

File No.: 04-1000-20-2021-128

May 19, 2021

s.22(1)

Dear s.22(1)

Re: **Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")**

I am responding to your request of March 3, 2021 for:

All written submissions sent to Mayor and Council regarding Mayor Kennedy's November 24, 2020 motion: "Work with Senior Governments to Address the Overdose Crisis". Date range: September 1, 2020 to March 3, 2021.

All responsive records are attached. Some information in the records has been severed, (blacked out), under s.22(1) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00.

Under section 52 of the Act, and within 30 business days of receipt of this letter, you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your FOI request by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number (#04-1000-20-2021-128); 2) a copy of this letter; 3) a copy of your original request; and 4) detailed reasons why you are seeking the review.

Yours truly,

[Signature on file]

Barbara J. Van Fraassen, BA
Director, Access to Information & Privacy

Barbara.vanfraassen@vancouver.ca
453 W. 12th Avenue Vancouver BC V5Y 1V4

*If you have any questions, please email us at foi@vancouver.ca and we will respond to you as soon as possible. Or you can call the FOI Case Manager at 604.871.6584.

Encl.

:dp

Submission to Vancouver City Council
Motion B.4: Work with Senior Governments to Address the Overdose Crisis

November 23, 2020

Dear City Councillors:

On behalf of the memberships of the Public Health Association of British Columbia and the Canadian Public Health Association, we strongly urge you to support Motion B.4 (Work with Senior Governments to Address the Overdose Crisis) submitted by Mayor Stewart for consideration at your meeting on 24 November 2020.

The use of illegal psychoactive substances has become increasingly problematic as demonstrated by the current opioid crisis. The ongoing challenges posed by the crisis demonstrate that criminalization does not reduce the likelihood of illegal psychoactive substance use, and often results in stigmatization and other harms to those caught in possession of small amounts of substances for personal use. The effect of this criminalization often does not reflect the severity of the crime. For example, the current structure of fines and incarceration causes most harm to those at the lower end of the social gradient, which results in greater health inequity. Similarly, incarceration presents barriers to re-entry into general society, and increases a wide range of challenges from employment (thereby reducing that person's economic potential) to housing (that can directly and negatively affect health and well-being). Furthermore, these approaches have been demonstrated to systematically perpetuate socio-economic harm, especially against racialized communities.

The criminalization of people who use illegal psychoactive substances has other harmful consequences, including but not limited to:

- Crowding and slowing of the criminal justice system as a result of the prosecution of drug-related offences for non-violent crimes;
- Enforcement activities and stigmatization that drive those who use illegal drugs away from prevention and care services;
- Opportunity costs of allocating resources into law enforcement, judicial and correctional/penal approaches with consequent scarcity of resources for public health and social development approaches.

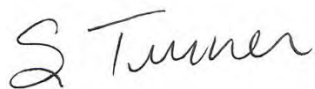
It is also recognized that criminalization contributes to the promotion and acceleration of infections such as HIV and hepatitis C, as the legal consequences and stigmatization resulting from criminalization result in unsafe injection practices such as the sharing and reuse of syringes in unsafe locations.

The alternative to criminalization is a public health approach that seeks to maintain and improve the health of populations based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, injury and disability as the central tenets of all related initiatives. These actions are based on evidence of what works or shows signs of working, and are organized, comprehensive and multi-sectoral. This approach finds its basis in the *Canadian Charter of Rights and Freedoms** as well as several United Nations agreements.

The use of criminal sanctions to limit the personal use of psychoactive substances has failed to limit both the number of users and the products available to them. The available evidence supports the benefits associated with a public health approach and its capacity to reduce harms. This approach is predicated on decriminalization of the personal use of psychoactive substances and the increased availability of health and social supports for those who use psychoactive substances.

A section 56 exemption offers an immediate, straightforward mechanism that can be used by the City of Vancouver to start undoing the damage of criminalizing people for personal drug use, and instead shift our energies and resources to more effective ways of protecting and promoting the health of people in our families and communities.

Sincerely,

A handwritten signature in blue ink that reads "S Turner". The "S" is large and stylized, and "Turner" is written in a cursive script.

Shannon Turner
Executive Director
Public Health Association of British Columbia

A handwritten signature in blue ink that appears to read "I Culbert". The signature is stylized with a large "I" and "C".

Ian Culbert
Executive Director
Canadian Public Health Association

November 22, 2020

s.22(1)



To Mayor Stewart and City Council

Re.: Proposal to decriminalize the personal possession of drugs

Dear Mayor Stewart and Council,

I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.

Our family has been affected by substance-use related harms s.22(1), who is substance dependent and living on an off of the streets of Vancouver. He is so often in harms way, being a very high overdose risk despite the many, many efforts of our family to have him seek **sustainable support and safe housing, as well as a safe supply.**

We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.

To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.

We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.

What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.

We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.

We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.

Regards,

s.22(1)

-- Sincerely yours,

s.22(1)

November 24th, 2020

Dear Vancouver City Council Members:

We write to you today as medical students at the University of British Columbia who live, work, and learn in the City of Vancouver. **We urge you to support motion B.4 “Working with Senior Governments to Address the Overdose Crisis”** and immediately call on the federal Minister of Health to approve an exemption under section 56 of the *Controlled Drugs and Substances Act* (CDSA) to decriminalize possession of controlled substances for personal use for all people in the City of Vancouver. Drug use is a health issue and must be treated as such.

Despite the declaration of a Provincial public health emergency in 2016 under the *Public Health Act*, overdose and drug toxicity deaths continue to rise and the illicit drug supply is becoming increasingly toxic. In September 2020, the BC Coroners Service reported a 112% increase in the number of drug toxicity deaths from 2019, corresponding to more than 4 BC citizens dying each day from preventable overdoses.¹ Fentanyl was detected in 87% of illicit drug toxicity deaths in 2019 compared to 5% in 2012.¹ These factors have contributed to a measurable reduction in life expectancy at birth of British Columbians.² Today, BC communities face dual public health emergencies, with the COVID-19 pandemic exacerbating existing health, social, and economic inequities and the tragic overdose and drug toxicity crisis.³

It is clear that the “war on drugs” has failed. Countries with punitive approaches to drug use have the highest rates of drug-related deaths,⁴ and adopting a criminal-justice-based approach to substance use has not effectively reduced supply or demand for controlled substances.⁵ The World Health Organization recommends repealing laws that criminalize drug use and possession given the widespread negative health consequences of criminalization.⁶ Criminalization of people who use drugs has been shown to:

- Further entrench stigma, shame, and isolation among people who use drugs, thereby undermining public health efforts and creating barriers in accessing health and social services;⁷
- Increase risk behaviours (e.g. needle-sharing and consuming drugs alone) and associated negative health outcomes (e.g. blood-borne infections – HIV and Hepatitis C – and overdose);⁸
- Disproportionately impact Black, Indigenous, and other racialized, marginalized, and already overpoliced communities;⁹
- Increase barriers to employment and housing due to criminal records;⁵

- Fuel a toxic illegal drug market;¹⁰
- And bring about significant economic costs.¹¹

As medical students, we are diligently equipping ourselves with the skills to protect the health of and serve the needs of all British Columbians in the coming years. As such, we are invested in ensuring that our patients live in an environment that supports health rather than incites harm. We see first-hand the negative impacts of criminalization on the health and wellbeing of our patients. Drug use is a health concern not a criminal justice issue, and our collective strategies must reflect this. It is long overdue to pursue decriminalization of drugs for personal possession as a means to reduce the harms associated with criminalization and move towards a public health approach to drug use.

We therefore ask members of Council to immediately support Mayor Kennedy's motion to decriminalize personal possession of controlled substances within the City of Vancouver. While we ultimately want to see federal law reform, it is within your power as Council to take immediate steps to minimize the harms of criminalization within our community. We hope that by taking meaningful steps away from harmful prohibitionist policies towards evidence-based, health-oriented approaches to drug use, Vancouver sets a positive precedent for the rest of BC and Canada as a whole.

Sincerely,

s.22(1)

A large rectangular grey box redacting the signature and name of the sender.

Notes:

¹ BC Coroners Service (2020). Illicit Drug Toxicity Deaths in BC, January 1, 2010 – September 30, 2020. See: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

² Ye, X., Sutherland, J., Henry, B., Tyndall, M., & Kendall, P. (2018). At-A-Glance: Impact of drug overdose-related deaths on life expectancy at birth in British Columbia. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 38(6), 248-251.

³ HIV Legal Network (2020). Flatten Inequality: Human Rights in the Age of COVID-19. *HIV Legal Network*. See: <http://www.hivlegalnetwork.ca/site/flatten-inequality-human-rights-in-the-age-of-covid-19/?lang=en>

⁴ European Monitoring Centre for Drugs and Drug Addiction. (2017). European Drug Report: Trends and Developments. See: <https://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf>

⁵ Toronto Public Health. (2018). Discussion Paper: A Public Health Approach to Drugs. April 2018. See: <https://www.toronto.ca/wp-content/uploads/2018/05/9105-A-Public-Health-Approach-to-Drugs-Discussion-Paper.pdf>

⁶ World Health Organization. (2017). Joint United Nations statement on ending discrimination in health care settings. See: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>

⁷ BC Centre for Disease Control (2017). Respectful Language and Stigma Regarding People Who use Substances. See: <https://towardtheheart.com/assets/uploads/1502392191GWLgqDb5w5GlajwRuiq4lPoSyhSoMkp3T7rL5ml.pdf>

⁸ Small, W., Kerr, T., Charette, J., Schechter, M., & Spittal P. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, 17(2): 85-95.

⁹ HIV Legal Network. (2020). Decriminalizing People Who Use Drugs: Making the Ask, Minimizing the Harms. See: <http://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en>

¹⁰ Henry, B. (2019). Stopping the Harm: Decriminalization of People who use Drugs in BC. Office of the Provincial Health Officer. See: <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>

¹¹ Haden, M. (2008). Economic Fact Sheet: Facts and Figures Relating to Illegal Drugs. *Vancouver Coastal Health*. See: http://www.markhaden.com/otherdocuments/Economic_Fact_Sheet.pdf

November 24th, 2020

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s.22(1)



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(Signatures as of 11 pm on November 24, 2020)

Notes:

¹ BC Coroners Service (2020). Illicit Drug Toxicity Deaths in BC, January 1, 2010 – September 30, 2020. See: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

² Ye, X., Sutherland, J., Henry, B., Tyndall, M., & Kendall, P. (2018). At-A-Glance: Impact of drug overdose-related deaths on life expectancy at birth in British Columbia. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 38(6), 248-251.

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⁴ European Monitoring Centre for Drugs and Drug Addiction. (2017). European Drug Report: Trends and Developments. See: <https://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf>

⁵ Toronto Public Health. (2018). Discussion Paper: A Public Health Approach to Drugs. April 2018. See: <https://www.toronto.ca/wp-content/uploads/2018/05/9105-A-Public-Health-Approach-to-Drugs-Discussion-Paper.pdf>

⁶ World Health Organization. (2017). Joint United Nations statement on ending discrimination in health care settings. See: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>

⁷ BC Centre for Disease Control (2017). Respectful Language and Stigma Regarding People Who use Substances. See: <https://towardtheheart.com/assets/uploads/1502392191GWLgqDb5w5GlajwRuiq4IPoSyhSoMkp3T7rL5ml.pdf>

⁸ Small, W., Kerr, T., Charette, J., Schechter, M., & Spittal P. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, 17(2): 85-95.

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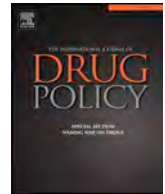
¹⁰ Henry, B. (2019). Stopping the Harm: Decriminalization of People who use Drugs in BC. Office of the Provincial Health Officer. See: <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>

¹¹ Haden, M. (2008). Economic Fact Sheet: Facts and Figures Relating to Illegal Drugs. *Vancouver Coastal Health*. See: http://www.markhaden.com/otherdocuments/Economic_Fact_Sheet.pdf



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Overdose among mothers: The association between child removal and unintentional drug overdose in a longitudinal cohort of marginalised women in Canada

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ARTICLE INFO

Keywords:

Substance use

Canada

Overdose

Maternal health

Child welfare

ABSTRACT

Background: Accidental overdose is a major public health concern in North America with research primarily focused on cisgender men. Little is known about the burden of overdose among marginalised women, particularly in the context of child custody loss. This study aims to examine the prevalence of overdose and the association with child removal in a cohort of marginalised women.

Methods: This study draws on a merged dataset (2010–2018) of two community-based longitudinal cohorts of over 1000 marginalised women in Canada recruited using time-location sampling. After restricting to women who had ever had a live birth, bivariate and multivariable logistic regression using generalised estimating equations (GEE) were used to examine the association between child removal and overdose. Joint effects of child removal and Indigeneity were also investigated.

Results: Of the 696 women who reported ever having a live birth, 39.7% ($n = 276$) reported child removal at baseline. Unintended, non-fatal overdose rates were high, with 35.1% ($n = 244$) of women reporting ever having an overdose. Using bivariate GEE analyses, having a child apprehended and being Indigenous were positively correlated with overdose. Using multivariable GEE, child removal increased the odds of overdose by 55% (AOR: 1.55; 95% CI 1.01–2.39) after adjusting for education and Indigenous ancestry. Using multivariable joint-effects analysis, Indigenous women who had experienced child removal had over twice the odds of an unintended overdose than non-Indigenous women who had not lost custody after adjusting for education, food insecurity, and sex work (AOR: 2.09; 95% CI 1.15–3.79).

Conclusion: This analysis suggests that, after controlling for known confounders, women who have a child removed experience higher odds of overdose, and these odds are highest among Indigenous women. The high prevalence of overdose in this cohort suggests the need for further strategies to prevent overdose among pregnant and parenting women.

Background

Accidental overdose is a major public health concern in North America, and little is known about the burden of overdose among marginalised women and, in particular, those who have experienced losses such as a child removal. The overdose crisis has now claimed more deaths than motor vehicle accidents and firearms in the United

States and accounts for more daily deaths than motor vehicle collisions in Canada (Barnett, Gray, Zink & Jena, 2017; Belzak & Halverson, 2018). In 2019, Statistics Canada reported that life expectancy rates have stopped increasing for the first time in four decades due to opioid-related overdose deaths. Death rates due to overdose were 2.1 times higher for men and 1.6 times higher for women in 2017 compared with 2015 (Statistics Canada, 2019). The same report found

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<https://doi.org/10.1016/j.drugpo.2020.102977>

the crisis to be most urgent in the Canadian province of British Columbia (B.C.), where in 2016, the provincial health officer declared a public health emergency in response to the rise in unintentional illicit drug overdose deaths from 211 in 2010 to 1547 in 2018 and 984 in 2019 (BC Coroners Service, 2020). While men have experienced more absolute overdose deaths, fatal overdoses among women have increased by 260–500% among women aged 30–64 in the United States between 1999 and 2017 (VanHouten, Rudd, Ballesteros & Mack, 2019). In the Canadian context, overdose events and deaths are experienced differently by various communities and identities such as ethnicity and gender. Specifically, in B.C., First Nations people represent 3.4% of the population but 14% of all overdose events and are three times more likely to die due to an overdose compared to their non-First Nations counterparts (First Nations Health Authority, 2017). First Nations women, when compared to non-First Nations women, are 8 times more likely to experience overdose events and 5 times more likely to die due to overdose (First Nations Health Authority, 2017).

Research and policy on the overdose crisis has primarily been focused on cisgender men, and less is known about the impact on women, particularly marginalised women such as sex workers and women living with HIV (Collins, Bardwell, McNeil & Boyd, 2019; VanHouten et al., 2019). Amongst a cohort of women living with HIV in Canada, approximately 17% of participants self-reported opioid or stimulant use, with higher rates of substance use (26.4%) reported amongst women experiencing intersecting health, social, and structural inequities (Shokoohi, Bauer, Kaida, Logie, Lacombe-Duncan, Milloy et al., 2019).

The lack of attention to the unique overdose risk of women is particularly troubling given that drug use is gendered and people who are marginalised due to their female gender or gender diverse identity are differentially impacted by Hepatitis C and HIV transmission, physical and sexual violence and injection related harms when compared to cisgender men (Collins et al., 2019; Shannon, Goldenberg, Deering & Strathdee, 2014). The concept of marginalization, in contrast to terms such as “vulnerable” or “at-risk”, generally refers to the root causes of poor access to basic human rights and social dislocation (Browne & Reimer-Kirkham, 2014). Marginalised populations have been defined in various ways in human rights legislation in Canada but broadly include socially identifiable groups that experience systemic social or economic disadvantage on the basis of poverty, source of income, occupation, housing status, and/or level of education. People who use drugs (PWUDs), Indigenous and other racialised people, gender and sexual minorities (LGBTQ), people living on low incomes, sex workers, immigrants, and refugees tend to experience this type of systemic social or economic disadvantage (Public Health Agency of Canada, 2011). Historical and contemporary colonial structures have led to Indigenous women being particularly overrepresented among marginalised and street involved populations (Aguar & Halseth, 2015; First Nations Health Authority, 2019; Martin & Walia, 2019; Reading, 2015).

Women who are criminalised (e.g. sex workers, drug users, and women living with HIV) and have been marginalised by poverty, race, substance use, and mental illness also experience a disproportionate burden of monitoring and apprehension by child welfare authorities in North America (Blackstock, Clarke, Cullen, D'Hondt & Formsma, 2004; Kenny, Barrington & Green, 2015). In many cases, these women were also former children in care themselves (Blackstock, 2004). Since the 1950s in Canada, women who are racialised and women who experience poverty or who use illicit substances have been deemed unfit mothers and have customarily experienced child apprehension (Boyd, 2019; Kenny et al., 2015). Prohibitionist drug policies in Canada, as elsewhere, influence child welfare policies such that abstinence is equated with “good parenting” while parental substance use is equated with abuse (Boyd, 2019, p. 11; Boyd, 1999). As a consequence, drug policy can supersede the reproductive and human rights of women, including their right to raise their children (Boyd, 2019).

Little is known, however, about the complex impact of child removal on women's health. Even less is known about the potential risk

factors for maternal overdose. Of particular concern is the possible effect of a traumatic event, such as an unplanned child removal at birth on a woman who may be vulnerable to relapse, postpartum depression, and suicide (Thornton, Schmied, Dennis, Barnett & Dahlen, 2013). Qualitative research with mothers has found that exposure to the removal of children by child welfare authorities can result in high levels of maternal posttraumatic stress, grief, depression, stigma, and poorer physical health (Barrow & Laborde, 2008; Farahzad, 2016; Kyzer, Conners-Burrow & McKelvey, 2014; Raskin, 1992). A discordant sibling analysis in Manitoba found that mothers who had a child taken into care had higher rates of mortality due to avoidable causes (HR 3.46; 95% CI 1.41–8.48) (Wall-Wieler, Roos, Nickel, Chateau & Brownell, 2018). Outside of the Manitoba study, little is known about the quantitative effects of child removal on maternal health and wellness.

In Canada, an estimated 65,000 children are currently in the care of child welfare authorities at a population rate of between 1.1% and 3% of children, one of the highest rates in the world (Gilbert et al., 2012; Trocmé, Esposito, Nutton, Rosser & Fallon, 2019). Due to historical colonial child welfare policies and their influence on contemporary child welfare structures, Indigenous children are overrepresented in the Canadian child welfare system (Blackstock, 2006; John, 2016; Martin & Walia, 2019; Trocmé et al., 2019). While comprising only 7.7% of the population under the age of 14, around 52.2% of children under the age of 14 in foster homes are Indigenous (Canada, 2018; John, 2016). The term “cultural genocide” is used in the Truth and Reconciliation Commission (TRC) report to refer to Canada's laws and policies aimed at Indigenous peoples, inclusive of the ‘Sixties Scoop’, a time when provinces placed Indigenous children in care at higher rates than residential school (John, 2016; Truth & Reconciliation Commission, 2015).

There are limited interventions available currently to address the trauma that is associated with child removal and to prevent related morbidity and mortality for women experiencing such loss (Kenny et al., 2019; Marsh & Leamon, 2019). Complex risk factors for child removal (such as homelessness, substance use, sex work, inter-partner violence, colonization, racialised policies and poverty) act dynamically with grief, loss, and trauma to influence women's risk of overdose. In the context of the overdose crisis in Canada resulting primarily from accidental fentanyl poisoning, this paper focuses on the under-examined issue of unintentional, non-fatal drug overdoses among marginalised women (Collins et al., 2019).

