
	5. Create opportunities for community driven research that builds capacity and focuses on the interconnection and reciprocity between community need and researcher need. understanding that outputs should be useful for community policy and practice	Collaborative connections with Post-Secondary Institutions, CUISR and community partners
	6. Conduct a study examining the syndemic factors contributing to the crystal meth crisis and a subsequent comparative study after the above mentioned strategic actions have been implemented	

ACKNOWLEDGEMENTS

The CMWG recognizes that this work would not have been possible without the commitments, trust, and dedication from the diverse team of people who contributed.

The CMWG has representation from across human service sectors, including health, police, justice, social services, education, community agencies, Indigenous agencies, people with lived experience, and people who live in the diverse communities in Saskatoon.

Without these voices, these strategic actions would have fallen short. As the work moves forward the CMWG would encourage other community partners and voices to get involved.

The CMWG is comprised of community representatives from the following agencies/ backgrounds.

>AIDS Saskatoon
> Central Urban Métis Federation Inc.
> Chokecherry Studios
> Colleagues with lived Experience
> Saskatoon Community Support Program
> Métis Addiction Council of Saskatchewan – Saskatoon Centre
> Saskatchewan Health Authority – Mental Health and Addictions - Saskatoon
> Saskatchewan Health Authority – Population Health
> Saskatchewan Student's Commission
> Saskatoon Crisis Intervention Services
> Saskatoon Opportunities for Youth
> Saskatoon Police Service
> Saskatoon Tribal Council
> The Friendship Inn
> The Lighthouse

To connect with the team to get involved or ask questions - please refer to the website for the Safe Community Action Alliance (SCAA)

https://safecommunityactionalliance.com/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