

What We Heard Report

City of Lethbridge

Community-based Drug Strategy

Public Workshops - October 10 and 11, 2018

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Executive Summary

The City of Lethbridge has initiated a three phase process to build a community led, community designed strategy to respond to the drug crisis in Lethbridge. In Phase 1, the City learned about the impact of the drug crisis on citizens of Lethbridge. Phase 2 will bring a multi-agency group together to develop a community-based strategy and Phase 3 will help the resulting community committee build terms of reference for moving forward.

This report concerns Phase 1 and summarizes what was heard during four public meetings that attended by 288 citizens on October 10 and 11, 2018. The purpose of these meetings was to learn the impacts of drug crisis on citizens, understand citizens' views of critical issues to be resolved and discover their views of solutions to the crisis.

In order to capture the views of participants accurately, responses were captured verbatim, documented and tagged for themes. A qualitative analysis of more than 1500 pieces of data was undertaken to discern common themes, sentiments and frequency of mention. This report explores the most frequently mentioned topics.

Participants told us that the drug crisis in Lethbridge has had a significant emotional impact on the community. They cited fear for personal and/or community safety, helplessness at the overall situation, a sense of loss for what used to be and concern for an undesirable change to, or a sense of division in the community. Participants indicated that impacts to business include loss of business and increases costs to deal with the crisis. Increased crime and needle debris were also mentioned.

Critical issues for resolution include a lack of integrated services for those suffering addiction and lack of specific services such as detox, rehabilitation or education. Questions were raised about the efficacy of the current services: waiting lists, navigating the system, overall harm reduction approach and how the Supervised Consumption Site delivers its services.

Other issues for resolution included a lack of law enforcement and prosecution, perceptions of the drug crisis, lack of accountability and a view that root causes are not understood or addressed.

Solutions suggested by participants were varied. Enforcement was a dominant and nuanced theme and included more or better enforcement of the law, a focus on drug trafficking and stiffer penalties for drug trafficking.

Participants suggested a both a wider variety of recovery and support services (mental health, detox, rehabilitation, life skills) and expanded facilities was needed. They also identified integrated services and consolidation of services into a single delivery location. Education as a solution as mentioned often as was changing, closing or relocating the Supervised Consumption Site.

Participants identified community involvement and stakeholder collaboration as important solutions and suggested that examining best practices from other jurisdictions be explored. Improving access to housing was also mentioned. Participants connected drug use and homelessness.

The results of the report may either represent facts or perceptions presented by participants. City officials may experience a wish to discount feedback that seems to contradict what is understood as fact about the drug crisis. However, it is important to neither ignore nor misconstrue the results as “right or wrong”. All responses deserve careful consideration and the most valuable way to respond may be to ask “Why are we hearing what we’re hearing?”.

Introduction

The City of Lethbridge has been at the centre of the drug crisis in Southern Alberta with overdose death rates at 19 in 100,000 - among the highest in Alberta. In response, Alberta Health Services opened a supervised consumption site (SCS) in downtown Lethbridge in February 2018.

Lethbridge is experiencing issues such as discarded needles, increased crime and citizens are concerned about safety and anti-social behaviour. At the August 7, 2018 Council Meeting, the following motion was passed:

To establish an ad hoc committee to address the challenges and opportunities facing residents, businesses and clients (Terms of Reference to be drafted and presented to Council on Sept. 4, 2018); and further that Council host at least three community meetings focused on solutions to identified issues in order to develop a time-sensitive, realistic and implementable community response strategy.

The City of Lethbridge initiated a three phase process to build a community led, community designed strategy to respond to the drug crisis in Lethbridge. The intent of the process in Phase 1 was to hear the impacts of the drug crisis on citizens. Phase 2 will bring a multi-agency group together to develop a community-based strategy and Phase 3 will help the resulting community committee build terms of reference for moving forward.

In Phase 1, citizens were invited to participate in public workshops held on October 10 and 11, 2018 to

- Share their experiences with the drug crisis
- Identify key issues for resolution
- Suggest solutions to the drug crisis in Lethbridge.

This report summarizes the key events, impacts, issues and solutions generated by the public meetings.