Specifically, the objectives of this study were to describe the prevalence of unintentional overdose in a cohort of marginalised women comprised of sex workers and women living with HIV in Canada, and examine the association between child removal and recent non-fatal overdose over an eight-year period. As a second aim, we sought to explore the effects of child removal on recent unintentional, non-fatal overdose for Indigenous women, given the colonial history of inter-generational family separation.

Methods

Study design

Data for this study were drawn from two ongoing community-based open-prospective cohorts of marginalised women in Metro Vancouver called AESHA (An Evaluation of Sex Workers' Health Access) and SHAWNA (Sexual Health and HIV/AIDS: Women's Longitudinal Needs Assessment). Metro Vancouver includes the City of Vancouver and the twenty surrounding municipalities, including Surrey, Richmond, Burnaby, Coquitlam, Delta, and Langley Township. AESHA was developed through community collaboration with sex work agencies and operates under continued monitoring by a Community Advisory Board; its protocols have been described in detail by Shannon and colleagues (2007). SHAWNA operates as a partnership of women's HIV and

community services providers and is guided by a Community Advisory Board and a Positive Women's Advisory Board; its protocols have been detailed further by [Duff et al. \(2018\)](#).

Eligibility for both cohorts was cisgender or transgender women, aged 14 years or older and able to provide informed consent. For the AESHA cohort, additional eligibility was active engagement in sex work at baseline, and for the SHAWNA cohort it was living with HIV. AESHA initiated recruitment in 2010 while SHAWNA began in 2014, and both cohorts include staff with lived experience across interviewers, coordinators and co-authors to reflect communities (sex workers, people living HIV, drug users, etc.). AESHA recruitment has been described previously but, briefly, includes community mapping and time-location sampling, which is considered to be a useful method of recruitment for mobile/hidden populations ([Stueve, O'Donnell, Duran, San Doval & Blome, 2001](#)). Street, indoor and online sex work venues were identified through participatory mapping strategies conducted with current/former sex workers to identify sex work locations ([Shannon et al., 2007](#)). These work locations are updated regularly, at least two to four times each year and sometimes more. SHAWNA recruitment includes self-referrals, referrals by providers, AIDS Service Organisations and Peer Research Associate team ([Duff et al., 2018](#)).

Data for this study were collected between January 2010 and February 2018. Since the primary exposure was child custody loss, we restricted the analysis to women who had reported ever having at least one live birth and provided responses to questions about child custody loss.

At enrolment and bi-annually, participants in both cohorts completed an interviewer-administered questionnaire by a trained community interviewer. The questionnaire elicited responses related to parenting and mothering, including number of children and exposure to child removal by the state or by family members, child death, or children in the care of a partner or relative. Other variables include socio-demographics (e.g. sexual identity, ethnicity, housing), sex work variables (e.g. work environment, solicitation, social cohesion, access to services, violence/safety, incarceration, types of services, condom use), intimate partners (e.g. sexual history, cohabitation, financial support), trauma and violence (e.g. lifetime and childhood trauma, exposure to intimate partner and workplace violence), drug use patterns (injection and non-injection, and overdose), overall physical, mental and emotional health, sexual and reproductive health, and HIV testing and treatment experiences. Participants were then offered voluntary HIV/STI serology testing by a project nurse and clinical monitoring of CD4 and VL if HIV positive. Participants were given the option to visit a study office or complete the questionnaire and clinical component at a safe location identified by them, including work, clinic or home locations. All participants received an honorarium of \$40–50 CAD at each bi-annual visit for their time, expertise and travel.

Theoretical approach

This research has been informed by postcolonial feminism and critical social theory. Postcolonial perspectives draw attention to pervasive social conditions related to colonization and racism ([Racine, 2009](#)), an important perspective to consider in this research on child custody loss where approximately 42% of the participants in the cohort are Indigenous. Postcolonial feminism specifically, through its centring of women's voices and experiences by recognizing their intersecting oppressions in patriarchal and colonised societies, offers a route to shift this research on maternal overdose from a practice of "speaking on behalf of" women who use drugs to a more emancipatory reflexive practice that emphasizes their human agency and the injustices of the child welfare system ([Kirkham & Anderson, 2010](#)). Complementing this, critical social theory's interrogation of conventional social structures (e.g. health inequities in Indigenous communities and/or commonly held beliefs and values about motherhood) promotes a reflective critique of researchers' practices and the systems and institutions in

which they operate ([Speziale, Streubert & Carpenter, 2011](#)).

Critical social, feminist and postcolonial theories have also contributed to the development of the theory of marginalization. Critical theoretical perspectives extend center-periphery critiques from development theory ([Koo, 1981](#)) to examine inequitable economic and power relationships within industrialized societies based on class. While critical social theory primarily locates oppression in economic exploitation and inequitable and unjust economic relations, feminist theory furthers this analysis to include the functions of gendered social relations, sexual and reproductive roles and gendered social expectations in generating or exacerbating unequal social relations ([Cho, Crenshaw & McCall, 2013](#)). Feminists have also used the analogy of "margins" in relation to the "center" to challenge white chauvinism, Eurocentrism and patriarchal sexism, which underpin privilege in society.

The conceptual model for this research was adapted from the Structural HIV Determinants Framework for marginalised women developed by Dr. Kate Shannon and team, as a heuristic of the mechanisms by which structural interventions can intervene or mitigate HIV/STI risks ([Shannon, Goldenberg, Deering & Strathdee, 2014](#)). This framework draws on many of the theoretical traditions mentioned above (feminist, post-colonial and marginalization) and on earlier work in sex work, drug use, and HIV by [Blanchard and Aral \(2010\)](#) and [Rhodes and colleagues \(Rhodes, Singer, Bourgois, Friedman & Strathdee, 2005\)](#). The conceptual model for this study further adapts the Structural HIV Determinants Framework and the WHO Ecological Framework to depict hypothesised pathways between macro-structural child welfare policy and maternal health, including mediating pathways of various determinants (risks and protective factors) across structural, community, relationship and individual domains.

Ethics statement

The studies hold ethical approval through Providence Health Care/University of British Columbia Research Ethics Board and the University of Oxford (Ref#SPIC1A16029). The parent studies of AESHA and SHAWNA both have community advisory boards of over 15 agencies serving marginalised women and include partnership with Indigenous agencies and people with lived experience of HIV, sex work, and substance use.

Study variables

Primary outcome: unintentional, non-fatal drug overdose

Our outcome of interest was a time-updated self-reported measure capturing unintentional, non-fatal overdoses in the last six months at each bi-annual study visit. This was defined as responding "yes" to the question "In the last six months, have you ever overdosed by accident (i.e. where you've had a negative reaction by using too much drugs)?" In the Canadian policy context, national statistics capture whether an overdose is intentional (purposely self-inflicted, as in cases of suicide) or unintentional (accidental). Unintentional drug poisoning deaths include cases where a drug is taken accidentally, too much of a drug is taken accidentally, the wrong drug is given or taken in error, or an accident occurred in the use of a drug(s) in medical and surgical procedures. Given the public health emergency related to unintentional overdoses in Canada, this study did not focus on intentional, suicidal overdose.

Primary independent variable: child removal

For the purposes of this study, child removal to Child Protective Services was defined as the temporary or permanent loss of rights to parent one's child(ren) ([Duff et al., 2014](#)). Our primary independent variable of interest was a time-updated measure of lifetime child removal by the state, defined as responding "yes" to the question "Have you ever had any children apprehended by Child Welfare Services?".

TABLE 1

Baseline characteristics of women who ever had a live birth, stratified by unintentional, non-fatal overdose in the last six months in a longitudinal cohort of marginalised cisgender women in British Columbia, Canada, 2010–2018 ($N = 696$).

Characteristic	Total (%) ($N = 696$)	Non-fatal overdose [†] Yes (%) ($n = 32$)	No (%) ($n = 664$)	<i>p</i> value
Individual and Behavioural Variables				
Age, in years (median, IQR)	40 (32–45)	34 (29.5–41)	40 (32–45)	0.027
Graduated high school	370 (53.2)	16 (50.0)	354 (53.3)	0.714
Main source of income [†]				
No formal employment	125 (18.0)	6 (18.8)	119 (17.9)	
Sex Work	506 (72.7)	24 (75.0)	482 (72.6)	
Formal employment	45 (6.5)	1 (3.1)	44 (6.6)	0.735
Ever used illicit drugs	530 (76.2)	32 (100.0)	498 (75.0)	0.001
Ever diagnosed with mental health condition	357 (51.3)	25 (78.1)	332 (50.0)	0.002
Indigenous women	289 (41.5)	19 (59.4)	270 (40.7)	0.037
Social and Structural Variables				
Child removal	276 (39.7)	19 (59.4)	257 (38.7)	0.020
Indigenous and child removal				
Non-Indigenous, no child removal	301 (43.3)	5 (15.6)	296 (44.6)	
Non-Indigenous, experienced child removal	105 (15.1)	8 (25.0)	97 (14.6)	
Indigenous, no child removal	118 (17.0)	8 (25.0)	110 (16.6)	
Indigenous, experienced child removal	171 (24.6)	11 (34.4)	160 (24.1)	0.014
Sex work [†]	578 (83.1)	31 (96.9)	547 (82.4)	0.034
Ever in jail overnight or longer	432 (62.1)	26 (81.3)	406 (61.1)	0.013
Ever homeless	469 (67.4)	28 (87.5)	441 (66.4)	0.013
Recent homelessness [†]	193 (27.7)	15 (46.9)	178 (26.8)	0.015
Recent food insecurity [†]	458 (65.8)	27 (84.4)	431 (64.9)	0.032
Sexual or physical intimate partner violence [†]	87 (12.5)	6 (18.8)	81 (12.2)	0.288
Mother ever removed from parents	236 (33.9)	18 (56.3)	218 (32.8)	0.003

All data refer to n (%) of participants, unless otherwise specified.

[†] In the last six months.

Subsequently, a four-way categorical variable was derived to examine the joint association of child removal and Indigenous ancestry given the overrepresentation of Indigenous families in the child welfare system. Participants self-identified as Indigenous by answering “yes” to the question “Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?”. The term Indigenous is used throughout this paper to refer collectively to the First Nations, Inuit and Métis peoples of Canada while also acknowledging and respecting the great diversity in culture, traditions and languages between and among these groups. The joint variable was defined as follows: i. non-Indigenous women who did not experience child removal, ii. non-Indigenous women who experienced child removal, iii. Indigenous women who did not experience child removal, iv. Indigenous women who experienced child removal.

Other variables of interest and potential confounders

Other variables of interest and potential confounders were selected *a priori* based on a literature review and adapted from the *Structural Determinants Framework* for marginalised women, as described above (Shannon et al., 2014). Time-fixed individual variables included Indigenous ethnicity (i.e., First Nations, Metis, Inuit) and education (high school graduate vs. less than high school), while historical removal from participants' own parents was considered a time-fixed structural variable. All remaining variables were time updated at each bi-annual study visit. Time-updated individual variables included age (in years), main source of income in the last six months (sex work, no formal employment, or formal employment), lifetime illicit drug use, and lifetime diagnosis with a mental health condition. Time-updated social and structural variables referring to events in the last six months included food insecurity (defined as responding “often true” or “sometimes true” to at least one item on the Radimer-Cornell food insecurity scale vs. “never true” to all items), exchanging sex for money/goods/services, physical or sexual violence from intimate partners (measured using the WHO Intimate Partner Violence Scale), and homelessness (Radimer, Olson and Campbell, 1990). Time updated lifetime social and

structural variables included ever experiencing homelessness or being in jail overnight or longer.

Statistical analyses

Baseline descriptive statistics were calculated, stratified by unintentional non-fatal overdose, and compared using Pearson's chi-squared test (or Fisher's exact test for small cell counts) for categorical variables and the Wilcoxon rank-sum test for continuous variables.

Since analyses of factors potentially associated with overdose during follow-up included time-updated serial measures for each participant, bivariate and multivariable generalised estimating equations (GEE) with a logit link function for binary outcomes were used to determine which factors were independently associated with overdose in the last 6 months. Therefore, data from every follow-up visit was considered in this analysis. For example, an individual participant may have reported overdose during follow-up and this approach serves to examine variables that correlated with times when overdose exposure is not reported. To adjust the standard error and account for correlations arising from repeated measurements on the same participant over the follow-up period, an exchangeable correlation matrix was applied.

We also explored the joint effects of Indigeneity and child removal using a four-way categorical variable. The four-way categorical variable examined, in comparison to being non-Indigenous and never having a child apprehended, the joint effects of i) being Indigenous and having experienced child removal; ii) being Indigenous with no children apprehended; iii) being non-Indigenous and having experienced child removal. For both sets of analyses, all *a priori* confounders were included in the full multivariable models, and the process described by Maldonado and Greenland (1993) was used to determine the most parsimonious models. Hypothesised confounders were removed in a stepwise manner, and the variable corresponding to the smallest relative change in the association of interest was removed from the model. This iterative process continued until the minimum relative change in the association of interest exceeded 5%. Two-sided p values

and unadjusted and adjusted odds ratios (OR and AOR) with 95% confidence intervals (95% CI) are reported. All statistical analyses were performed using SAS software version 9.4 (SAS Institute, Cary, NC, USA).

Results

Descriptive results

From the combined total cohort of over 1000 marginalised women who completed a baseline visit between January 2010 and February 2018, a total of 696 women who reported ever having a live birth answered questions surrounding child custody loss and were included in this study. Baseline individual and socio-structural characteristics of participants who reported an unintentional, non-fatal overdose compared to those who did not are displayed in Table 1. At baseline, the median age was 40 (interquartile range (IQR) 32–45) and 41.5% ($n = 289$) of the women identified as Indigenous. A lifetime history of unintentional, non-fatal overdose was reported by 35.1% ($n = 244$). Throughout the study period, 19.4% ($n = 135$) reported an unintentional, non-fatal overdose in the past 6 months in at least one study visit. Of the 696 women, 39.7% had experienced child removal at baseline, and of those who reported an overdose in the last 6 months at baseline, 59.4% had experienced child removal. A large percentage of the marginalised women (76.2%; $n = 530$) reported ever using illicit drugs and 51.3% ($n = 357$) reported ever being diagnosed with a mental health condition.

Bivariate and multivariable gee analyses of the effect of child removal on unintentional, non-fatal overdose

Bivariate and multivariable odds ratios for the independent association between child removal and unintentional non-fatal overdose are displayed in Table 2. In bivariate GEE analyses, child removal was associated with over 80% higher odds of unintentional, non-fatal overdose (OR 1.82; 95% CI 1.24–2.67; $p = 0.002$). In the final multivariable GEE model, the odds of experiencing an overdose were 1.55 (95% CI 1.01–2.39; $p = 0.047$) times higher for women who reported having a child apprehended than for women who did not, after adjusting for Indigeneity and education.

Bivariate and multivariable GEE analyses of the joint effects of indigeneity and child removal on unintentional non-fatal overdose

To examine the joint effects of Indigeneity and child removal on unintentional non-fatal overdose, we examined a four-way categorical variable with the reference being non-Indigenous women with no history of child apprehension. All categories experienced significantly higher odds of overdose in bivariate analysis, and the odds were highest for Indigenous women who had children apprehended (OR 2.46; 95% CI 1.48–4.10; $p < 0.001$). The multivariable analysis showed, after adjusting for education, recent food insecurity, and recent sex work, that Indigenous women who had experienced child removal had over twice the odds of reporting an unintended overdose than non-

Indigenous women who had not lost custody of their children (AOR 2.09; 95% CI 1.15–3.79; $p = 0.015$).

Discussion

We found that child removal was associated with an increased odds of unintentional, non-fatal overdose, and these effects were particularly pronounced in Indigenous women who had experienced child removal, compared to non-Indigenous women with no child removal. These findings are consistent with an emerging body of literature establishing links between child custody loss, grief and maternal morbidity (Barrow & Laborde, 2008; Farahzad, 2016; Kyzer et al., 2014; Thornton et al., 2013; Wall-Wieler et al., 2018). These results also contribute to a growing body of research that establishes a potential pathway between child removal and harmful substance use (Duff et al., 2014; Kenny et al., 2019; Marsh & Leamon, 2019). One systematic review of the literature reported that the removal of a child from custody has similar psychological effects to losing a child, with an often prolonged grief period and additional feelings of inadequacy and guilt (Marsh & Leamon, 2019). Marsh and Leamon (2019) argue that inadequate consideration has been given to women who have had a child removed from their custody, which may intensify their grief symptoms. The results of the current study contribute to the hypothesis that the psychological effects of removal of a child at birth may cause a mother to relapse from an underlying substance use disorder, resulting in her substance use increasing in severity, or for her to attempt suicide or experience an overdose. The pathway is complex and includes multiple mediating factors that both increase the risk of overdose but also increase the risk of custody loss, including economic and social policies and discourses that shape experiences of public policy for poor and racialized women. In order to develop effective interventions for women at risk of overdose and child custody loss, it is crucial that future research aims to identify and address these pathways. The post-colonial feminist and critical social theoretical framing of this research underscores the role of prohibitionist drug policies, together with the child welfare system, in exacerbating the risks of child custody loss and subsequent potential for maternal overdose.

Though individuals consume drugs for myriad reasons, for many women substance use is a method of coping with trauma, such as childhood abuse, partner violence, and the intergenerational effects of colonization on Indigenous women (Kenny et al., 2019; Walters & Simoni, 2002). We found a high prevalence of underlying substance use and overdose in the cohort. These findings further build on the work of Harp who found that both informal and formal child removal resulted in an increase in substance use by a factor of 4.14 among a longitudinal cohort of 393 African American women in the United States (Harp & Oser, 2018). Jongbloed and colleagues, in their study of mortality amongst Indigenous people who use drugs in two cities in B.C., Canada (Vancouver and Prince George), found that Indigenous women experience eight times more overdose events and five times more deaths from overdose than non-Indigenous women (Jongbloed et al., 2017). This study also identified associations between engagement with the child welfare system and risk factors for death, including overdose among those who use drugs (aOR 2.7, 95% CI 1.6–4.5) (Jongbloed et al., 2017). The link between intergenerational trauma and substance use is widely recognised as a social phenomenon linked to the history of forced residential school in North America, and, later, forced adoption during the Sixties Scoop, which have led to an overrepresentation of child removals among Indigenous communities (Blackstock et al., 2015; Kenny et al., 2019; Wildeman & Emanuel, 2014). We found that 171/289 (59.2%) of Indigenous women in our cohort had experienced child removal at baseline compared to 105/406 (25.9%) non-Indigenous women. The forced removal of entire generations of children along with the ongoing removal of land and the subsequent loss of culture and language has been acknowledged as a form of genocide and collective trauma for Indigenous peoples (Alberta Provincial Government, 2018;

Table 2

Unadjusted and adjusted odds ratios with 95% confidence intervals (CI) and p values for the association between child removal and recent unintentional non-fatal overdose among a cohort of marginalised cisgender women in B.C., Canada, 2010–201 ($N = 696$).

	Unadjusted Odds Ratio (95% CI)	p value	Adjusted* Odds Ratio (95% CI)	p value
Child removal	1.82 (1.24 – 2.67)	0.002	1.55 (1.01 – 2.39)	0.047

* Adjusted for Indigeneity and education.

Table 3

Unadjusted and adjusted odds ratios with 95% confidence intervals (CI) and *p* values for the joint association of child removal and Indigenous ancestry on recent unintentional non-fatal overdose among a cohort of marginalised women in B.C., Canada, 2010–2018 (*N* = 696).

	Unadjusted Odds Ratio (95% CI)	<i>p</i> value	Adjusted* Odds Ratio (95% CI)	<i>p</i> value
Non-Indigenous, no child removal	Reference		Reference	
Non-Indigenous, experienced child removal	2.17 (1.20–3.94)	0.011	1.75 (0.92–3.33)	0.089
Indigenous, no child removal	1.93 (1.07–3.46)	0.029	1.52 (0.80–2.90)	0.202
Indigenous, experienced child removal	2.46 (1.48–4.10)	<0.001	2.09 (1.15–3.79)	0.015

* Adjusted for education, recent food insecurity, and recent sex work.

Brave Heart & DeBruyn, 1998; Government of Canada, 2008, 2010). This collective trauma has been linked to higher rates of substance use and mental illness as well as social factors that exacerbate overdose risk among Indigenous women, including poverty, fetal alcohol effects, homelessness, food insecurity, and prison (Browne & Varcoc, 2006; Jongbloed et al., 2017; Kenny et al., 2019).

The link between overdose and exposure to criminalization is an ongoing public health concern (Goldenberg et al., 2020). In this current study, we also found that 62% of women reported experience with jail or prison, and 12% reported this in the past six months. Additionally, of the women in our study who had experienced an episode of non-fatal overdose at baseline, 81% had been in jail or prison, which was significantly higher than for those who had not experienced overdose. Experiences of jail or prison can physiologically increase the risk of opioid overdose, as patients experience a decreased tolerance to drugs after a period of abstinence and, if they use opioids upon release, they are more at risk of overdose (British Columbia Centre on Substance Use, 2018; Comer et al., 2015; Committee on Obstetric Practice, 2017). In a systematic review of the literature, DeBeck and colleagues found that criminalization and stigmatization of drug use can act as a barrier to access to health services by creating a hostile environment, limiting access to the overdose prevention reversal drug, naloxone, testing and treatment of HIV/HCV, and substance use treatment (DeBeck et al., 2017).

For this reason, public health experts are calling for access to a safe, regulated supply of opioids for drug users to combat the overdose crisis in Canada (PHO Report, 2019). Not all individuals who use illicit substances, however, experience criminalization equally; in order to fully appreciate criminalization of drug use, greater consideration must be given to the convergence of social, structural, and economic factors that influence mothers' interactions with the criminal justice system (Boyd, Fast & Small, 2016; Collins et al., 2019).

Policy implications

In the context of the declared public health overdose emergency in Canada, research examining the associations between overdose and policy-amenable risk factors through a postcolonial feminist and critical social theoretical lens is vital in preventing mortality among marginalised women. Such theories are key to interrogating the current social and structural environment in which marginalised women live, work, and raise children. In this cohort of marginalised women in Vancouver, Canada, we found a high burden of accidental overdose among women who had experienced child removal. Although not generalisable to all women, the findings suggest there may be an unmet need for linkages to harm reduction, substance use treatment and safe drug supply for women who have experienced child removal. Services known to prevent accidental overdose include naloxone, supervised injection facilities, opioid agonist therapy (including methadone and buprenorphine), and psychosocial support (Degenhardt et al., 2019). However, a lack of attention to the gendered dimensions of health care can reinforce gender inequities and its crucial services become tailored to addressing the overlapping social and structural vulnerabilities that increase the risk of overdose among marginalised women (Boyd et al., 2018;

Collins et al., 2019). Maternal health services should include opioid overdose prevention and management, the prevention, testing, and treatment for harmful substance use, and mental health supports as part of their package of services to new and expecting mothers experiencing marginalization in Canada. Child welfare offices and social workers working with marginalised mothers should offer peer-administered naloxone, and immediate referrals to harm reduction and treatment services that include safe supplies of opioids that reduce the risk of fentanyl poisoning (Open Society Foundations, 2018). Treatment pathways and triage services for interventions such as prescription heroin and opioid agonist therapy should consider prioritizing pregnant women and women who have experienced recent child removal. Ultimately, federal policy change toward the decriminalization of drug use and regulation of substances may be integral to preventing loss of custody due to prohibitionist drug policy and unintentional overdose amongst mothers coping with child custody loss.

An emerging body of literature supports the integration of trauma and violence-informed, culturally safe approaches to improve retention in health and social care for marginalised women (Browne & Varcoc, 2006; Poole & Greaves, 2009). To improve retention in maternity, postnatal care, and addiction treatment, training on trauma-informed practice should be provided for social workers and health care providers who regularly come into contact with marginalised women (Marsh & Leamon, 2019; Poole & Greaves, 2009). Such approaches have been successfully applied by Sheway, a pregnancy outreach program operating in Vancouver's Downtown Eastside, and FIR Square, which provides maternity and addiction care for women struggling with substance use at B.C. Women's Hospital in Vancouver. Both programmes are focused on positive early parenting experiences and increasing mothers' ability to safely retain custody of their children postpartum and through the child's early life, including the provision of a safe and regulated supply of opioid agonist treatment (Seaman, 2004; Vancouver Coastal Health, 2020).

In addition, due to the unique and devastating structural historical and contemporary context shaping Indigenous women's interaction with services, Blackstock argues that reconciliation of child welfare systems for Indigenous women must begin with recognition of the damage caused by previous policy and Indigenous leadership to determine a path forward informed by human rights perspectives (Blackstock, Cross, George, Brown & Formsma, 2006). Further, child welfare services must distinguish between the need for 'protective care' versus 'supportive care' or 'least disruptive measures', and, in the case of the latter, help women address the structural risks they and their children face through culturally appropriate social services and family liaisons (Blackstock, 2011; Blackstock et al., 2006; Martin & Walia, 2019).

With the passing of Bill C-92, *An Act respecting First Nations, Inuit and Métis children, youth and families*, the jurisdiction of Indigenous peoples for child and family services was affirmed by the Government of Canada (2019). This legislation recognises that a child's best interests are promoted when the child is able to stay with their parent, family or community (Government of Canada, 2019). In spite of the positive elements of the Bill, however, the legislation has so far been limited by a lack of clarity around funding and provisions to ensure its

enforceability and meaningful improvements for Indigenous children and families (Metallic, Friedland, Craft, Hewitt & Morales, 2019).

Limitations

There are a number of strengths and limitations to consider in the interpretation of this study. Strengths of this analysis include the prospective design and GEE analyses, which increased the number of observations, allowing average estimates of the correlates of overdose over an eight-year period to be determined. However, variables in this study were self-reported and include sensitive topics (e.g. removal from childhood family home, drug use, partner violence), which may have resulted in underreporting or respondent-driven reporting biases by participants. To reduce social desirability bias, the interviewer-administered questionnaires were conducted in safe and comfortable spaces by experienced interviewers (including current/former sex workers and women living with HIV) with strong community rapport, and there is no reason to believe there would be differences in reporting between those who had experienced overdose and those who had not.

Although our findings may not be fully generalisable to all marginalised women in Canada, our study population included wide-ranging representations of sex work environments, women affected and infected by HIV, women living in poverty, and women who use drugs. The study methodology, mapping of working areas and time-location sampling likely helped to ensure a representative sample and to minimize selection bias; however, higher-income earning and independent marginalised women (e.g. escorts, online, women who access private HIV care) are likely underrepresented.

Another important limitation relates to causality. Although we found a significant association between child removal and overdose, we cannot conclude that this is a causal effect. The majority of child removals in this study occurred prior to baseline, but this exposure was time-updated to capture participants who experienced child removal in the last six months at any bi-annual study visit. Although only 32 participants experienced child removal during follow-up, 27 of whom had a child removed prior to their baseline survey, temporality between the exposure and outcome cannot be determined for these participants.

Furthermore, in order to establish the relationship between child removal and overdose in the absence of confounders, we did not control for potential mediators based on our literature review that may block the true association between child removal and overdose, such as substance use disorder or mental illness, and structural vulnerabilities on the causal pathway to overdose, including homelessness and intergenerational trauma (Skelltt, 2012).

Finally, this study took into account known, measured confounders, but the exclusion of unmeasured or unknown confounders may have lead to biased estimates of the association between child removal and unintentional, non-fatal overdose. Further research is needed to establish causality and disentangle these complex associations.

Conclusion

This analysis suggests that, after controlling for known confounders, women who have a child removed experience higher odds of non-fatal overdose, and these odds are highest among Indigenous women. This highlights the immediate importance of increased cultural safety education for health care providers to understand the constellation of colonial policies which continue to impact Indigenous women today. Other factors associated with overdose in the bivariate analyses included level of maternal education, homelessness, and recent experiences of intimate partner violence. The high prevalence of both lifetime and recent overdose in this cohort of marginalised mothers suggests the need for further gender responsive strategies to prevent overdose among women, including expansion of opioid agonist therapy and treatment services accessible to pregnant and parenting women. Where possible, families should be supported to stay together. When children

are removed from the care of their mothers, enhanced support plans may be required to prevent substance use relapse or increased severity of substance use disorder, and to prevent overdose including the provision of peer-administered naloxone, overdose awareness training, and expedited referrals to a safe, regulated drug supply and support. Training of health care providers should be offered to enable the identification and referral of women experiencing grief post child removal and at risk of overdose. Finally, large scale systemic changes and decolonizing approaches are required to address the continued structural violence that Indigenous and racialized women face in contemporary Canadian contexts. A focus on self-determining and Indigenous cultural safety is essential to supporting women's rights as mothers.

Source of funding

This research was supported by operating grants from the US National Institutes of Health (R01DA028648) and Canadian Institutes of Health Research (HHP-98,835). KS is supported by US National Institutes of Health (R01DA028648). MT is supported by the Pierre Elliott Trudeau Foundation Trudeau Scholar Program and the Canadian Institute of Health Research Doctoral Training Program. The funding sponsors had no role in the research or in the preparation of this manuscript.

Declaration of Competing Interest

The authors declare no conflict of interest.

Author statement and acknowledgements

The first author named is lead and corresponding author. All other authors are listed in order of contribution with the last author being the parent study principal investigator and senior author. We describe contributions to the paper using the CRediT taxonomy (Brand et al. (2015), *Learned Publishing* 28(2)). Writing – Original Draft: MT; Writing – Review & Editing: KS, DH, JB, MB, PD, SP, BB; Conceptualisation: MT, KS, SP and DH; Investigation: MT, KS, MB.; Methodology: MT, DH, JB, KS, MB, PD.; Formal Analysis: MT and MB; Project Administration: KS; Funding Acquisition: KS and MT.

The authors would like to thank all those who contributed their time and expertise to this project, particularly participants, the SHAWNA and AESHA community advisory board members and partner agencies, and the CGSHE team, including: Sarah Moreheart, Shannon Bundock, Brittney Udall, Jennifer Morris, Jennifer McDermid, Alka Murphy, Sylvia Machat, Minshu Mo, Sherry Wu, Bridget Simpson, Gail Madanayake, Zoe Hassall, Kate Noyes, Emma Kuntz, Akanée Yamaki, Lauren McCraw, Zoe Hassell, Jane Li, Anna Mathen, Lois Luo. We also thank Peter Vann and Megan Bobetsis for their research and administrative support. .

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.drugpo.2020.102977](https://doi.org/10.1016/j.drugpo.2020.102977).

References

- Aguiar, W., & Halseth, R. (2015). *Aboriginal peoples and historic trauma: The processes of intergenerational transmission*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Alberta Provincial Government. (2018, May 28). *Sixties scoop apology*. Retrieved from <https://www.alberta.ca/sixties-scoop-apology.aspx>.
- Barnett, M. L., Gray, J., Zink, A., & Jena, A. B. (2017). Coupling Policymaking with Evaluation—The Case of the Opioid Crisis. *New England J. Medicine*, 377(24), 2306–2309. <https://doi.org/10.1056/NEJMp1710014>.
- Barrow, S. M., & Laborde, N. D. (2008). *Invisible Mothers: Parenting by Homeless Women*

- Separated from Their Children. *Gender issues*, 25(3), 157–172.
- BC Coroners Service. (2020, August). *Illicit-Drug toxicity deaths in B.C., January 1, 2010 – July 31, 2020*. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.
- Belzak, L., & Halverson, J. (2018). Evidence synthesis – The opioid crisis in Canada: A national perspective. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 28(6), 224–233.
- Blackstock, C. (2011). The Canadian Human Rights Tribunal on First Nations Child Welfare: Why if Canada wins, equality and justice lose. *Children and Youth Services Review*, 33, 187–194.
- Blackstock, C., Clarke, S., Cullen, J., D'Hondt, J., & Formsma, J. (2004). *Keeping the promise: The convention on the rights of the child and the lived experiences of first nations youth*. Retrieved from First Nations Child and Family Caring Society of Canada website: <http://www.fnfcscs.com/docs/KeepingThePromise.pdf>.
- Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in child welfare: Touchstones of hope for indigenous children, youth, and families*. Ottawa, ON, Canada: First Nations Child & Family Caring Society of Canada/Portland, OR: National Child Welfare Association.
- Blanchard, J., & Aral, S. (2010). Emergent properties and structural patterns in sexually transmitted infection and HIV research. *Sexually Transmitted Infections*, 86(Suppl 3), III4–III9. <https://doi.org/10.1136/sti.2010.046037>.
- Boyd, J., Collins, A. B., Mayer, S., Maher, L., Kerr, T., & McNeil, R. (2018). Gendered violence and overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada: Gendered violence & overdose prevention sites. *Addiction (Abingdon, England)*, 113(12), 2261–2270. <https://doi.org/10.1111/add.14417>.
- Boyd, J., Fast, D., & Small, W. (2016). Pathways to criminalisation for street-involved youth who use illicit substances. *Critical Public Health*, 26(5), 530–541.
- Boyd, S. (1999). *Mothers and illicit drugs: Transcending the myths*. University of Toronto Press. Retrieved July 16, 2020, from www.jstor.org/stable/10.3138/j.ctt2tggjn.
- Boyd, S. (2019). Gendered drug policy: Motherisk and the regulation of mothering in Canada. *Int. J. Drug Policy*, 68, 109–116.
- Brave Heart, M. Y., & DeBruyn, L. M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research: J. National Center*, 8(2), 56–78.
- British Columbia Centre on Substance Use. (2018, June). *Treatment of opioid use disorder during pregnancy guideline supplement*. Retrieved from <http://www.bccsu.ca/wp-content/uploads/2018/06/OUUD-Pregnancy.pdf>.
- Browne, A. J., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary nurse*, 22(2), 155–167.
- Browne, A., & Reimer-Kirkham, S. (2014). Problematising Social Justice Discourses in Nursing. *Philosophies and Practices of Emancipatory Nursing: Social Justice as Praxis*, 11(Journal Article), 21.
- Canada, Government of. I. S. (2018, November 2). Reducing the number of Indigenous children in care [Fact sheet]. Retrieved from <https://www.sacisc.gc.ca/eng/1541187352297/1541187392851>.
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs*, 38(4), 785–810.
- Collins, A. B., Bardwell, G., McNeil, R., & Boyd, J. (2019). Gender and the overdose crisis in North America: Moving past gender-neutral approaches in the public health response. *Int. J. Drug Policy*, 69, 43–45. <https://doi.org/10.1016/j.drugpo.2019.05.002>.
- Collins, A., Boyd, J., Mayer, S., Fowler, A., Kennedy, M., Bluthenthal, R., et al. (2019). Policing space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites. *Int. J. Drug Policy*, 73, 199–207.
- Comer, S., Cunningham, C., Fishman, M. J., Gordon, A., Kampman, K., Langleben, D., et al. (2015). *National practice guideline for the use of medications in the treatment of addiction involving opioid use*. 66.
- Committee on Obstetric Practice. (2017). Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy. *Obstetrics and Gynecology*, 130(2), e81–e94. <https://doi.org/10.1097/AOG.0000000000002235>.
- DeBeck, K., Cheng, T., Montaner, J. S., Beyrer, C., Elliott, R., Sherman, S., et al. (2017). HIV and the criminalisation of drug use among people who inject drugs: A systematic review. *The Lancet. HIV*, 4(8), e357–e374. [https://doi.org/10.1016/S2352-3018\(17\)30073-5](https://doi.org/10.1016/S2352-3018(17)30073-5).
- Degenhardt, L., Grebely, J., Stone, J., Hickman, M., Vickerman, P., Marshall, B. D. L., et al. (2019). Global patterns of opioid use and dependence: Harms to populations, interventions, and future action. *The Lancet*, 394(10208), 1560–1579. [https://doi.org/10.1016/S0140-6736\(19\)32229-9](https://doi.org/10.1016/S0140-6736(19)32229-9).
- Duff, P., Kestler, M., Chamboko, P., Braschel, M., Ogilvie, G., Krusi, A., ... SHAWNA Project. (2018). Realizing Women Living with HIV's Reproductive Rights in the Era of ART: The Negative Impact of Non-consensual HIV Disclosure on Pregnancy Decisions Amongst Women Living with HIV in a Canadian Setting. *AIDS and Behavior*, 22(9), 2906–2915. <https://doi.org/10.1007/s10461-018-2111-8>.
- Duff, Putu, Bingham, B., Simo, A., Jury, D., Reading, C., & Shannon, K. (2014). The 'Stolen Generations' of Mothers and Daughters: Child Apprehension and Enhanced HIV Vulnerabilities for Sex Workers of Aboriginal Ancestry'. *PloS one*, 9(6), e99664.
- Farahzad, M. (2016). *The impact of motherhood on the mental health & substance use of women who trade sex (ProQuest information & learning)*. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2016-37859-135&site=ehost-live&scope=site>.
- First Nations Health Authority. (2017). *Overdose data and first nations in BC: Preliminary findings*. Retrieved from https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf.
- First Nations Health Authority. (2019). *First nations opioid overdose deaths rise in 2018*. Retrieved from <https://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018>.
- Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., et al. (2012). Child maltreatment: Variation in trends and policies in six developed countries. *The Lancet*, 379(9817), 758–772. [https://doi.org/10.1016/S0140-6736\(11\)61087-8](https://doi.org/10.1016/S0140-6736(11)61087-8).
- Goldenberg, S., Watt, S., Braschel, M., Hayashi, K., Moreheart, S., & Shannon, K. (2020). Police-related barriers to harm reduction linked to non-fatal overdose amongst sex workers who use drugs: Results of a community-based cohort in Metro Vancouver, Canada. *Int. J. Drug Policy*, 76, Article 102618. <https://doi.org/10.1016/j.drugpo.2019.102618>.
- Government of Canada. (2008, November 3). *Statement of apology to former students of indian residential schools [Presentation]*. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100015644/1100100015649>.
- Government of Canada. (2010, September 15). *Apology for the inuit high arctic relocation [Administrative page; fact sheet; resource list]*. Retrieved from <https://www.rcaanc-cimac.gc.ca/eng/1100100014187/1534785248701#sc5>.
- Government of Canada. (2019, June 21). *Statutes of Canada 2019 chapter 24, an act respecting first nations, inuit and métis children, youth and families*. Retrieved from <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-92/royal-assent>.
- Harp, K. L. H., & Oser, C. B. (2018). A longitudinal analysis of the impact of child custody loss on drug use and crime among a sample of African American mothers. *Child Abuse & Neglect*, 77, 1–12. <https://doi.org/10.1016/j.chiabu.2017.12.017>.
- John, E. (2016). *Indigenous resilience, connectedness and reunification - From Root causes to root solutions: A report on indigenous child welfare in british columbia: Final report of special advisor grand chief ed john*. Victoria, BC: Province of BC. Retrieved from <https://news.gov.bc.ca/releases/2016CFD0056-002461>.
- Jongbloed, K., Pearce, M. E., Pooyak, S., Zamar, D., Thomas, V., Demerais, L., ... Cedar Project Partnership. (2017). The Cedar Project: Mortality among young Indigenous people who use drugs in British Columbia. *CMAJ: Canadian Medical Association Journal = Journal de l'Association Médicale Canadienne*, 189(44), E1352–E1359. <https://doi.org/10.1503/cmaj.160778>.
- Kenny, K. S., Ranville, F., Green, S. L., Duff, P., Braschel, M., Abrahams, R., et al. (2019). Family Separation and Maternal Self-rated Health: Evidence from a Prospective Cohort of Marginalized Mothers in a Canadian Setting. *Maternal and Child Health Journal*, 23(9), 1232–1239. <https://doi.org/10.1007/s10995-019-02762-z>.
- Kenny, K. S., Barrington, C., & Green, S. L. (2015). "I felt for a long time like everything beautiful in me had been taken out": Women's suffering, remembering, and survival following the loss of child custody. *Int. J. Drug Policy*, 26, 1158–1166. <http://dx.doi.org/10.1016/j.drugpo.2015.05.024>.
- Kirkham, S. R., & Anderson, J. M. (2010). The advocate-analyst dialectic in critical and postcolonial feminist research: Reconciling tensions around scientific integrity. *ANS. Advances in Nursing Science*, 33(3), 196.
- Koo, H. (1981). Centre-Periphery relations and marginalization: Empirical analysis of the dependency model of inequality in peripheral nations. *Development and Change*, 12(1), 55–76.
- Kyzer, A., Connors-Burrow, N. A., & McKelvey, L. (2014). Environmental risk factors and custody status in children of substance abusers. *Children and Youth Services Review*, 36(Journal Article), 150–154.
- Marsh, W., & Leamon, J. (2019). Babies Removed at Birth: What Professionals Can Learn From 'Women Like Me'. *Child Abuse Review*, 28(1), 82–86. <https://doi.org/10.1002/car.2557>.
- Martin, C., & Walia, H. (2019). *Red women rising: Indigenous women survivors in vancouver's downtown eastside*. Vancouver: Downtown Eastside Women's Centre. Retrieved from <https://dewc.ca/resources/redwomenrising>.
- Metallic, N., Friedland, H., Craft, A., Hewitt, J., & Morales, S. (2019). *An act respecting first nations, inuit and métis children, youth and families: Does bill C-92 make the grade?* Yellowhead Institute. Retrieved from https://digitalcommons.schulichlaw.dal.ca/scholarly_works/134.
- Open Society Foundations. (2018, October). *Expecting better: Improving health and rights for pregnant women who use drugs*. Retrieved from <https://www.opensocietyfoundations.org/uploads/351abf47-5bdf-4980-8d0a-2db2bab9e225/expecting-better-improving-health-and-rights-for-pregnant-women-who-use-drugs-20181029.pdf>.
- Poole, N., & Greaves, L. (2009). *Mother and child reunion: Achieving balance in policies affecting substance-using mothers & their children*. Retrieved from <https://tspace.library.utoronto.ca/handle/1807/17395>.
- Public Health Agency of Canada. (2011). *Reducing health inequalities: A challenge for our times*. Ottawa: Government of Canada.
- Racine, L. (2009). Applying Antonio Gramsci's philosophy to postcolonial feminist social and political activism in nursing. *Nursing Philosophy: An International J. Healthcare Professionals*, 10(3), 180.
- Radimer, K. L., Olson, C. M., & Campbell, C. C. (1990). Development of indicators to assess hunger. *J Nutr*, 120(11 Suppl), 1544–1548.
- Raskin, V. D. (1992). Maternal bereavement in the perinatal substance abuser. *J. Substance Abuse Treatment*, 9(2), 149–152.
- Reading, C. (2015). Structural Determinants of Aboriginal Peoples' Health. In M. Greenwood, S. de Leeuw, N. M. Lindsay, & C. Reading (Eds.). *Determinants of indigenous peoples' health in Canada: Beyond the social* (pp. 3–15). Toronto, ON: Canadian Scholars Press Inc.
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A. (2005). The social structural production of HIV risk among injecting drug users. *Social Science & Medicine*, 61(5), 1026–1044. <https://doi.org/10.1016/j.socscimed.2004.12.024>.
- Seaman, Y. (2004). Maternity care and substance misuse. *Visions Journal*, 2(4), 42–43. <https://www.heretohelp.bc.ca/visions-women-vol2/fir-square-bc-women-s-hospital>.
- Shannon, K., Bright, V., Allinott, S., Alexson, D., Gibson, K., & Tyndall, M. W. The Maka Project Partnership. (2007). Community-based HIV prevention research among