Approach

Meeting objectives

In the phase 1 public meetings the objectives were to:

- Encourage citizens to share their experiences surrounding the drug crisis with to others
- Learn the impacts of the crisis on citizens
- Understand the critical issues for resolution
- Discover citizen's view of solutions to the crisis

At the end of the meeting, citizens shared their concerns, heard the concerns of others and realized that they are not isolated in their concerns.

Meeting process

Four public workshops were held at the Sandman Signature. Meeting capacity was capped at 80 people and participants were encouraged to pre-register online. Each workshop was about two and a half hours long.

After a brief welcome from Bram Strain, City Manager, meeting participants were briefed by a room facilitator who shared meeting expectations, intended results and participation guidelines. The workshops portion focused on the question: *"What has been the impact of the drug crisis on you?"*.

At each table, volunteer facilitators guided the conversation and captured results. Attendees shared their experiences in small format discussion groups which created more opportunity for dialogue and encouraged productive conversation. Table facilitators asked participants to introduce themselves with the following questions;

- *What is your name?*
- *What brought you out tonight?*
- *What is the first thing you remember hearing about the drug crisis?*

Table facilitators then asked participants to brainstorm responses to the question:

- *What are all the events and happenings in Lethbridge surrounding the drug crisis since 2015?*

Responses were posted on a timeline and participants reviewed the results of all tables, indicating high and low moments/events using blue (low) and yellow (high) dots.

After the review of results, tables went back to work answering questions:

- *What impact has it had on you, personally?*
- *What issues associated with the drug crisis do we most need to address?*

Table facilitators briefly shared a summary of their table’s discussion with the entire room so that all citizens had insight into the conversations that were held.

After the plenary review, table facilitators led their tables in the final discussion:

- *What new and innovative solutions would you recommend?*

Table facilitators again shared a summary of their table’s discussion with the large room. The meeting was concluded and participants were advised where they might go for additional information.

Participation

			Tables	Facilitators	Participants
Wednesday	October 10	1:00 pm - 3:30 pm	8	8	72
Wednesday	October 10	5:30 pm - 8:00 pm	7	7	57
Thursday	October 11	1:00 pm - 3:30 pm	8	8	75
Thursday	October 11	5:30 pm - 8:00 pm	8	8	84
Total			31	31	288

Analysis of the Results

At each workshop, citizens were asked to identify major events and happenings related to the drug crisis in Lethbridge. Their events were recorded on index cards which were used to create a timeline. During analysis, the facilitators created a master timeline to create an overall perspective of the community experience. (see Appendix Two)

Table facilitators also recorded responses to three specific questions

- *What impact has it had on you personally?*
- *What issues associated with the drug crisis do we most need to address?*
- *What new and innovative solutions would you recommend?*

Answers were captured on flip charts and after the workshops, the facilitators entered every response from flip charts into a data table for further analysis. During analysis, response was categorized using a set of standard descriptors (or “tags”) created for each question. Steps during the analysis process included:

- Reviewing a subset of responses
- Drafting a set of descriptors (“tags”) and entering them into a controlled vocabulary

- Analyzing the remaining responses and assigning tags from the controlled vocabulary
- Analyzing the tags to determine which types of responses occurred most frequently
- Writing a brief overview of the most common responses

The top five impacts and issues and top ten solutions are described in this report.

What we heard

Impacts

Table facilitators asked the participants to identify impacts of the drug crisis. They identified the following.

Emotional Impact (68 mentions)

Emotional impact was the most frequently mentioned impact of the drug crisis. Most comments focused on increased levels of fear, largely about personal safety. Many comments mentioned feelings of helplessness regarding the overall impact to citizens and to the community. Example comments included:

- *Hypervigilant* - mentioned a number of times
- *(The problem) used to be somewhere else and now it is here*
- *Feeling that its taken over everyone's life*

Table reports during the workshops reflected these feelings among the participants including one participant describing feelings of loss and despair at the changes to the community.

Loss of, impact on businesses (43 mentions)

The second most frequently mentioned were a variety of significant impacts for businesses. Comments discussed profound concerns about loss of business, lost income, damage to property, concerns about staff safety and bad publicity. Example comments included:

- *Desire of tenants to move*
- *Employees don't feel safe, staff traumatized*
- *Business suffering financially*
- *Front line impact to downtown workers*

Some comments mentioned business locations in downtown and adjacent to the SCS.

Decreases in safety (38 mentions)

In keeping with levels of fear, there were many comments about personal safety and concerns about the safety of loved ones. Most comments cited a general perception of decreased safety, but some mentioned specific fears of petty and property crimes and of needle debris. Example comments included:

- *Increased anxiety about personal safety*
- *People feel unsafe especially downtown*
- *Increase in fear and personal safety fear*

Some comments mentioned downtown and adjacent to the supervised consumption site (SCS).

Cost and resources required to deal with the crisis (25 mentions)

A number of comments were made about the impact of the crisis on the delegation of money and resources. Most participants were concerned that local governments were being forced to divert time and resources to deal with the crisis. Others were concerned with the impact to the availability of services to the general public. A number questioned how local governments are choosing to spend tax dollars. A few mentioned costs to their own pocket books to resolve property damage or to cover business losses. Example comments included:

- *Increase use of public services = increase cost*
- *Lack of resources available for non-drug related Emergency calls*
- *Increased staff needed to deal with issue, other services suffer, i.e. senior care*
- *Impacting our community's economic well being*

Needle debris (21 mentions)

Participants had concerns about needle debris. A number mentioned the impact of needle debris on public spaces like parks while others expressed fears that children would be harmed by needle debris. A few participants expressed issues with how the SCS manages needle distribution. Example comments included:

- *Needle debris - ever increasing impact in 2018*
- *Kids can't be kids - teaching young kids about debris safety at park and family impacts*
- *Constant needles debris*
- *Needles leaving the SCS*

Issues

Participants were also asked to identify issues surrounding the drug crisis. They identified the following.

Lack of services for those suffering addiction (47 mentions)

Lack of services was the most frequently mentioned issue surrounding the drug crisis. Many comments focused on the lack of services for detox and rehabilitation available in Lethbridge. Others registered concern about the difficulties of navigating a complex system to access what limited services are available and cited long waiting times. A few mentioned the lack of “wrap around” services that provide a more holistic approach to addiction recovery. Examples include

- *Not enough resources to help those that want it*
- *Getting help is not easy, timely, welcoming*
- *Long waiting list for getting help*
- *Length of treatment - too short*

Some comments doubted whether the harm reduction model is working and questioned who should run harm reduction programs. There are also questions about whether “four pillar” drug strategy model is being followed by local agencies.

Lack of law enforcement and prosecution (27 mentions)

Many comments cited enforcement as an issue. Some felt that existing laws were not properly or thoroughly enforced either by the police or by the justice system and that drug crimes were treated more leniently. Others felt there was a lack of legal consequences for drug offenders. Generally, there was a sense that the legal system should be tougher on drug-related crimes. Examples included:

- *Enforcement - no consequences; double standard drugs v alcohol*
- *Tolerance for drug use is higher than other illegal activities*
- *Go after drug dealer be hard on them*
- *Justice with consequence rather than blind eye or magic circles of immunity*

A few comments mentioned slow response time by police and the need for more police resources and personnel.

Perceptions of the drug crisis (23 mentions)

Perceptions of the drug crisis were cited as an issue. Some comments suggested that the severity of the crisis was overblown and that information in traditional and on social media was inaccurate and misleading. Others cited confusion about the issue. Yet others called for a greater understanding of those with addictions and of the greater opioid crisis affecting other places. Examples included:

- *Moving to Lethbridge, impact (of drugs) is less than perceived*
- *Lots of misinformation and bad assumptions*

- *There is a stigma against people struggling with addiction and their families*

In contrast, one comment suggested “political correctness was not effective” while another suggested that people were “less likely to move to the city”.