- substance-using women in survival sex work: The Maka Project Partnership. *Harm Reduction Journal*, 4(1), 20. <https://doi.org/10.1186/1477-7517-4-20>.
- Shannon, K., Goldenberg, S. M., Deering, K. N., & Strathdee, S. A. (2014). HIV infection among female sex workers in concentrated and high prevalence epidemics: Why a structural determinants framework is needed. *Current Opinion in HIV and AIDS*, 9(2), 174–182. <https://doi.org/10.1097/COH.0000000000000042>.
- Shokoohi, M., Bauer, G. R., Kaida, A., Logie, C. H., Lacombe-Duncan, A., & Milloy, M. J. CHIWOS Research Team. (2019). Patterns of social determinants of health associated with drug use among women living with HIV in Canada: A latent class analysis. *Addiction (Abingdon, England)*, 114(7), 1214–1224. <https://doi.org/10.1111/add.14566>.
- Speziale, H. S., Streubert, H. J. S., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Wolters Kluwer health.
- Statistics Canada. (2019, May 30). *Changes in life expectancy by selected causes of death, 2017 [Government]*. Retrieved 12 July 2019, from <https://www150.statcan.gc.ca/n1/en/daily-quotidien/190530/dq190530d-eng.pdf?st=I38kFGd7>.
- Stueve, A., O'Donnell, L. N., Duran, R., San Doval, A., & Blome, J. (2001). Time-space sampling in minority communities: Results with young Latino men who have sex with men. *American J. Public Health*, 91(6), 922–926.
- Thornton, C., Schmied, V., Dennis, C.-L., Barnett, B., & Dahlen, H. G. (2013). Maternal Deaths in NSW (2000–2006) from Nonmedical Causes (Suicide and Trauma) in the First Year following Birth. *BioMed Research International*, 2013(Journal Article), 1–6. <https://doi.org/10.1155/2013/623743>.
- Trocmé, N., Esposito, T., Nutton, J., Rosser, V., & Fallon, B. (2019). Child Welfare Services in Canada. In L. Merkel-Holguin, J. Fluke, & R. Krugman (Vol. Eds.), *National systems of child protection. child maltreatment (Contemporary issues in research and policy): 8*. Cham: Springer.
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the truth and reconciliation of canada*. Retrieved from http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf.
- Vancouver Coastal Health. (2020). *Sheway pregnancy outreach program [Government]*. Retrieved 14 July 2020, from http://www.vch.ca/locations-services/result?res_id=900.
- VanHouten, J., Rudd, R., Ballesteros, M., & Mack, K. (2019). Drug overdose deaths among women aged 30–64 years - united states, 1999–2017. *Mmwr-Morbidity and Mortality Weekly Report*, 68(1), 1–5. <https://doi.org/10.15585/mmwr.mm6801a1>.
- Wall-Wieler, E., Roos, L. L., Nickel, N. C., Chateau, D., & Brownell, M. (2018). Mortality Among Mothers Whose Children Were Taken Into Care by Child Protection Services: A Discordant Sibling Analysis. *American J. Epidemiology*, 187(6), 1182–1188. <https://doi.org/10.1093/aje/kwy062>.
- Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing Native Women's Health: An "Indigenist" Stress-Coping Model. *American J. Public Health*, 92, 520–524.
- Wildeman, C., & Emanuel, N. (2014). Cumulative Risks of Foster Care Placement by Age 18 for U.S. Children, 2000–2011. *PloS one*, 9(3), e92785. <https://doi.org/10.1371/journal.pone.0092785>.

Take Action: Support Decriminalization: Coordinate Action: Use The Federal Framework for PTSD Act for Empowerment

Darren Gregory <gregorydarren@hotmail.com>

Tue 2020-11-24 1:16 AM

To: Kennedy Stewart <info@kennedystewart.ca>; CLRbligh@vancouver.ca <CLRbligh@vancouver.ca>; CLRboyle@vancouver.ca <CLRboyle@vancouver.ca>; CLRCarr@vancouver.ca <CLRCarr@vancouver.ca>; PMO <pm@pm.gc.ca>; adrian.dix@leg.bc.ca <adrian.dix@leg.bc.ca>; Premier Horgan <premier@gov.bc.ca>; Hon. Chrystia Freeland <chrystia.freeland@parl.gc.ca>; don.davies@parl.gc.ca <don.davies@parl.gc.ca>; rob.morrison@parl.gc.ca <rob.morrison@parl.gc.ca>; Patty.Hajdu@hrsdcc.gc.ca <Patty.Hajdu@hrsdcc.gc.ca>; Carla.Qualtrough@parl.gc.ca <Carla.Qualtrough@parl.gc.ca>; carolyn.bennett@parl.gc.ca <carolyn.bennett@parl.gc.ca>; marc.miller@parl.gc.ca <marc.miller@parl.gc.ca>; todd.doherty@parl.gc.ca <todd.doherty@parl.gc.ca>; Todd Doherty <todd.doherty.p9@parl.gc.ca>; Mr. Gill <mr.gill@live.ca>; Annamie Paul <annamie.paul@greenparty.ca>; Erin.OToole@parl.gc.ca <Erin.OToole@parl.gc.ca>; jagmeet.singh@parl.gc.ca <jagmeet.singh@parl.gc.ca>
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1 attachments (14 KB)

Version_Francais.rtf;

Darren Gregory

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November 22nd, 2020

Members of Vancouver City Council

Email: "CLRbligh@vancouver.ca" <CLRbligh@vancouver.ca>
(Version Francaise Attached).

RE: Take Action: Support Decriminalization: Coordinate Action: Use The Federal Framework for PTSD Act for Empowerment. Federal Framework on Post-Traumatic Stress Disorder Act (justice.gc.ca)

Dear Vancouver City Councillors:

Today, I write to ask that you support the Mayor's motion to decriminalize simple possession of all drugs through a federal health exemption to reduce stigma and save lives.

Decriminalization is an urgent and necessary next step backed by Premier John Horgan, the Canadian Association of Chiefs of Police, Provincial Health Officer Dr. Bonnie Henry, Vancouver Coastal Health's Chief Medical Health Officer Dr. Patricia Daly, Vancouver Area Network of Drug Users, PIVOT Legal, Moms Stop the Harm, and countless others.

By acting now, we can help connect more of our neighbors to health care and save lives.

In the context of COVID-19, the poisoned-drug crisis continues to claim more and more of our neighbors' lives. Based on preliminary data, there have been 328 illicit drug deaths to date in Vancouver this year. Each person is a tragic loss and represents our society's failure to respond to an increasingly deadly crisis.

Personal possession and use of drugs is a public health issue, not a criminal justice issue. And it is time to end the stigma around substance use to help connect more of our neighbors to health care and save lives.

Decriminalization of drug use however does little to protect for drug-poisoning death. Decriminalizing simple possession of now illicit drugs is an important first step. The idea hasn't seen any valid dispute against decriminalization for well over a decade.

Prior to 2000 in Canada, our Federal Government under two Prime Ministers eras of leadership were supporting legalization of cannabis. As well, the issue of the so-called harder drugs like heroin and stimulants like cocaine received endorsement as referenced in a submission to Canada's Senate in 1998 makes crystal clear.

Please see Dr. Diane Riley's submission and in particular her list of recommendations. Dr. Riley submitted this to our Senate in November 1998. That's 22 years ago and I regret to inform you that what you'll read from Dr. Riley from a generation and a deuce ago; are the precise recommendations that I'd strongly encourage we accept.

<https://sencanada.ca/content/sen/Committee/371/ille/library/riley-e.pdf>

We've WASTED a generation and with that waste of energy and time, we've wasted the lives of thousands of our fellow Canadians, judged as disposal by those harboring beliefs that I insist leaders today finally do the right thing and get these beliefs discarded once and for all.

Decriminalization is part of a plan that needs to be put together, implemented and carried out nationally. The Federal Government needs to be the anchor point. Every jurisdiction needs to come to grips with the fact that what we've allowed for 22 years here fits a definition that should trouble us all: " Genocide by attrition occurs when a group is

stripped of its human rights, political, civil and economic. This leads to deprivation of conditions essential for maintaining health, thereby producing mass death." (Fein).

Decriminalization alone won't fix the dirty drug supply. It's a step. One that might lift stigma off of the backs of the psychosocially disabled persons we've allowed ourselves to abuse for as long as I can remember. Dirty drugs will continue to kill people. If we decriminalize, we need safe supply. To ensure safe supply, WE need control of these drugs. WE need to take-over current Elite Criminal Organization's Turf.

Prohibition needs to end. While we've focused on criminalizing the most vulnerable, consumers at the end of the drug supply chain became scapegoats quite frankly. Don't ignore that with Prohibition, we'll find corruption. What is that money laundering nonsense about? Selling ice-cream? Hardly. We are naïve to not understand that corruption is a thick in our country due to drug prohibition as it was in the days of Al Capone.

Therefore: I will support Mayor Stewart by asking as an advocate for the psychosocially disabled that the entire country come together and change course. Those we've lost to the tune of over 15,000 souls due to dirty drugs and an unregulated market: are victims of genocide no less-so than was determined at the close of the MMIWG's Inquiry.

"The definition of insanity is doing something the same way, over and over again, expecting different outcomes." ~ Einstein

With all due respect: Leaders in Canada were INSANE 22 years ago when they rejected the expert advice of Dr. Diane Riley in 1998 when there was opportunity to do so. We're where we are today because a moralistic religious lot infiltrated political spaces in Canada.

"There will be no legalization of drugs in Canada while I'M Prime Minister." ~ Stephen Harper.

Yeah, well then, Mr. Harper: This mess we're in today is on YOU.

I unequivocally support decriminalization of drug use. I support ending prohibition all together. I support taking the bolder steps because the bolder steps will actually put us in a position to PREVENT this happening in Canada's future society (our kids) AGAIN.

So, please: as you consider a vote on decriminalization. Take charge of this issue. Call on the Federal and Provincial Government to use the Federal Framework for PTSD Act now in force to fuel a complete plan that intends to deal with the issues plaguing us as social injustices to resolution.

That law is in force and the legislation applies. Trauma and PTSD will be found in every most vulnerable addicted soul you'll meet. There's no disputing this anymore. That's the

reality. That's where we're at big picture.

I'd like to suggest with as much support as for decriminalization that we go all-in. No more baby-steps. No-more jurisdictional disagreement. We do the counter-intuitive things with courage.

We've lost the Drug War. As I hope I've pointed out, this War is actually been fought in the wrong direction. We've not fought a War on Drugs. We've fought a War on psychosocially disabled human beings.

<https://disabilityrightsfund.org/our-impact/insights/psychosocial-disability/>

Therefore, please adopt and promote the position of the Global Commission on Drug Policy that's outlined in their report that was released in May of 2020.

<http://www.globalcommissionondrugs.org/reports/enforcement-of-drug-laws>

For a final word that I neglected to include with the form letter response: Canada ranked second recently as the world nation with the highest level of use of cocaine. Do you not understand that the image of the back ally drug user isn't in the least valid?

Back ally drug users don't have money- power to fuel an underground drug trade that enjoys returns to those at the top to the tune of Billions of dollars annually. It's our wealthier citizens in the precious middle-class and upwards who are the greatest market for cocaine.

The food chain from Canada, through Mexico and beyond, ends at the point of production where the \$120 gram of cocaine consumed off-of toilet tanks in offices across the country, at the point of production costs \$5. That's what we're battling on top of the in our face losses to the poisoned opiate supply that's killed already in Canada far too many people.

Where there's need for an underground market, gangsters rule the roost. Therefore, our upper-tier citizens able to afford the likely at least \$120/day cocaine habit they enjoy are happily spending a great deal of disposable income to elite predators, while at the same time, these same folks will allow those most visibly addicted, homeless, mentally ill etc. to TAKE THEIR PUNISHMENT for them.

Farmers at the Bolivian end of the chain are just that: Farmers of coca and they're paid dirt.

I'll tell you straight up: that 22 years of wasted time hasn't only brought death and harms upon other harms in Canada. The full weight of social issue neglect over that generation on the whole fell squarely on the backs of those working in Public Safety, Healthcare and other Care-oriented services across the country.

That's a heavy burden. If you've not noticed, in Public Safety over that generation we've lost a significant number of these workers to suicide. This week alone, we've had news of another two cops who've blown off their heads due to stress injury and bully harassment from their brass. This seeming single issue is connected to all social injustice concerns. Big picture stuff requires big picture, coordinated leadership if we're ever to get to the root and have any meaningful success.

Those who support me as peers (former BC paramedic) know that although there's been only a single study completed to date that's agreed with what we already know, the findings in that single study represent the facts. The findings can be presumed to apply to the entire Public Safety workforce.

We were at a place pre-pandemic of vulnerability. Before the chronic distress of the pandemic came along, 44.5% of the entire active-duty, public safety workforce: were already, based on this study, reporting, 'clinically significant symptom clusters for one or more mental disorders'.

(Carleton et al: 2017). <https://journals.sagepub.com/doi/pdf/10.1177/0706743717723825>

With all I've asked you to consider, there should be nothing short of a unanimous vote in favor of Mayor Kennedy's motion on decriminalization.

Please act now to help prevent the unnecessary death of our friends, neighbors and loved ones. We need to respond to this crisis with the same urgency and compassion that we have brought to bear on the COVID-19 pandemic.

When the motion comes to Council, please take decisive action by voting in favor.

Yours sincerely,
Darren Gregory

s.22(1)

www.traumarecoverybc.com

From: Kennedy Stewart <info@kennedystewart.ca>

Sent: November 23, 2020 2:21 PM

To: Darren Gregory <gregorydarren@hotmail.com>

Subject: Take Action: Support Decriminalization

Dear Darren,

This week, City Council has the opportunity to fully embrace a public health approach to substance use in Vancouver by approving my motion calling for decriminalizing simple possession of all drugs through a federal health exemption.

I hope you will add your voice to the growing number of people who want to see substance use treated as a public health issue in Vancouver by asking council to support my motion today!

Email Council:
Support
Decriminalization

The drug-poisoning crisis is taking a devastating toll on residents as almost every day -- we lose one of our friends and neighbours. Decriminalization is a necessary step to reduce stigma, connect drug users with healthcare and save lives.

I hope you will join Premier John Horgan, the Canadian Association of Chiefs of Police, Provincial Health Officer Dr. Bonnie Henry and Vancouver Coastal Health's Chief Medical Health Officer Dr. Patricia Daly in calling for decriminalization in Vancouver.

Please contact City Council to let them know that you support taking this necessary step to reduce stigma and save lives.

Email Council:
Support
Decriminalization

Only by voting YES can the City of Vancouver send a formal request for a federal exemption from the *Controlled Drugs and Substances Act* to decriminalize personal possession of illicit substances within the city's boundaries for medical purposes. **That is why I urge you to please contact Council today.**

Thank you for your support. Together, we will build a more compassionate and inclusive city.

Sincerely,

-Kennedy

Kennedy Stewart

Mayor of Vancouver

--

Kennedy Stewart · Canada

This email was sent to [gregorydarren@hotmail.com]gregorydarren@hotmail.com. To stop receiving emails, [click here](#).

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**Submission to the City of Vancouver:
Mayor Stewart's motion to decriminalize
personal possession of controlled substances in Vancouver**

November 20, 2020

The HIV Legal Network (formerly the Canadian HIV/AIDS Legal Network) wishes to express our support for Mayor Stewart's motion to direct "the City of Vancouver to write to the federal Ministers of Health, Public Safety and Emergency Preparedness, and Justice and Attorney General to request a federal exemption from the *Controlled Drugs and Substances Act* to decriminalize personal possession of illicit substances within the City's boundaries for medical purposes, in order to address urgent public health concerns caused by the overdose crisis and COVID-19."¹

As you may know, in May of this year, the HIV Legal Network, Pivot Legal Society and the Canadian Drug Policy Coalition called on the federal government to exercise its section 56 exemption power to decriminalize simple drug possession — a call that has been endorsed by more than 170 civil society organizations to date.² **We reiterate our support for this particular route to effectively decriminalize simple drug possession: one that is simple, straightforward, and can be undertaken immediately.**

There is a tremendous need to act quickly. As the current text of the motion notes, the overdose crisis has tragically claimed more than 1,500 lives in Vancouver since a provincial overdose emergency was declared in April 2016, and 2020 is projected to be the worst year yet. The motion also acknowledges that decriminalization is "an urgent and necessary next step to addressing the overdose crisis."³

Research has shown that the criminalization of simple drug possession, and the attendant fear of drug seizures and arrests, push some people who use drugs to do so in isolation, compromising their ability to take critical safety precautions, such as using a "buddy system" or accessing supervised consumption or overdose prevention services.⁴ It also creates significant barriers to health care and social supports by fuelling stigma, discrimination, shame and blame. Moreover, heightened law enforcement surveillance in the context of restrictions imposed in response to the COVID-19 pandemic also increases the risk of arrest, detention, and incarceration faced by people who use drugs.⁵

Challenging Wrongs. Advancing Rights. Transforming Lives.
Combattre les injustices. Faire avancer les droits. Transformer des vies.

No administrative sanctions, involuntary interventions or other punitive measures

Even in the absence of criminal sanctions, however, **administrative sanctions or other penalties associated with personal drug possession give license to law enforcement to surveil and punish people who use drugs.** In Portugal, for example, where simple drug possession is decriminalized but remains an administrative violation punishable by penalties such as fines or community service,⁶ people who use drugs are still stopped, searched and harassed by the police.⁷ The policing of people who use drugs also falls most heavily on the most marginalized.⁸ If, as Mayor Kennedy's motion indicates, an aim of decriminalization is to help address "anti-Black, anti-poor, and colonial policing," then ongoing administrative sanctions would undoubtedly undermine this objective.

At the same time, ongoing policing of people who use drugs in Portugal, along with persistent stigma and discrimination against people who use drugs, has resulted in the displacement of communities of people who use drugs. This displacement creates significant barriers to accessing services, including health care and harm reduction. If the motion seeks to "reduce the stigma associated with substance use and encourage people at risk to access lifesaving harm reduction and treatment services," replacing criminal prosecution with an administrative sanction would similarly undermine this objective.

Any referrals to treatment must also be entirely voluntary, and law enforcement should play no formal role in referring people to "health assessments," treatment, commissions or diversion programming. Not only would any such action be perceived to be coercive by people who use drugs, involuntary treatment is ineffective and a waste of resources that could be better spent on evidence-based supports for people who use drugs.

As the Global Commission on Drug Policy (comprising former heads of state or government and other eminent political, economic, and cultural leaders from countries around the world) has observed:

"many local and national authorities have adopted alternatives to punishment, abandoning criminal sanctions against people who use drugs and replacing them by administrative consequences like fines, often combined with medical treatment and social measures. Nevertheless, these alternatives do not go far enough. ... [T]he Commission calls for the removal of all punitive responses to drug possession and use.

...

Alternatives to punishment, and the support of neglected communities, are the pathways to liberate both individuals and communities from the grip of organized crime, open new economic perspectives, and respect the rights and dignity of all."⁹

We support this recommendation of the Global Commission on Drug Policy, and urge you to ensure **that criminal sanctions are not replaced with administrative sanctions. Meaningfully addressing the harms of the prohibition of simple drug possession requires the removal of all criminal sanctions and other punitive measures by the state for the possession of substances**

for personal use, such as administrative penalties, fines, confiscation or seizures of substances or drug use equipment, conditions of release such as geographic restrictions, drug use conditions, temporal conditions, personal contact conditions, or formal diversion to Drug Treatment Courts as an alternative to criminal sanction.

This would reduce the persistent threat of police surveillance, arrest, and prosecution; decrease stigma related to drug use; and remove barriers to harm reduction, health, community, and social services, particularly for the Black, Indigenous, and poor communities most affected. As the Vancouver Area Network of Drug Users and Pivot Legal Society recently underscored,

“[administrative or other consequences for drug possession] do not help us. Instead, they preserve the same fear and distrust that drives drug use underground, negatively impacting our lives in much the same ways as criminalization itself. ... a legacy of racist, anti-poor policing means that even a seemingly ‘benign’ interaction with a police officer is often experienced as a hostile detention by communities that have been over-policed, profiled, and incarcerated.”¹⁰

Widespread support for decriminalization

Criminalizing simple drug possession does not protect public health or public safety and has been ineffective in reducing the use and availability of illicit drugs.¹¹ Prohibition drives rampant stigma against people who use drugs and puts them at increased risk of harm, including by impeding their access to much-needed services and emergency care in the event of an overdose or, now, by increasing their risk of exposure to SARS-CoV-2, the virus that causes COVID-19. As the Canadian Centre on Substance Use and Addiction concluded in a 2018 report, a growing body of evidence supports decriminalization as an effective approach to mitigate harms associated with substance use, particularly those associated with criminal prosecution for simple possession.¹² A scan of more than 25 jurisdictions around the world that have decriminalized drugs identified a number of positive health outcomes, including reduced rates of HIV transmission and fewer drug-related deaths, improved education, housing, and employment opportunities for people who use drugs, and significant savings, with a negligible effect on levels of drug use.¹³

Given the extensive evidence, there is strong support in Canada for the decriminalization of drug possession for personal use from organizations of people who use drugs and other community organizations, harm reduction and human rights advocates¹⁴ as well as public health associations and authorities including the Canadian Public Health Association,¹⁵ Canadian Mental Health Association,¹⁶ Canadian Nurses Association,¹⁷ Toronto Board of Health,¹⁸ Toronto’s Medical Officer of Health,¹⁹ Montreal Public Health,²⁰ Winnipeg Regional Health Authority,²¹ and Provincial Health Officer of British Columbia.²²

Globally, decriminalizing simple drug possession has been recommended by numerous health and human rights bodies as a measure that both protects health and upholds human rights,

including the World Health Organization (WHO), UNAIDS, UN Special Rapporteurs on the right to health,²³ the UN Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment,²⁴ and most recently, the UN Chief Executives Board for Coordination — which has adopted a call for decriminalization of simple possession as the common position of the UN system (including the UN Office on Drugs and Crime, the lead technical agency on drug policy issues).²⁵ The *International Guidelines on Human Rights and Drug Policy*, endorsed already by the UN Development Program (UNDP), UNAIDS and WHO, also call on States to “decriminalise the possession, purchase, or cultivation of controlled substances for personal consumption.”²⁶

Conclusion

Support for decriminalization continues to grow, amidst calls to also reconsider the role of police in various contexts, and a growing body of evidence about the disproportionate impact of punitive drug policy on Black, Indigenous and poor communities. A section 56 exemption offers an immediate, straightforward mechanism that can be used by the City of Vancouver without delay to start undoing the damage of criminalizing people for personal drug use, and instead shift our energies and resources to more effective ways of protecting and promoting the health of people in our families and communities.

¹ “Mayor Stewart announces plan to decriminalize simple possession of drugs in Vancouver,” November 18, 2020. Available at https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver.

² Canadian HIV/AIDS Legal Network, *Letter to Canadian Government: Decriminalize Simple Drug Possession Immediately*, May 14, 2020 updated June 25, 2020. Available at www.hivlegalnetwork.ca/site/letter-to-canadian-government-decriminalize-simple-drug-possession-immediately/?lang=en.

³ Supra note 1.

⁴ *Canada (Attorney General) v. PHS Community Services Society*, 2011 SCC 44 at para 10; A. B. Collins et al., “Policing space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites,” *International Journal on Drug Policy* 73 (2019): pp. 199-207.

⁵ See, for example, CCLA and Policing the Pandemic Mapping Project, *Stay off the Grass: COVID-19 and Law Enforcement in Canada*, June 2020. Available at <https://ccla.org/cclanewsites/wp-content/uploads/2020/06/2020-06-24-Stay-Off-the-Grass-COVID19-and-Law-Enforcement-in-Canada.pdf>.

⁶ Transform Drug Policy Foundation, *Drug decriminalisation in Portugal: setting the record straight*, November 14, 2018. Available at <https://transformdrugs.org/drug-decriminalisation-in-portugal-setting-the-record-straight>.

⁷ International Network of People who Use Drugs, *Is Decriminalisation Enough? Drug User Community Voices from Portugal Introduction – Building on Our Consensus Statement*, 2018. Available at https://www.inpud.net/sites/default/files/Portugal_decriminalisation_final_online%20version%20-%20RevisedDec2018.pdf.

⁸ Ibid.

⁹ Global Commission on Drug Policy, *Advancing Drug Policy Reform: A New Approach to Decriminalization*, 2016. Available at <https://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf>.

¹⁰ Vancouver Area Network of Drug Users & Pivot Legal Society Joint Statement, “We Support a Vancouver Motion to Request a Federal Exemption to Fully Decriminalize Drug Possession,” November 19, 2020. Available at https://www.pivotlegal.org/vandu_pivot_joint_statement.

¹¹ E. Wood et al., “The war on drugs: a devastating public-policy disaster,” *The Lancet* 373:9668 (2009) pp. 989-990.

¹² Canadian Centre on Substance Use and Addiction, *Decriminalization: Options and Evidence*, 2018. Available at <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>.

¹³ Release, *A Quiet Revolution: Drug Decriminalisation Across the Globe*, March 2016. Available at <https://www.release.org.uk/publications/drug-decriminalisation-2016>.

¹⁴ Canadian HIV/AIDS Legal Network, “Canada must adopt a human-rights based approach to drug policy,” November 22, 2018. Available at www.aidslaw.ca/site/statement-canada-must-adopt-a-human-rights-based-approach-to-drug-policy/?lang=en. The statement was endorsed by Amnesty International Canada, Canadian Aboriginal AIDS Network, Canadian Association of People Who Use Drugs, Canadian Drug Policy Coalition, Canadian Nurses Association, Canadian Public Health Association, Criminal Lawyers’ Association, HIV & AIDS Legal Clinic Ontario (HALCO), Moms Stop The Harm, moms united and mandated to saving the lives of Drug Users (mumsDU) and Pivot Legal Society.

¹⁵ Canadian Public Health Association, *Decriminalization of personal use of psychoactive substances*, position statement, October 2017. Available at www.cpha.ca/sites/default/files/uploads/policy/positionstatements/decriminalization-positionstatement-e.pdf

¹⁶ Canadian Mental Health Association, *Care not Corrections: Relieving the Opioid Crisis in Canada*, April 2018. Available at https://cmha.ca/wp-content/uploads/2018/04/CMHA-Opioid-Policy-Full-Report_Final_EN.pdf

¹⁷, Supra note 14.

¹⁸ N. Thompson, “Toronto board of health to urge federal government to decriminalize drug use,” *The Globe and Mail*, July 16, 2018.

¹⁹ E. Mathieu, “Chief medical officer calls for decriminalization of all drugs for personal use,” *The Toronto Star*, July 9, 2018.

²⁰ Santé Montréal, “La directrice régionale de santé publique de Montréal salue les recommandations de Toronto” news release, July 27, 2018. Available at <https://santemontreal.qc.ca/population/actualites/nouvelle/decriminalisation-des-drogues-pour-usage-personnel/>.

²¹ Winnipeg Regional Health Authority, *Position statement on harm reduction*, December 2016. Available at <https://serc.mb.ca/wp-content/uploads/2018/06/HarmReduction-wrha.pdf>

²² British Columbia Office of the Provincial Health Officer, *Stopping the Harm: Decriminalization of People who use Drugs in BC*, April 2019. Available at www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf

²³ See, for example, Anand Grover, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, UN General Assembly, 65th Session, UN Doc A/65/255, August 6, 2010; Anand Grover, *Submission to the Committee against Torture regarding drug control laws*, October 19, 2012; Anand Grover, *Open letter by the Special Rapporteur on the right of everyone to the highest attainable standard of mental and physical health, Dainius Pūras, in the context of the preparations for the*

UN General Assembly Special Session on the Drug Problem (UNGASS), to UNODC Executive Director Yury Fedotov, December, 7 2015.

²⁴ Juan E. Méndez, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, UN General Assembly, 22nd Session, UN Doc A/HRC/22/53, February 1, 2013.

²⁵ United Nations Chief Executives Board, *Summary of Deliberations: Segment 2: common United Nations system position on drug policy*, UN System, 2nd regular session of 2018, UN Doc CEB/2018/2, January 18, 2019; United Nations Chief Executives Board, *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, UNCEB, 2nd Session, Annex 1, UN Doc CEB/2018/2, January 18, 2019.

²⁶ International Centre on Human Rights and Drug Policy, UNAIDS, UNDP, WHO, *International Guidelines on Human Rights and Drug Policy*, March 2019. Available at <https://www.humanrights-drugpolicy.org/>.

To city council

Re.: Proposal to decriminalize the personal possession of drugs

Dear Mayor and Council,

I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.

Our family has been affected by substance-use related harms. s.22(1) [REDACTED] [REDACTED]. She felt such shame and stigma and used alone. If these drugs were decriminalized maybe she would still be alive today. We strongly support the motion [\[https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver\]](https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver) by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.

To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.

We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.

What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.

We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.

We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.

Regards,

s.22(1)



www.momsstoptheharm.com

Moms Stop the Harm (MSTH) advocates to end substance use related stigma, harms and death.

I support Mayor Kennedy Stewarts motions to decriminalize the personal possession of substances. I lost my 19 year old daughter, s.22(1) If these drugs were decriminalized then, maybe she would not have felt such immense shame and stigma and would have not have used alone and died.

We need to change these harmful drug policies to prevent more deaths. We need to change drug use and opioid use disorder as a health and social issue rather than a judicial and incarceration issue.

Criminalization creates harm and stigma and it means our loved ones like Gemma hide their use, use alone and often die. This stigma also can prevent drug users from accessing life saving resources.

If decriminalization goes forward, the money saved from criminalizing drug users can fund health and social services. We need more harm reduction, treatment and prevention services in order to save lives.

I and many other families are grieving from the loss of substance use related death. It has changed our lives forever. Our children are worth it and so is yours.

November 21, 2020

Re: Letter in support of motion to seek exemption to decriminalize personal possession of illicit substances

I write in my capacity as a Criminologist and Associate Professor in the Department of Criminology at Saint Mary's University, Halifax, Nova Scotia. I am an expert in issues intersecting the mental health, substance use, and criminal justice system – with specific expertise in reducing stigma associated with mental health and substance use issues.

The criminalization of substances is one of the most potent forms of structural stigma facing people who use drugs. Structural stigma is rooted in the rules, policies, and procedures of social institutions that arbitrarily restrict the rights and opportunities of people living with substance use issues. It is reinforced in laws, the internal policies and procedures of private or public institutions and systems, and the practices of professionals and decision makers. Structural stigma produces serious health disparities, mortality gaps, and barriers to help-seeking for people with substance use issues. When manifesting as the criminalization of substances, structural stigma contributes to increased interactions with criminal justice officials (e.g., police officers), internalized shame, risky behaviours (e.g., using alone), reluctance to seek services and supports, overdose, and lower life expectancies.

To reduce the tragic and growing drug-related deaths resulting from overdose and drug poisoning, experts have called for urgent action to implement a multiprong approach, including decriminalizing drugs, increasing access to a safer supply of drugs, and increasing access to harm reduction and treatment services. Other jurisdictions have recognized the importance of decriminalization for addressing the aforementioned risks, including creating a social context that removes barriers for people to seek services and supports. Decriminalization diminishes the stress associated with the threat and fear of criminal charges from the lives of people who use drugs, and appropriately shifts the issues from policing and criminal justice to healthcare and harm reduction.

I join other experts in applauding the motion to request a federal exemption from the *Controlled Drugs and Substances Act* to decriminalize personal possession of illicit substances in Vancouver, British Columbia. It is aligned with the evidence and represents an important step towards addressing this urgent crisis.

Sincerely,



Jamie Livingston Ph.D.
Associate Professor
Department of Criminology, Saint Mary's University
Tel: 902.491.6258 | Fax: 902.420.5121 | Email: jamie.livingston@smu.ca

To Vancouver city council

Re: Proposal to decriminalize the personal possession of drugs

Dear Mayor and Council,

I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.

My family has been affected by substance-use related harms and my of our sons died from fentanyl poisoning in 2017.

I strongly support the motion

https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.

To me, this means decriminalizing many of the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as my son s.22(1) did.

I understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.

What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we cannot afford to miss. I know that lives depend on it.

Moms Stop the Harm also supports current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and I am certain that decriminalization in conjunction with safer supply will save lives.

I, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and I sincerely hope that other members of the council will support this motion too.

Regards,

s.22(1)



I am a resident of the DTES and have lost countless loved ones to the overdose crisis, that is fueled by the drug war.

Prohibition leads to the consumption of unpredictable and dangerous products. It does not deter people from ingesting substances. Furthermore it creates stigma, social isolation and hopelessness, fracturing family and social relationships; all factors that increase drug use as a coping tool.

A public health emergency was declared 4 years ago and the BC Coroners service continues to report thousands of deaths. Meanwhile crime rates soar and legal costs continue to be used to cycle disproportionate numbers of indigenous people, people of colour, people living in poverty, people with disabilities (such as FASD and mental health conditions) and individuals who grew up under the care of the Canadian foster care system, through jail, court and prison.

We urge you to set an example by acting boldly and immediately to call in all levels of government and ending this crisis by listening to the evidence and wisdom from those who experience the daily successes and failures of our governments response to the overdose crisis, and end the war on drugs.

We ask that all levels of government address this crisis with immediacy and:

- Expand all safer supply programs, including non-prescription programs developed by drug users
- Repeal the Controlled Drugs and Substance Act (CDSA) and release and void charges for those imprisoned by it.
- Defund the police and reroute funding to the above programs.

Medical interventions and models of safe supply are necessary but will continue to fall short as they exclude people who are impacted by systemic oppression, those who are not ready or willing to replace the use of substances with a medical option and those who find themselves using illicit substances by chance.

Harm Reduction measures have proven effective in saving lives because they provide support, community and a culture of acceptance, dignity and safety. These are the foundations of health; But without the freedom to implement the continuum of safe supply we will continue to lose thousands.

Please save lives and improve health outcomes for Canadians by implementing what we know from historical, medical, sociological and psychological research, is effective.

Sincerely

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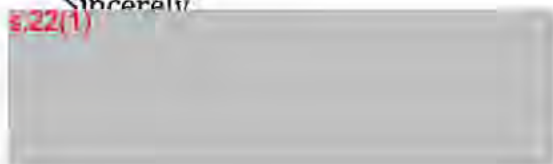
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Submission to Vancouver City Council
Motion B.4: Work with Senior Governments to Address the Overdose Crisis

November 23, 2020

Dear City Councillors:

On behalf of the memberships of the Public Health Association of British Columbia and the Canadian Public Health Association, we strongly urge you to support Motion B.4 (Work with Senior Governments to Address the Overdose Crisis) submitted by Mayor Stewart for consideration at your meeting on 24 November 2020.

The use of illegal psychoactive substances has become increasingly problematic as demonstrated by the current opioid crisis. The ongoing challenges posed by the crisis demonstrate that criminalization does not reduce the likelihood of illegal psychoactive substance use, and often results in stigmatization and other harms to those caught in possession of small amounts of substances for personal use. The effect of this criminalization often does not reflect the severity of the crime. For example, the current structure of fines and incarceration causes most harm to those at the lower end of the social gradient, which results in greater health inequity. Similarly, incarceration presents barriers to re-entry into general society, and increases a wide range of challenges from employment (thereby reducing that person's economic potential) to housing (that can directly and negatively affect health and well-being). Furthermore, these approaches have been demonstrated to systematically perpetuate socio-economic harm, especially against racialized communities.

The criminalization of people who use illegal psychoactive substances has other harmful consequences, including but not limited to:

- Crowding and slowing of the criminal justice system as a result of the prosecution of drug-related offences for non-violent crimes;
- Enforcement activities and stigmatization that drive those who use illegal drugs away from prevention and care services;
- Opportunity costs of allocating resources into law enforcement, judicial and correctional/penal approaches with consequent scarcity of resources for public health and social development approaches.

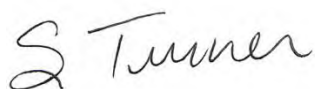
It is also recognized that criminalization contributes to the promotion and acceleration of infections such as HIV and hepatitis C, as the legal consequences and stigmatization resulting from criminalization result in unsafe injection practices such as the sharing and reuse of syringes in unsafe locations.

The alternative to criminalization is a public health approach that seeks to maintain and improve the health of populations based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, injury and disability as the central tenets of all related initiatives. These actions are based on evidence of what works or shows signs of working, and are organized, comprehensive and multi-sectoral. This approach finds its basis in the *Canadian Charter of Rights and Freedoms** as well as several United Nations agreements.

The use of criminal sanctions to limit the personal use of psychoactive substances has failed to limit both the number of users and the products available to them. The available evidence supports the benefits associated with a public health approach and its capacity to reduce harms. This approach is predicated on decriminalization of the personal use of psychoactive substances and the increased availability of health and social supports for those who use psychoactive substances.

A section 56 exemption offers an immediate, straightforward mechanism that can be used by the City of Vancouver to start undoing the damage of criminalizing people for personal drug use, and instead shift our energies and resources to more effective ways of protecting and promoting the health of people in our families and communities.

Sincerely,

A handwritten signature in blue ink that reads "S Turner". The "S" is large and stylized, and "Turner" is written in a cursive script.

Shannon Turner
Executive Director
Public Health Association of British Columbia

A handwritten signature in blue ink that appears to read "I. Culbert". It is a stylized signature with a long horizontal line extending to the right.

Ian Culbert
Executive Director
Canadian Public Health Association



VANCOUVER and DISTRICT LABOUR COUNCIL



November 19, 2020

Mayor and City Councillors
City of Vancouver

VIA Form: <https://vancouver.ca/your-government/contact-council.aspx>

Dear Mayor Stewart and Councillors,

RE: Motion “Work with Senior Governments to Address the Overdose Crisis”

Our Labour Council, representing approximately 60,000 union members in the Vancouver area, strongly encourages the adoption of Mayor Stewart’s motion “Work with Senior Governments to Address the Overdose Crisis”.

We appreciate the leadership that Mayor and Council have shown on attempting to address the terrible overdose crisis that is costing our city so many lives. Unfortunately, with over 300 overdose deaths in the City of Vancouver this year alone it is clear that much more must be done. That’s why we were glad to see this motion, which we believe continues to move Vancouver in the right direction on this issue.

It is time to end the stigma around substance use and shift from a law enforcement focused approach to a health focussed one. If we are serious about tackling this difficult issue, we must recognize that decriminalization is a crucial step in that shift, and therefore in helping to clear the path to harm reduction and treatment for those who need it.

It should be clear to all that criminalization has worsened, not improved the current situation. It has not worked to-date, and we are given no reason to believe it will work in the future. The results of other jurisdictions that have taken this kind of approach, and the broad consensus around the need for this shift, are both strong reasons to approve this motion. Thank you for your consideration.

Best Regards,

Stephen von Sychowski
President, VDLC

cc: VDLC Executive Board



svs/eb



November 23, 2020

Vancouver City Council:

Mayor Kennedy Stewart
City Councillor Rebecca Bligh
City Councillor Christine Boyle
City Councillor Adriane Carr
City Councillor Melissa De Genova
City Councillor Lisa Dominato
City Councillor Pete Fry
City Councillor Colleen Hardwick
City Councillor Sarah Kirby-Yung
City Councillor Jean Swanson
City Councillor Michael Wiebe

Regarding Motion B4 – Work with Senior Governments to Address the Overdose Crisis

Dear Mayor Stewart and Vancouver City Councillors,

We are writing to you on behalf of the British Columbia Civil Liberties Association to express our support for Motion B4 appearing before Vancouver City Council on Tuesday November 24, 2020.

We emphatically support and stress the importance of the resolution to “direct the Mayor to consult with the VCH Chief Medical Health Officer and then write to the federal Ministers of Health, Public Safety and Emergency Preparedness, and Justice and Attorney General to request a federal exemption from the *Controlled Drugs and Substances Act* to decriminalize personal possession of illicit substances within the City’s boundaries for medical purposes, in order to address urgent public health concerns caused by the overdose crisis and COVID-19.”

The British Columbia Civil Liberties Association is the oldest and most active civil liberties organization in Canada. Our mandate is to defend and extend civil liberties & human rights for all in BC and Canada, while paying particular attention to the needs of oppressed communities. We engage in litigation in the courts, law and policy reform with government, and public legal education. Since the 1980’s, the BCCLA has advocated against various federal, provincial and municipal laws, bylaws and regulations criminalizing substance use and possession.

We commend the longstanding efforts of frontline community groups like Vancouver Area Network of Drug Users, Western Aboriginal Harm Reduction Society, BC/Yukon Association of Drug War Survivors, Moms Stop the Harm, Overdose Prevention Society, and many others who have been advocating for the immediate and full decriminalization of simple drug possession for decades. We also support our colleagues in the HIV Legal Network, Pivot Legal Society and the Canadian Drug Policy Coalition who are leading advocacy efforts calling on the federal government to exercise its section 56 power under the *Controlled Drugs and Substances Act* to exempt all persons in Canada from the criminal prohibition on simple drug possession.

The BCCLA was one of the 170 organizations who signed the [joint letter to the federal Minister of Health](#) calling for immediate action to decriminalize simple drug possession. As you know well, there is an urgent need to adopt evidence-based policies to support the health and safety of people who use drugs. Since 2016, over 14,700 people have died by accidental overdose in Canada, with 1,500 lives tragically claimed in Vancouver alone. Now, the concurrent effects of two public health emergencies, the COVID-19 pandemic and the overdose crisis, have escalated the crisis of overdose deaths in the absence of decriminalization and the lack of safe supply. There are decisive steps every level of government can and must take to protect the health, dignity and freedom of people who use drugs.

We further emphasize that full decriminalization means removing all criminal sanctions *and* other regulatory measures — such as administrative penalties, fines, drug seizures, involuntary treatment or coerced diversion programming — for the possession of substances for personal use. A recent article in the Tyee [reveals](#) that even when people are not arrested for simple possession of drugs, police do still stop and confiscate small amounts of drugs without charging people with any offense under the *Criminal Code*. Given the omnipresent reality of police and law enforcement disproportionately targeting Indigenous, Black, homeless, sex worker, undocumented migrant, two spirit and trans people who use drugs for street checks, profiling, surveillance, and intimidation, it is vital that there are no criminal or administrative sanctions for personal drug possession. Reducing stigma, ending police harm, increasing access to justice, meaningful commitments to anti-racism, and saving lives all require full decriminalization.

Sincerely,



Harsha Walia
Executive Director



Meghan McDermott
Interim Policy Director



Case Details

Category	Topic	Details
Social and Community Services (98 Cases)	Mental Health and Drug Use (98 Cases)	Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 12/03/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014598441
		Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 12/02/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014595066

Case Details	Additional Details
<p>Citizen is really upset with the Mayor and Council allowing for this movement. There are more people dying of over doses than COVID deaths however COV D is more of a concern that overdoses. This movement is the worst thing for recovering addicts and for drug users. This will not have a positive impact on the community. This is going to make certain areas of the City worse; the whole downtown east side is going to turn into sthrocona park. The entire downtown east side is a complete mess. There is human feces and urine everywhere on the street even the playgrounds. Currently in downtown east side drugs are already decriminalized, so having this law past will make things worse. The City is pretty much saying VPD does not need to patrol these areas anymore. So the City can allocate this resources somewhere else like patrolling COVID violations. Why smoking crack under a tent with three people acceptable but visiting family due to COV D is not. What has this City turning into? Mayor and council need to get out in this area and do some shifts work so they can see what is happening. This movement is encouraging more people to do drugs, increase criminal activity and mostly making a mess of the City. The City needs to get there priority straight. Instead they need to look into making more mental health services, food set ups, and housing for these individuals available instead of drugs. As the City ever consider supplying drug addicts with clean medicated drugs instead of discriminalizing street junk. Decriminizing drugs might be an easy route for the City and politics but it's the worse things the City can do for the individuals. They need to actually care of the individuals.</p> <p>Citizen wants to see results in this area and positive movement not a negative one.</p>	No web attachments.
<p>Thanks for letting me speak. My daughter is a mental health patient who has had her needs go unmet for too long. s.22(1) me 60.7 times I watched her admitted to hospital to see her returned to the street to have to call the professionals because she needed reviving, was "offing" herself or the doctors nurses and counsellors were unaware of how desperately suicidal her condition was ~ created by their medications. As she spoke and was dismissed, as "someone not in their right mind" when she tried to advocate for herself about having the medications only 24 hours later was given a form to sign to remove all family involvement. Just 2 weeks using when admitted; Over 5 months in total in hospital but unsuccessful in acheiving freedom from the cravings" She applied for Treatment Centres, she was denied access to Horse Therapy Ranches; all of her records available she can only be released when extremely depressed (with no remedy outside the hospital for that), too heavily medicated to process her thoughts properly the docyor denied her an advocate. The "replacement therapy" the main thing, only her good character is keeping her alive. Depressed people push their loved ones away. Their perspective is tainted with grief. Why, in all that time was an orthopaedic specialist not afforded her" The pain is driving these people to seek relief. No therapy other than violent tortures of deprivation and ECT's by the dozen, one-size-fits-all pill for any diagnosis, as long as it brings you back to our supply. Do you know the name of the boy who died on the 29th, sleeping like a baby in the middle of the sidewalk" or the woman who was filmed having a man make love to her at Main + Hastings" Please stop brushing lives "under the rug" of this seaside hole.These are innocents: victims of the drug trade; death by pharmacy.I hope Harding and David Gillies are gonna stand by me, cuz I'm vulnerable here. Criminal charges on the 24th - interesting development, don't you think" STIGMA" stop beating up our victims, stop replacing start giving them true rights to choose.Journalists: what does a Federal Exemption from the Controlled Drugs & Substances Act really do for Mayor Stewart" Is it impeding his traffic somehow" Please follow-up. True leaders use "treatment for addiction" in their vocabulary; but "Using Drugs Alone Is Dangerous" is leaving voiceless, helpless dying people hooked up, unable to say anything other than "gimme my s____" not examples of doing "what they want"but turning tricks for 5 bucks for some down during their last 6 months. that's it. Who will see this" Is it recorded" Can someone follow-up with me, please? I'm saying this is unacceptable. to tell these victims they have no choice: unless you go to Alberta...but once a person is craving there is nothing they won't do to keep using. That's the reason to intervene. Coming from the Royal Albert Arms, I wondered why these rat-traps were still standing (no molotov</p>	No web attachments.

<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 11/29/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014584288</p>	<p>Citizen would like to give his feedback on drugs. He is against the City being a drug free zone without treatment; as exempld in sanpatrignano.org.</p>	<p>No web attachments.</p>
<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 11/28/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014582994</p>	<p>Hi Council, I'm writing about this: https://bc.ctvnews.ca/drug-decriminalization-unanimously-endorsed-by-vancouver-city-council-1.5205625</p> <p>Firstly, the police haven't been enforcing arresting of drug users in the city for years, so the fact that drugs are "illegal" at the moment, is NOT the problem. Safe injection sites, ignoring the tent cities that have popped up, all these soft policies have only managed to make the drug crisis worse. Making drugs legal is NOT the right solution.</p> <p>Instead, you should be looking at rehabilitation centres that actually put a strict plan in place for the addicts, or build mental facilities for those truly with mental problems. Giving them free drugs, ignoring the problem, and allowing them to grow tent cities is not the right solution.</p> <p>It's time to get real, get strict, and stop with these soft policies. The people of Vancouver DON'T support this, why don't you ask us instead of unanimously approving this!</p>	<p>No web attachments.</p>

<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 11/28/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email Case D: 101014583118</p>	<p>There are many things that contribute to one's mental stability. Plus many things that will affect us negatively. Violence, Addictions of any kind (Porn, Alcohol, Drugs), Abuse of any kind, Substances of all kinds. Just 2 days ago there was an assault in a Walmart in Dawson Creek due to someone not wanting to wear a mask. We can only assume that the perpetrator has issues that come from some sort of disorder they have either grown up with or that they have gained by the years of substance abuse. Again we can only speculate so I will leave this in your hands to decide, but also 2 days ago a man was all so arrested in East Vancouver carrying 2 large knives while he approached someone's front door. So by giving people the access to possess illicit drugs freely how is this going to stop these sort of incidents from occurring? All the Best</p>	<p>No web attachments.</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: Opposed Status: Closed Author Type: Individual Created: 11/26/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email Case D: 101014576850</p>	<p>Legalizing possession of non-prescription illegal drugs in Vancouver is not only irresponsible on the part of the mayor and council but will increase crime.</p> <p>If your going to decriminalize drugs then you need to decriminalize crime in general.</p> <p>You could save even more money by disbanding the VPD who would no longer be needed.</p> <p>Quite simply "You can't fix stupid" but we can elect a more responsible mayor and council.</p>	<p>No web attachments.</p>

<div>Nbrhood: Grandview-Woodland Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 11/26/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014577316</div>	<div>Entered by Correspondence Clerk. Incorrectly submitted on the PH form. Thank you for bringing forward this motion. I would like to express my full support to start the process for decriminalization of drugs and the people who use them. We are in the midst of an overdose crisis, with deaths surging in 2020, and it is clear that the war on drugs is not working. People who use drugs should not be put in prison for accessing what they need to survive, or feel good, in a society that has failed them. Decriminalization is an important first step to saving lives. As this paper describes, it is not just about health but also "a matter of justice and equity" (Virani & Haines-Saah, 2020: http://rsaah.ucalgaryblogs.ca/files/2020/06/PIIS0749379719303514-1.pdf). People who use drugs deserve to be prioritized, and I am so appreciative to see this motion that does that. I am quite encouraged by this motion and looking forward to the City working with people with lived experience and other experts in substance use/public health to bring decriminalization to Vancouver.</div>	<div>No web attachments.</div>
<div>Nbrhood: Kerrisdale Concern: Working to Address the Overdose Crisis Council Item: Not Applicable Status: Closed Author Type: Individual Created: 11/26/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014577849</div>	<div>How about instead of just decriminalizing drugs, we also make dealing drugs legal as well. That way we can eliminate the VPD drug squad budget and then use that money to build more bike lanes and more sunset viewing platforms on the cambie and burrard street bridges! We can look at the sunset and say, what a beautiful city we live in! Meanwhile people are laying on the sidewalk passed out from heroin with needles stuck in their arms. What a shitshow Vancouver has become. The best thing that could happen to Vancouver would be a huge earthquake.</div>	<div>No web attachments.</div>

<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name: Darren Gregory Ph #: Email: gregorydarren@hotmail.com Case D: 101014570184</p>	<p>See attached.</p>	<p>Please see 1 attachment: Gregory, D. Let 1 web attachment</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email Case D: 101014570187</p>	<p>I write to support the speedy decriminalization the personal possession of illicit substances for medicinal purposes in order to save lives. It is my sincere hope that you will act on this swiftly.</p>	<p>No web attachments.</p>

<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014570189</p>	<p>I think it's wonderful that members of the council are looking into decriminalizing simple drug possession. As a young man with a family that struggles with addiction, I can tell you through anecdotal but nonetheless meaningful experience that SHAME is a factor in regards to the cessation of the abuse of drugs and it is PARAMOUNT that these abusers don't feel ostracized, leading to further isolationism and thereby perpetuating the seemingly unending consumption of these drugs to cope. Thank you all for being BRAVE enough to bring this motion to the floor - you would be doing addicts and their loved ones an incredibly meaningful service. P.S., I do not live in Vancouver; I live in Burnaby, but this development means a lot to me and so I look forward to watching this all unfold online.</p>	<p>No web attachments.</p>
<p>Nbrhood: Hastings-Sunrise Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014570372</p>	<p>Fewer Mayor and Council,</p> <p>I am writing to support the Mayor's motion to seek a federal exemption from the criminal sanction regarding possession of small quantities of drugs.</p> <p>I support this because every time I go to my office in the downtown business district, I see the obvious suffering of drug users. Most strikingly, a few weeks ago, before 6:00 am while on my way to an international conference call, I called 911 to assist an unresponsive man who was in the parking garage elevator lobby with a needle still in his arm. Our current approach is not working and supports harm. We need a constructive approach. We need to try this.</p> <p>Sincerely, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 10101457386</p>	<p>I would like to express my strong support for Mayor Stewart's motion to Work with Senior Governments to Address the Overdose Crisis through decriminalizing drugs in Vancouver. I am a public health researcher. Every day I am confronted with data showing that the criminalization of drugs does not only fail to help people who use drugs, but it actively causes them harm. Moreover, this approach costs taxpayers money -- directly through the costs of policing, and indirectly through the perpetuation of cycles of addiction. It is bad for everyone and the approach is at odds with itself.</p> <p>I commend you for putting this motion forward. In the process of decriminalization, I urge you to do the following:</p> <p>- It is essential that this change is associated with a reduction in police budgets and that these funds are transferred urgently and immediately to healthcare and, especially, harm reduction services for substance using populations.</p> <p>- It is equally essential that the new system under decriminalization does not involve forcible entry into treatment, and does not involve monetary fines. There should be a concerted focus on harm reduction at the front line. We know that punishing people financially and administratively does not work and actively causes harm. Forced entry into treatment also does not work. Linkage to treatment through harm reduction services, however, does. Insite is an excellent example of this. We must adopt key learnings from Portugal's experience around decriminalization. I suggest Crackdown podcast episode 5 'The Portugal Paradox' for a primer on this topic.</p> <p>- I urge you to add a representative and robust group of people with lived experience to your list of stakeholders to consult at this planning stage. This change must be informed by and with people with lived experience of substance use or it is destined to continue to perpetuate harm.</p> <p>Again, I express my extreme gratitude for you putting forward this motion. I thank you as well for critically considering the above points.</p>	<p>Unique response required. No web attachments.</p>
<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014573451</p>	<p>Please support motion "Work with Senior Governments to Address the Overdose Crisis (Motion B.4)"</p>	<p>No web attachments.</p>

<p>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/24/2020 Correspondence Type: Petition Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014573467</p>	<p>Please see attached letter for full details, signed by 75 UBC Medical Students in support.</p> <p>Dear Vancouver City Council Members:</p> <p>We write to you today as medical students at the University of British Columbia who live, work, and learn in the City of Vancouver. We urge you to support motion B.4 "Working with Senior Governments to Address the Overdose Crisis" and immediately call on the federal Minister of Health to approve an exemption under section 56 of the Controlled Drugs and Substances Act (CDSA) to decriminalize possession of controlled substances for personal use for all people in the City of Vancouver. Drug use is a health issue and must be treated as such.</p> <p>Overdose and drug toxicity deaths continue to rise and the illicit drug supply is becoming increasingly toxic. In September 2020, the BC Coroners Service reported a 112% increase in the number of drug toxicity deaths from 2019, corresponding to more than 4 BC citizens dying each day from preventable overdoses. Fentanyl was detected in 87% of illicit drug toxicity deaths in 2019 compared to 5% in 2012. Today, BC communities face dual public health emergencies, with the COVID-19 pandemic exacerbating existing health, social, and economic inequities.</p> <p>It is clear that the "war on drugs" has failed. Criminalization of people who use drugs has been shown to: further entrench stigma, shame, and isolation among people who use drugs, thereby undermining public health efforts and creating barriers in accessing health and social services; increase risk behaviours (e.g. needle-sharing and consuming drugs alone) and associated negative health outcomes (e.g. blood-borne infections - HIV and Hepatitis C - and overdose); disproportionately impact Black, Indigenous, and other racialized, marginalized, and already overpoliced communities; increase barriers to employment and housing due to criminal records; fuel a toxic illegal drug market; and bring about significant economic costs.</p> <p>As medical students, we are diligently equipping ourselves with the skills to protect the health of and serve the needs of all British Columbians in the coming years. As such, we are invested in ensuring that our patients live in an environment that supports health rather than incites harm. We see first-hand the negative impacts of criminalization on the health and wellbeing of our patients. Drug use is a health concern not a criminal justice issue, and our collective strategies must reflect this.</p> <p>It is long overdue to pursue decriminalization of drugs for personal possession. While we ultimately want to see federal law reform, it is within your power as Council to take immediate steps to minimize the harms of criminalization within our community. We hope that by taking meaningful steps away from harmful prohibitionist policies towards evidence-based, health-oriented approaches to drug use, Vancouver sets a positive precedent for the rest of BC and Canada as a whole.</p>	<p>Petition with 75 signatures Please see 1 attachment: s.22(1), A. Let 1 web attachment</p>
<p>Nbrhood: Riley Park Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566949</p>	<p>I am a Vancouver resident, voter, and physician who works in the area of substance use disorders with youth. I strongly support the Mayor's proposal to decriminalize personal possession of illicit substances. Substance use disorders are a health problem, driven by pain and psychological distress and trauma and social determinants of health. Criminalizing people with substance use disorders does not help, with the possible rare exception of people who are most safe in jail rather than on the streets - this is a failing of the health system though, and the criminal justice system should not replace it.</p>	<p>No web attachments.</p>

<p>Nbrhood: Renfrew-Collingwood Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Group or Organization Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case D: 101014567185</p>	<p>I am a member of MSTH and I am sending a letter to support this motion to Decriminalize personal possession of illicit substances. I lost my s.22(1) daughter to fentanyl overdose in 2017. She might be alive today if this motion was in place then. Thanks</p>	<p>Please see 1 attachment: Le s.22(1) t 1 web attachment</p>
<p>Nbrhood: Kerrisdale Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case D: 101014567291</p>	<p>Please see attachment. I am very supportive of the decriminalization of personal possession of illicit drugs.</p>	<p>See Attachment. 1 web attachment</p>

<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014567495</p>	<p>I applaud the Mayor's call for the de-criminalization of small amounts of restricted drugs. This is a positive step in fighting the overdose crisis that is taking the lives of far too many of our citizens.</p>	<p>Received through 311 TUO No web attachments.</p>
<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014567714</p>	<p>Dear Vancouver Council</p> <p>I am writing to express my support of Motion B.4 which proposes to work towards decriminalizing personal drug possession in Vancouver. I am the Vice President for the Harm Reduction Nurses Association, an NP Addiction's Fellow the BCCSU, and I am a Registered Nurse/Nurse Practitioner who has worked in DTES since 2008. I have seen the devastation caused by the war on drugs, or more aptly, the war on drug users. I am sure that most council members have also seen the impacts the criminalization of drug users has had in fuelling racial disparities, violent poverty cycles, physical/sexual/emotional violence, and the stigmatization, neglect, and isolation of people who use drugs. We cannot make claims that we are anti-stigma when we are pro-criminalization of people who use drugs. On the one hand we are asking people to use alone due to risk of overdose, and on the other hand, we are forcing people to the shadows for risk of criminal punishment if they are using openly. Furthermore, the controlled drugs and substances act does not allow for supervised consumption practices which extends criminality to others who would be involved in the actively engaging folks in the supervision of drug consumption. Restricting the active supervision of drug consumption directly contradicts public health recommendations, our moral imperative to care for one another, and human decency.</p> <p>Criminal laws have always been disproportionately applied to folks who belong to marginalized groups and I don't think we have any examples more obvious than the application of drug-related charges. We see an over-representation of Black and Indigenous people in our criminal justice systems, even though rate of substance use (and possession) are equal among racial groups. There is also the grim reality of using drug laws to control women, especially when we have opportunities to do this around reproduction. I understand that timelines are tight, but I would strongly encourage council to consult the works of Susan Boyd (e.g. From Witches to Crack Moms) for a detailed review of these atrocities. A new study by Vancouver's own Meaghan Thumath (PhD Candidate and Trudeau scholar) gives further evidence by the direct impacts on criminality and child apprehension toward birthing parents and overdose risk following child apprehension. I have attached this article for councils review.</p> <p>Thank for you taking the time to read through my comments, and please continue to pursue this motion with the energy it needs. We cannot continue to lose our loved ones to drug overdose.</p> <p>Respectfully,</p> <p>s.22(1)</p>	<p>Please see 1 attachment, s.22(1) Let 1 web attachment</p>

<p>Nbrhood: Sunset Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case I</p>	<p>I would like to express my strong support for Motion B4 (Work with Senior Governments to Address the Overdose Crisis) and to communicate the urgency of this issue.</p> <p>Decriminalization is an essential to reducing overdose deaths, establishing safe supply chains, and enabling people to access supports and resources without fear. Many of us, including myself, use psychoactive substances for a variety of reasons. Those of us who are white, can use drugs in the privacy of our home, or use drugs that aren't associated with a racialized group hardly ever face criminal consequences for these choices. Using drugs is not an inherently moral issue, but we have focused on that instead of the moral implications of allowing thousands of our friends, family, and neighbours to die in this crisis and every crisis before it.</p> <p>I urge the City of Vancouver to pursue full decriminalization and to centre drug users and their expertise in its design. Full decriminalization means excluding the Vancouver Police Department, who have misrepresented crime rates during the COVID-19 pandemic in the City of Vancouver in order to increase their budget and legitimize their operations, and who have fought progress at every turn. We must recognize the harms policing has inflicted on poor and racialized communities, and severely restrict the reach of the Vancouver Police Department.</p> <p>In the meantime, the City should continue to expand access to and encourage uptake of existing safe supply measures and request that the Provincial government amend policing legislation so that people across BC can possess psychoactive substances without fear of criminalization.</p> <p>We owe this to all of our community members who have died preventable deaths under prohibition and to those who continue to be criminalized instead of being offered housing, a safe and guaranteed supply, and any other supports they may wish to engage with. Decriminalization must come with no strings attached, so that people will be free to make the choices that are best for them.</p>	<p>No web attachments.</p>
<p>Nbrhood: Fairview Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case D: 101014568077</p>	<p>Dear Mayor and Council,</p> <p>Please support the motion "Work with Senior Governments to Address the Overdose Crisis".</p> <p>Members of our community -- persons with as much of a right to safety, security, and dignity as any other member of the community -- are dying. This doesn't affect some nebulous other, this is about US. This is a public health crisis that demands a real response: not empty moralizing, not finger wagging, not tuts tuts, but a real response focusing on saving lives.</p> <p>This motion is a start. Please, put lives first and support this motion.</p> <p>Sincerely, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014568438</p>	<p>I'm so happy to see this motion being put forward. This move is so important for us as a city and most importantly for those who continually face stigma and unnecessary criminalization. This is especially true during the pandemic, so this motion cannot be passed sooner. I fully support passing the motion as-is with no amendments that would only serve to limit the positive impacts on community. When we hear unbridled support of a motion directly from those most impacted, council needs to listen and act. If you haven't, please read the statement from VANDU and Pivot Legal https://www.pivotlegal.org/vandu_pivot_joint_statement?utm_campaign=decrim_city_action_2&utm_medium=email&utm_source=pivotlegal</p>	<p>No web attachments.</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014568548</p>	<p>I am writing to thank Mayor Stewart for his leadership on this issue and to encourage all councilors to vote in favour of his motion to seek a federal exemption in order to decriminalize simple possession of all drugs in Vancouver.</p> <p>50 years of the War on Drugs has created enormous harm, cost billions of dollars and has done nothing to stem the flow of illegal drugs or to prevent people from falling into addiction. Criminalization is a failed policy that needs to be abandoned once and for all.</p>	<p>No web attachments.</p>

<p>Nbrhood: Grandview-Woodland Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014568773</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014568868</p>

Dear Mayor and Council,

I am **s.22(1)**, a frequent collaborator with people who use drugs in Vancouver's Downtown Eastside, a neighbor who has lost friends to overdose, and a PhD student researching the links between the stigmatization and criminalization of illicit substances in the overdose crisis.

I am writing to express my strong support for Mayor Kennedy's motion to work with the federal government to pursue an exemption that would enable the full and unconditional decriminalization of currently illicit substances in Vancouver. As the motion itself points out, decriminalization is an essential step towards ending the racist, classist and colonialist war on drugs that disproportionately incarcerates, surveils, stigmatizes and ultimately harms people of colour, people experiencing homelessness, people who use drugs in public and people with low incomes.

It has recently become popular for various levels of government to advocate for and fund initiatives intended to "reduce stigma" towards people who use illicit substances. However, in the absence of parallel interventions to remove the primary SOURCE of the stigmatization (i.e. criminalization) of illicit substances and their possession for personal use, these disconnected and individual-focused efforts to destigmatize will continue to smack of searing irony and fall flat in their efficacy. Decriminalizing currently illicit substances seems like an essential first step towards the wider work we must do in society to truly destigmatize and grow in collective compassion towards people who use drugs. When those who work in the anti-stigma space in Vancouver ask fellow community members to treat their neighbors who use drugs with compassion, to rethink their stigmatizing and exclusive attitudes towards them, it is presently too easy for them to respond with a rebuttal, "Why should I care about those criminals who use drugs?" Under the present system, they are correct. Decriminalizing ensures that people who are often in need of supports, who deserve to have their human rights and dignity recognized and who will continue to struggle for their freedom, health and safety will no longer need to do so from the "wrong side of the law". Decriminalization enables the overdose crisis and the beloved community members who it impacts most directly to be appropriately connected under our systems of public health and social supports rather than criminal justice and punishment.

Finally, I strongly urge you to accept this motion as IS, with no further amendments or caveats that could further punish or control the lives of people who use drugs. I agree wholeheartedly with the calls put forward by VANDU and Pivot Legal Society in their recent joint statement of support for this motion (https://www.pivotlegal.org/vandu_pivot_joint_statement) that Vancouver not follow the restrictive and punitive decriminalization model put forward by Portugal. Please support this motion. Thank you.

No web attachments.

Dear Mayor and Council,

I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our family has been affected by substance-use related harms, I lost my son to the unregulated, unchecked deadly fentanyl supply. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.

To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.

We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.

What will be essential is to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.

We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.

We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.

Regards, **s.22(1)**

No web attachments.

<p>Nbrhood: Kitsilano Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014569281</p>	<p>I would like to strongly express my support for Motion B-4, concerning drug decriminalization. As we look at the ongoing overdose epidemic it becomes more and more clear that criminalization, enforcement and violence are not effective solutions to this public health crisis. This motion is not especially bold, it only opens up the door for partial decriminalization, and I think that is a door that desperately needs to be opened. We cannot continue to trust in policing to save us, we must treat drugs and addiction like the public health emergency it is. By decriminalizing drugs, we could create safer places and systems to treat these issues and address this epidemic. I hope that everyone on this council can look past what they may have been taught to believe about drugs, and look at the reality that drug decriminalization is a necessary step in helping those who are most vulnerable.</p>	<p>No web attachments.</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Group or Organization Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014569326</p>	<p>Please see attached submission from Amnesty International Canada in support of Mayor Stewart's motion to decriminalize personal possession of controlled substances in Vancouver. [no attachment]</p>	<p>No Attachment No web attachments.</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Group or Organization Created: 11/23/2020 Correspondence Type: Original Feedback Name: Shannon Turner Ph #: Email: coordinator@phabc.org Case D: 101014569575</p>	<p>Please find a letter attached from Shannon Turner, Executive Director of the Public Health Association of BC, and Dr. Ian Culbert, the Executive Director of the Canadian Public Health Association, regarding Motion B.4: Motion B.4: Work with Senior Governments to Address the Overdose Crisis.</p>	<p>Please see 1 attachment: Turner, S. Let 1 web attachment</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Template Name: Ph #: s.22(1) Email: Case D: 101014569726</p>	<p>Dear Mayor and Council,</p> <p>I am a Vancouver resident and support the group Moms Stop The Harm. They advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Too many families are impacted by the overdose crisis and I support [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>I understand that decriminalization alone will not solve the problem of the ever-increasing overdose death but we need to take this major step.</p> <p>More investments in harm reduction, treatment, and prevention are urgently needed. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>I also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>I, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and I sincerely hope that other members of the council will support this motion as well.</p> <p>Regards,</p> <p>s.22(1)</p>	<p>Attachment is the same as comments, no need to include in reports 1 web attachment</p>

<p>Nbrhood: Kerrisdale Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014569781</p>	<p>I am a Vancouver resident and aware of the devastating number of drug related deaths in Vancouver. I strongly support the decriminalizing the personal possession of illicit substances but feel that more needs to be considered. This situation is a disease of disconnection and needs to be treated as a health concern with additional supports for those afflicted. There are health practitioners who know what is needed and should be consulted if this motion is approved</p>	<p>No web attachments.</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014569841</p>	<p>Dear Council, I am writing you today to voice my strong support for Mayor Stewart's Motion B.4 "Work with Senior Governments to Address the Overdose Crisis", which aims to obtain a federal exemption from the Controlled Drugs and Substances Act, and which will decriminalize personal possession of illicit substances in Vancouver.</p> <p>Decriminalizing simple drug possession is a great first step in helping the city and the province address not only the overdose crisis, but also other drug-related health issues and drug-related arrests, charges, convictions and incarceration. While other countries and jurisdictions (such as Portugal and Oregon) have decriminalized drugs, there is a great opportunity for Vancouver to be a world leader in addressing the overdose crisis, and for other countries to learn not only from our successes, but also from our mistakes.</p> <p>However, drug decriminalization by itself is not the only step needed to regain a foothold on this public health emergency. In Portugal's case (as well as in Oregon's initiative to decriminalize drugs), one of the other keys to actually helping with the overdose crisis is funding prevention, treatment, harm reduction and social reintegration programmes. According to a number of studies looking at Portugal's success in this area, ?Portugal's shift towards a more health-centred approach to drugs, as well as wider health and social policy changes, are equally, if not more, responsible for the positive changes observed. (https://transformdrugs.org/drug-decriminalisation-in-portugal-setting-the-record-straight/)</p> <p>And if Council is scratching its collective head trying to figure out where to find such funding, members could look at the \$314 million that is spent on the Vancouver Police Department. Redirecting just 1% of their budget to the Ministry of Mental Health and Addictions will boost that ministry's funding by a whopping 33%. Of course, you can argue "but these are different levels of government", but municipal and provincial governments collaborate on many other projects - why not this one" What's stopping the city from working with the province to help its citizens" You can also argue "that is not be the right ministry" - fine, give it to the ministries of Health and Children and Family Development, who have received approximately \$200 million per year to address the overdose crisis for 2017-2019 (https://www.bcbudget.gov.bc.ca/2019/news-release-01.htm, own rough calculations).</p> <p>If neither of these reinvestments are possible, consider giving harm reduction organizations property tax breaks, rent subsidies, transport subsidies for their workers, or funding other services (think legal advocacy, food programs) at these sites. There is a lot the city can do to help with the overdose crisis.</p> <p>While I wholeheartedly support the motion to decriminalize drugs in Vancouver, I also ask that the city explore additional avenues to support lifesaving harm reduction and treatment services.</p> <p>Thank you s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: No Name No Name (ps) Ph #: Email: s.22(1) Case D: 101014569937</p>	<p>I am a Vancouver resident and support the motion by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. I also support the current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs.</p>	<p>No web attachments.</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: Ph #: s.22(1) Email: Case D: 101014570105</p>	<p>Dear Mayor and Council,</p> <p>RE: Motion to decriminalize the simple possession of drugs in Vancouver</p> <p>I am extremely concerned with the number of people in our city dying from drug overdoses, largely due to an unsafe drug supply. I therefore strongly support the motion put forth by Mayor Kennedy Stewart to embrace a health-focussed approach to substance use in the City of Vancouver by decriminalizing simple possession of all drugs through a federal health exemption.</p> <p>I also support expanded initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs.</p> <p>Increased investment in harm reduction, treatment, and prevention are urgently needed. The savings achieved by not prosecuting people who use drugs could be reinvested into health and social services programs.</p> <p>I understand that decriminalization and providing a safer supply of substances alone will not solve the overdose crisis - especially during COVID-19, when drugs have become more toxic, and people are isolated from services designed to keep them safe. However, I believe decriminalization of personal possession of substances and a safer supply of substances will save lives.</p> <p>I am hopeful you will all support the motion to decriminalize simple possession of drugs in Vancouver put forward by Mayor Kennedy Stewart, and ultimately, save lives.</p> <p>Sincerely,</p> <p>s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Group or Organization Created: 11/23/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014570121</p>
<p>Nbrhood: Grandview-Woodland Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: 7 Email: s.22(1) Case D: 101014570128</p>

<p>s.22(1)</p> <p>To: Vancouver City Council Dear Mayor and Council, Re: Proposal to decriminalize the personal possession of drugs</p> <p>I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harm and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our city and our family have been affected by substance-use related harms. We strongly support the motion by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. (see: [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver]) To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma, and it means that people hide their use. By hiding, people use and die alone, as have many of the loved ones of families in our group. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe. What will be essential is to reinvest savings achieved by not criminalizing people who use drugs, moving them from Justice to Health and Social Service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we cannot afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving. We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives. We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the Council will support this motion too. Regards, s.22(1) -- Cc: Petra Schulz (she/her) Co-founder Moms Stop The Harm Edmonton AB & Mayne Island BC www.momsstoptheharm.com</p>	<p>No web attachments.</p>
<p>To City Council,</p> <p>I would like to stress my strongest support for city council to adopt Motion B.4 "4. Work with Senior Governments to Address the Overdose Crisis", without amendment. I come to this conclusion from the position of a resident, a current researcher at the BC Centre on Substance Use, and from the background of having worked in harm reduction for several years in Vancouver, under an organization named Karmik. When we first began Karmik in 2014, our intention was to work primarily in the nightlife community and at festivals. I frame my comments through this work not to stigmatize any group of people who use drugs, but to provide a complementary perspective. Some of the people I knew/know and worked with were street-involved, or hid in alleys, hastily preparing ketamine/fentanyl injections, while looking over one shoulder. Some of the people I worked with have died in the overdose crisis, and I think about them often.</p> <p>Through Karmik, I had the privilege of meeting, supporting, and working with many young people, some of whom used illegal drugs (but not all). From that experience I can say two things. In Vancouver, many nightclubs at the time (and likely currently) feared bringing in harm reduction services because of the potential/perceived liabilities. I heard stories of people being kicked out of events when they were intoxicated, putting them in unsafe situations. It was a struggle to get clubs to allow our presence for that particular reason.</p> <p>This also made substance use unsafe. Having a booth at an event meant that we could provide care to people who needed support, provide drug information, and call 911 when an organizer wouldn't. Further, even if the actual potential for liability was low, the idea that one could potentially face that danger increased the risk of drug use. While for years VPD has alleged that they do not charge for possession, 'discretion' is not the same as knowing that one will not face police violence. My colleagues and I have lost friends and loved ones to the overdose crisis. When I was younger, had someone told me that police don't arrest, but they might come harass you or take you off to treatment, it would not have removed the fear. For many of the people I've known, loved and lost, not having that fear would have made a difference. Passing this motion as it stands will create new possibilities for people who use drugs and allow them to access harm reduction services. Even those who might not face harm from the police due to their privilege, or whose drugs are less likely to be adulterated with fentanyl, are still put at risk unless we full decriminalize.</p> <p>Criminalization is a human rights issue (see attached). With calls from groups to harass those whose drug use is most stigmatized, it's crucial to note that criminalization most directly harms those whose substance use is most visible. The way to show that we care is to pass this motion unchanged. It's an incremental step, but a critical one.</p>	<p>Please see 3 attachments: s.22(1) . Let 1 / s.22(1) Let s.22(1) A. Photo 3 web attachments</p>

<p>Nbrhood: Kitsilano Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Subject Matter Expert Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014570179</p>	<p>I am a clinical counsellor who works with youth and young adults with substance use issues. I've worked on the frontlines for the past five years and have seen some of the horror and misery that the drug policy crisis has wrought on members of our community. For every minute of this time, it has been chillingly clear that a multitude of Canada's drug policies senselessly undermine the work my colleagues and I are doing.</p> <p>I often characterize my work as trying to fill a bucket with water, but the bucket has a hole in it. For whatever crises are addressed, I can be assured that more will emerge soon after. I find myself scrambling for new and creative ways of measuring success because markers like abstinence, upward socio-economic movement, or escape from the cycle of the legal system are often unattainable. Addiction has this cyclical, Sysiphian nature: suffering, pursuit, fleeting bliss, consequence, and repeat: on and on, until the end. Criminalization of possession, and therefore of drug users, cultivates this cycle.</p> <p>Criminalization of drugs does no more than accelerate the suffering of those already in pain and give the artifice of security and justice to those who don't know better. Indeed, this is what criminalization has always been for: an excuse to abuse minorities and have-nots, while unjustly validating an in-group. This was true in 1908 with the Opium Act and is only more true today.</p> <p>It troubles me that there are still those who believe that if we punish those with addictions enough, they will somehow stop using. They misunderstand the very nature of addiction, which perpetuates repetitive behaviours despite devastating consequences. Particularly in the era of hyper-concentrated drugs like fentanyl, it is morbidly clear that these consequences escalate at a rate that is simply incompatible with human neurobiology. Just as our brains can't handle the exponential growth of unencumbered coronavirus, a brain in the grips of addiction is not always able to process and assign meaning to the consequences it has experienced, until it is too late.</p> <p>For Mayor Stewart to put forward this motion to collaborate with our senior governments towards decriminalization of simple drug possession was profoundly validating, and inspiring. To see an elected official take meaningful action against one of the core systemic maladies helps to give meaning and direction to addiction treatment. It gives a glimpse of a better world wherein drug use and addiction are actually treated as public health issues, where youth can grow up without the same hangups and miseducation about drugs and addiction that my or previous generations have had to unlearn (some of us anyhow).</p> <p>I thank you Mayor Stewart for bringing this motion forward, and councillors I hope that you will approve this motion. I hope that one day soon the Vancouver model of decriminalization will be example of humane and decent science-based public policy for the rest of the world. Thank you.</p>	<p>No web attachments.</p>
<p>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/23/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014570183</p>	<p>Please see attached document for full comment.</p> <p>We write to you today as medical students at the University of British Columbia who live, work, and learn in the City of Vancouver. We urge you to support motion B.4 "Working with Senior Governments to Address the Overdose Crisis" and immediately call on the federal Minister of Health to approve an exemption under section 56 of the Controlled Drugs and Substances Act (CDSA) to decriminalize possession of controlled substances for personal use for all people in the City of Vancouver. Drug use is a health issue and must be treated as such.</p>	<p>Please see 1 attachment 1 web attachment</p>

<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565934</p>	<p>To city council</p> <p>Re.: Proposal to decriminalize the personal possession of drugs</p> <p>Dear Mayor and Council,</p> <p>I am a Lower Mainland resident and a member of the group Moms Stop The Harm , a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms. My mother s.22(1) was prescribed OxyContin in the 90s and died from accidental overdose in 2002. My only brother became addicted to Oxys 22(1) I strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards,</p> <p>s.22(1)</p>	<p>No web attachments.</p>
<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565937</p>	<p>Re.: Proposal to decriminalize the personal possession of drugs</p> <p>Dear Mayor and Council,</p> <p>I am not a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms, our Son s.22(1) died from Fentanyl Poisoning. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards,</p> <p>s.22(1)</p>	<p>No web attachments.</p>

<div>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565944</div>	<div>To city council Re.: Proposal to decriminalize the personal possession of drugs Dear Mayor and Council, I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our family has been affected by substance-use related harms. We lost our beautiful boy in 2016. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple...] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe. What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving. We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives. We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too. Regards, s.22(1)</div>	<div>No web attachments.</div>
<div>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565950</div>	<div>Dear Mayor and Council, I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our family has been affected by substance-use related harms. My father died of a drug overdose. We strongly support the motion [https //www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe. What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving. We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives. We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too. Regards, s.22(1)</div>	<div>No web attachments.</div>

<div>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565952</div>	<div>As the federal Liberal that proposed legalization of cannabis in Vancouver at the UBC campus club in 2008 - we need to decrim now! Vancouver has always led the way on drug reform and I trust the city to get it right! Many people need help and it is our job to help them! Please vote to pass this motion! Thanks!</div>	<div>No web attachments.</div>
<div>Nbrhood: Kitsilano Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565957</div>	<div>To city council Re.: Proposal to decriminalize the personal possession of drugs Please see URGENT attached letter</div>	<div>1 web attachment</div>

<p>Nbrhood: Dunbar-Southlands Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565992</p>	<p>Dear mayor & council</p> <p>I am writing in support for motion B4 (Work with Senior Governments to Address the Overdose Crisis). This is an emergency, with deaths every day, and this is thr 1684th day of that emergency. You must do something! Human lives are being lost and your inaction implicates ALL of you (morally) in those deaths. We the people judge, and so will God.</p>	<p>No web attachments.</p>
<p>Nbrhood: West Point Grey Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566020</p>	<p>Dear Mayor and Council,</p> <p>I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Hastings-Sunrise Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566098</p>	<p>I encourage You, city council to follow Portugal's way of operating by decriminalizing Personal drug possession/use and put the money used incarcerating Prosecuting arresting etc. drug dependant people instead in to recovery programs</p>	<p>No web attachments.</p>
<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566138</p>	<p>To city council Re.: Proposal to decriminalize the personal possession of drugs Dear Mayor and Council, I am a BC resident who is very interested and watching from afar in Mayor Stewart's motion to decriminalize the personal possession of illicit substances in the city of Vancouver.I am also a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our family has been affected by the current Overdose Crisis - in 2016, when we lost our oldest son, s.22(1) to a fentanyl poisoning. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple...] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe. What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving. We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives. We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too. I hope this is a successful motion and Vancouver becomes a leader in municipalities making courageous efforts to save our loved one. Please show the rest of BC it is possible. Regards, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case D: 101014566156</p>	<p>I stand by this action to decriminalize illicit drugs. And further support controlled access to safe supply. PS your form did not include Gastown/DES so I checked Strathcona</p>	<p>No web attachments.</p>
<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email: Case D</p>	<p>Good! This is long overdue! Please vote yes to pursue a Section 56 exemption. Vancouver can and should be a thought leader and example for the rest of the country in this regard.</p>	<p>No web attachments.</p>

<p>Nbrhood: Grandview-Woodland Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566295</p>	<p>I strongly support decriminalization of personal possession of illicit substances to support the health and safety of our community. Please pass B-4.</p>	<p>No web attachments.</p>
<p>Nbrhood: Oakridge Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566358</p>	<p>s.22(1)</p> <p>November 22, 2020 To Vancouver City Council Re.: Proposal to decriminalize the personal possession of drugs</p> <p>Dear Mayor and Council, We are Vancouver residents and members of the group Moms Stop the Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms when our nephew passed away from fentanyl poisoning in 2017. This loss has had a devastating effect on our entire family. We strongly support the motion by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COVID-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards, s.22(1)</p>	<p>Citizen's attachment is the same as content details. Not necessary to attach. 1 web attachment</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: late Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566364</p>	<p>To City of Vancouver Mayor Kennedy Stewart and Council Re.: Proposal to decriminalize the personal possession of drugs:</p> <p>Dear Mayor and Council,</p> <p>I am a s.22(1) resident and my adult son lives in recovery in Vancouver, and I am a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. My son is alive, however his peers are dying such that he has experienced the deaths of over 50 young adults in the past 4 years.</p> <p>We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harm, by the checkered treatment options. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention, and recovery housing and programs are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Please lead the way to reduce harm to our lived ones.</p> <p>Other jurisdiction follow Vancouver's lead.</p> <p>Staunch the flow of deaths by destigmatizing drug use, and act with resolve to save our kids.</p> <p>All best regards,</p> <p>s.22(1)</p>	<p>No web attachments.</p>
<p>Nbrhood: Hastings-Sunrise Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566433</p>	<p>I urge you to support the motion to decriminalize illicit substances in our communities. Please vote in favour and get started on the urgent work of decriminalization.</p>	<p>No web attachments.</p>

<p>Nbrhood: Kerrisdale Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566436</p>	<p>I fully support your motion to decriminalize drugs. I fully believe the use of illegal drugs is a health issue and not a criminal one. I have always believed this, and even more so since I lost my son 6 years ago to heroin use. He had multiple physical and mental problems, for which the medical system as it was had no solutions for him; adding to that the overwhelming burden of social stigma. I'd say what killed him was divided 50-50 between the two. And he would probably still be alive today with even the smallest changes which have been made since 6 years ago. How do you think this fact makes a grieving mother feel...that her son could possibly still be alive today with just a few simple, kind changes being made. Please pass this motion.. it has worked well in many other countries. t is a win-win for everyone. Less crime; less expense to health system; less expense all around; Less hate/stigma towards people who are already suffering with physical and/or mental problems.</p>	<p>No web attachments.</p>
<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566478</p>	<p>To city council Re.: Proposal to decriminalize the personal possession of drugs Dear Mayor and Council, I am a s.22(1) resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. Our family has been affected by substance-use related harms. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act. To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe. What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving. We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives. We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too. Regards, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Mount Pleasant Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566509</p>	<p>I am writing to encourage you to urgently pass motion B4 to apply for a federal exemption under the CDSA to allow for decriminalization in Vancouver. As a law student studying in Vancouver, I firmly believe that the law should not be weaponized against personal choices like drug possession, and to do so is a waste of city resources that brings untold harm to members of our community.</p> <p>I hope to see Council vote to pass this motion immediately as a first step to addressing the harmful past and ongoing impacts of prohibition.</p>	<p>No web attachments.</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566607</p>	<p>Dear Mayor and Council,</p> <p>I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms our youngest son died s.22(1) . We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards,</p> <p>s.22(1)</p>	<p>Please see 1 attachment 1 web attachment</p>

<p>Nbrhood: Downtown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566658</p>	<p>Absolutely in support of this. Decriminalization (NOT LEGALIZATION) is the approach needed to be on caring for those with addiction from a healthcare position, not criminal.</p>	<p>No web attachments.</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566664</p>	<p>Re.: Proposal to decriminalize the personal possession of drugs</p> <p>Dear Mayor and Council,</p> <p>I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms My only child, s.22(1), died on May 6, 2020 because of toxic drugs. I strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple_possession_of_drugs_in_vancouver] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards,</p> <p>s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566720</p>	<p>Dear Mayor and Council,</p> <p>I live in BC and I am a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms, we lost my brother s.22(1) to an accidental overdose. He was living in Vancouver for many years but left because of trouble with authorities over him carrying drugs. We strongly support the motion [https://www.kennedystewart.ca/decriminalize_simple..] by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have. We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards, s.22(1)</p>	<p>No web attachments.</p>
<p>Nbrhood: Kensington-Cedar Cottage Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/22/2020 Correspondence Type: Template Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014566832</p>	<p>Dear Mayor and Council,</p> <p>I am a Vancouver resident and a member of the group Moms Stop The Harm, a network of Canadian families impacted by substance-use related harms and deaths. We advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.</p> <p>Our family has been affected by substance-use related harms, I've lost two cousins and have a brother who may be taken by an overdose any day. s.22(1) The current options aren't working and he needs alternatives. We strongly support the motion by Mayor Kennedy Stewart to decriminalize the personal possession of substances regulated under the Controlled Substances Act.</p> <p>To us, this means decriminalizing the people we love and care about. Criminalization creates harm and stigma and it means that people hide their use. By hiding, people use and die alone, as many of the loved ones of families in our group have.</p> <p>We understand that decriminalization alone will not solve the problem of the ever-increasing overdose death, especially now during COV D-19 restrictions, when drugs have become more toxic and people are isolated from the services designed to keep them safe.</p> <p>What will be essential to reinvest savings achieved by not criminalizing people who use drugs, from justice to the health and social service. More investments in harm reduction, treatment, and prevention are urgently needed, and this is an opportunity we can not afford to miss. We know that lives depend on it and we do not want to add to the many families that are already grieving.</p> <p>We also support current initiatives to provide a safer supply of pharmaceutical substances as an alternative to toxic street drugs. These initiatives need to be expanded and we are certain that decriminalization in conjunction with safer supply will save lives.</p> <p>We, therefore, urge you to support the motion put forward by Mayor Kennedy Stewart, to decriminalize simple possession of drugs in Vancouver, and we sincerely hope that other members of the council will support this motion too.</p> <p>Regards, s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/21/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014565237</p>	<p>I've attached a letter to support the motion to seek exemption to decriminalize personal possession of illicit substances</p>	<p>See Attachment. 1 web attachment</p>
<p>Nbrhood: West End Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/20/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014561793</p>	<p>I support the Mayor's request for decriminalization as long as it is a step on the road to legalization and regulation. Facilitation of illegal trafficking should not be a consequence of this policy.</p> <p>In addition, decriminalization, as with harm reduction strategies, should not result in increased disorder and open use in the city. To that end I would encourage mayor and council to continue and support the expansion of the VPD Neighbourhood Response Team initiative. Decriminalization and disorder does not need to go hand in hand but it will take effort and political will to make this work for everyone.</p> <p>Thank you for your work on behalf of the residents of Vancouver.</p> <p>Regards s.22(1)</p>	<p>No web attachments.</p>

<p>Nbrhood: Renfrew-Collingwood Concern: Working to Address the Overdose Crisis Council Item: Neutral Status: Closed Author Type: Individual Created: 11/20/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014563713</p>	<p>Via Tell Us Online:</p> <p>Having seen coverage of the intentions of the mayor to seek the federal government's approval for decriminalization of drugs, I would like to suggest a constitutional remedy that has never before been tried in the courts, which may possibly remove any need to receive any approval from the federal government.</p> <p>Attached you will find a document that has been prepared to send to the federal Health Minister as well as the Attorney General of BC. In this letter, the constitutional defense is described with references to several previous SCC precedents to show the consistency of the requested remedy with the SCC's definitive interpretation of the Constitution of Canada.</p> <p>A more extensive overview of the constitutional principles cited in this potential remedy can be found here: http://issociety.org/wp-content/uploads/SCC-Ref-re-Quebec.pdf</p> <p>I have devoted fifteen years of my life to developing this constitutional remedy and I have studied all relevant precedents extensively. I would be happy to volunteer whatever assistance I can in helping with the details of confirming consistency of the remedy with prior court precedents, so that the measures can be pursued with minimal risk of misdirected allocation of the city's resources. Please feel free to contact me for further information as well as any other possible way I can help.</p> <p>I have recently lost someone I loved very much to drugs contaminated with fentanyl without the person's knowledge or consent, so this is a personal issue to me. I will steadfastly devote my assistance to applying the constitutional remedy I have devised to the social injustice of ineffective and life-destroying punitive measures against people who suffer from addiction.</p> <p>Thank you very much for your time and I hope to hear back from you when a respected servant of the city finds time.</p>	<p>No attached item found in original case. Needs specific response. No web attachments.</p>
<p>Nbrhood: I do not live in Vancouver Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/19/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014560016</p>	<p>I am in support of the decriminalization of drug possession. This crisis has been going on long enough</p>	<p>No web attachments.</p>

<p>Nbrhood: Grandview-Woodland Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Business or Company Created: 11/19/2020 Correspondence Type: Original Feedback Name: Keziah McCrystal Rothlin Ph #: 6042540703 Email: office@vdlc.ca Case D: 101014560037</p>	<p>Good Afternoon Mayor Stewart and City Councillors, Please see the attached letter from Stephen von Sychowski, President of the Vancouver and District Labour Council, regarding "Work with Senior Governments to Address the Overdose Crisis".</p> <p>Thank you, Elizabeth Buckham Executive Assistant VDLC</p>	<p>Please see 1 attachment 1 web attachment</p>
<p>Nbrhood: Killarney Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/19/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: s.22(1) Email: s.22(1) Case D: 101014561225</p>	<p>harm reduction is legalizing drug possession. CARE is at the root of healing, not criminalization. care for the people that you serve, show them you want them to heal.</p>	<p>No web attachments.</p>

<p>Nbrhood: Arbutus-Ridge Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/19/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014561539</p>	<p>I am in favour of this motion. The complex situation of Vancouver's opioid crisis is one that has unfortunately gotten worse over time. 2020 is on track to be our worst year yet, every day we lose 4-5 people in overdose deaths. These people are our friends, family, classmates, but at the very core - they are people. Victims of addiction deserve to be heard and helped, they should not have to fear calling for assistance during an overdose because of stigma. When we associate drug possession with criminality we often end up discriminating against poorer, racialized groups the most. I believe this motion is a necessary endeavour in our attempts to reform Policing in a way that recognizes that Black, Indigenous, and PoC are typically overrepresented in crime statistics. By decriminalizing drug possession, having safe supply and safe injection sites, we are beginning to remove the stigma around drug addiction. Truth is, addiction is not a choice, it is often the result of unlucky circumstances. I've seen too many people my age (21) pass away due to unlucky circumstances. For our future's sake, we must act on what we know works. Decriminalizing drugs works, safe supply works, and removing stigma works. Vancouver has the opportunity to set a precedent for the rest of Canada, so let's get to it.</p>	<p>No web attachments.</p>
<p>Nbrhood: Hastings-Sunrise Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/18/2020 Correspondence Type: Original Feedback Name Ph #: s.22(1) Email: Case D: 101014555635</p>	<p>I read the CBC story that Kennedy is going to ask the Feds for permission to decriminalise drugs - YES! I would love to see this step in our city to try to help curb the overdose pandemic. Homelessness is also one of our biggest issues and taking this progressive step to help tackle addiction is a welcome thing to see.</p>	<p>No web attachments.</p>

<p>Nbrhood: Unknown Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/18/2020 Correspondence Type: Original Feedback Name: Kevin Hollett Ph #: Email: Kevin.hollett@bccsu.ubc.ca Case D: 101014556487</p>	<p>The BC Centre on Substance Use strongly supports the motion before City Council to apply for a section 56 exemption to the Controlled Drugs and Substances Act (CDSA) for implementation and evaluation of the decriminalization of people who use drugs.</p> <p>Research clearly demonstrates that strategies that emphasize criminalization and drug law enforcement with the aim of reducing access to illicit drugs have been ineffective and costly. Rather, this approach has had unintended consequences such as fostering a mistrust with the health system and discouraging people who need and want care from seeking it. Criminalization stigmatizes people who use drugs, who are regularly discriminated against and turned away by health-care providers who don't understand that substance use is a health issue, not a criminal justice one.</p> <p>A widely referenced example of this approach is the Portugal model, where decriminalization of people possessing personal amounts of illegal drugs paired with an integrated range of prevention, harm reduction, treatment and recovery, and social integration services has led to a significant reduction in problematic drug use, drug-related harms (including HIV infection and overdose), and criminal justice overcrowding and recidivism.</p> <p>In light of this evidence and real-world examples, numerous research and policymaking bodies, including the BC Centre on Substance Use, have recommended a move towards a public health-oriented perspective that includes decriminalization.</p> <p>BC Centre on Substance Use leadership, researchers, and our community of stakeholders not only support this motion, we are also eager to work with our partners at Vancouver Coastal Health and the City of Vancouver to support implementation and provide research expertise to evaluate this new innovative intervention.</p> <p>Sincerely, Cheyenne Johnson and Dr. Perry Kendall Co-Interim Executive Directors BC Centre on Substance Use</p>	<p>No web attachments.</p>
<p>Nbrhood: West Point Grey Concern: Working to Address the Overdose Crisis Council Item: In Support Status: Closed Author Type: Individual Created: 11/18/2020 Correspondence Type: Original Feedback Name: s.22(1) Ph #: Email Case D: 101014557750</p>	<p>I fully support Vancouver's move to decriminalize simple possession of illicit drugs.</p> <p>s.22(1)</p>	<p>No web attachments.</p>

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	<div><div><div><div><div><div></div></div></div><div><div><div></div></div><div><div></div></div></div><div><div><div></div></div><div><div></div></div></div><div><div><div></div></div><div><div></div></div></div></div></div><div><div>Nbrhood: Downtown</div><div>Concern: Working to Address the Overdose Crisis</div><div>Council Item: Neutral</div><div>Status: Closed</div><div>Author Type: Individual</div><div>Created: 11/16/2020</div><div>Correspondence Type: Original Feedback</div><div>Name: s.22(1)</div><div>Ph #: s.22(1)</div><div>Email: s.22(1)</div><div>Case D: 101014549107</div></div></div> <td><div>I'd like to get an understanding on the Mayor and Counsels stance on the current drug and crime situation in Vancouver. I live on Main and Terminal. I left my apartment yesterday to go to the store and witnessed 5 SEPERATE occurrences of active meth and what I'm guessing is heroin use. And I'm not being specific to seeing someone 'high' but straight up actively smoking meth or putting needles in their arms at the time of me walking by. Is this the new norm of living in Vancouver and something I should just get used to? Thank god, I don't own a store front in the area as windows are routinely smashed on my block. Just curious if there is an actual plan in place to solve this? I'm certainly not going to be raising a family here as it stands.</div></td> <td><div>No web attachments.</div></td>	<div>I'd like to get an understanding on the Mayor and Counsels stance on the current drug and crime situation in Vancouver. I live on Main and Terminal. I left my apartment yesterday to go to the store and witnessed 5 SEPERATE occurrences of active meth and what I'm guessing is heroin use. And I'm not being specific to seeing someone 'high' but straight up actively smoking meth or putting needles in their arms at the time of me walking by. Is this the new norm of living in Vancouver and something I should just get used to? Thank god, I don't own a store front in the area as windows are routinely smashed on my block. Just curious if there is an actual plan in place to solve this? I'm certainly not going to be raising a family here as it stands.</div>	<div>No web attachments.</div>