Lack of accountability (18 mentions)

Some comments expressed concern about lack of accountability and were directed at political leaders, the police service, local agencies and the SCS. Some felt that political leaders had failed to consult with the public about their decisions and that they need to be more transparent. Others expressed concerns about how decisions concerning the SCS were being made. A couple expressed concern about the accountability of the police. Examples included:

- *Leaders at many levels (in general) are not listening to the front line workers & citizens*
- *City - cynical - negative, no trust*
- *Accountability of agencies / government*
- *Concern that ARCHES isn't responding to concerns*
- *Police & accountability*

Root cause not understood or addressed (15 mentions)

Some participant expressed that the root causes of the drug crisis were not well understood and this was contributing to the crisis. A few felt that the supply of illegal drugs are the root cause and that this issue was not being properly addressed. Examples included:

- *We don't know the root problems*
- *Not understanding the full issue and why people use*
- *Feeling of disappointment and shame in not addressing root problem*
- *Legal system capacity to focus on supplier / root cause / head of snake*

Solutions

Participants were asked to respond to the question: “*What new or innovative solutions would you recommend?*” After tagging the feedback, the top 10 themes from citizens are as follows:

Enforcement and the justice system (44 mentions)

Some participants felt that better enforcement and a better justice system were needed to battle the drug crisis. The solution had multiple dimensions and ranged from more/better policing and/or enforcement to increased focus on drug dealers specifically and to improvements to the justice system that would apply harsher penalties for trafficking.

Twenty three comments suggested that more police enforcement to uphold and apply the law was needed to address the drug crisis.

- *More police downtown*
- *Have more security in open spaces to monitor the area*
- *Proper policing and enforcement of existing laws*

Nine comments indicated that enforcement focused on drug traffickers supported by stricter penalties was needed.

- *Zero tolerance on drugs - similar to Blood Reserve*
- *More enforcement on drug traffickers*
- *Get aggressive on drug dealers*

Nine comments suggested that the justice system needs to be improved to offer stiffer penalties / harsher treatment of drug dealers and trafficking.

- *Stricter penalties for trafficking*
- *Improve legal system*
- *Deal with drug dealers & suppliers in a more harsh manner!*

Two comments felt that both the policing and justice system needed attention.

- *More tools/resources for police*
- *Cross jurisdictional working groups: bylaw, police, RCMP, students*

More services, integrated & consolidated service delivery (40 mentions)

Some participants discussed addiction support services as a critical solution in the fight against the drug crisis. Solutions included improving addiction support service delivery with a wider variety of services (detox, rehabilitation, reintegration, education) to integration of services for

better results to consolidating service delivering into a single location to improve accessibility of services.

Wider variety of services:

- *More recovery support*
- *Provide vocational training in support of reintegration*
- *Increased access to treatment/detox including health and physical supports provided by AHS "harm reduction model"*

Integrate services for better results

- *One stop shop: reintegrate, educate, council, rehabilitation, back to work*
- *Whole system working together for a transition into recovery*
- *Build something like Mustard Seed: look at models in other cities*

Consolidate service delivering into a single location to improve accessibility of services.

- *Under one roof: mental health support, physical support, detox, rehab*
- *Multi-purpose facility: education, rehabilitation, activity, programming, employment, reintegration, personal respect*
- *Co-locate professional/social services w/SCS, rehab facility, shelter, etc"*

With these responses, participants indicated an understanding of and the need for a continuum of services to address the multiple phases of addiction and recovery.

Other less frequent and related suggestions included providing more mental health supports (10 mentions), more family and children's services (10 mentions) which would require incremental funding (5 mentions).

Establish or expand facilities (34 mentions)

The need for new or expanded facilities to support addictions was identified 34 times by participants under two broad themes - establish new or expand facilities (27 mentions) and establish additional safe sobering and/or activity centres (7 mentions).

Establish new / expand facilities:

- *Large medical detox centre and fast track model for support*
- *Long term rehab facilities (treat like cancer treatment)*
- *More detox/rehab centres*
- *Health unit / nurses / detox within correctional facilities*
- *Secondary facility where people can stay, beds, resources, etc.*

Establish additional safe sobering and/or activity centres (7 mentions).

- *Create a safe place for users to hangout and participate in meaningful activity*

- *Somewhere to go - not street*
- *Drunk tank*
- *Meaningful activities - something to do, a clean sweep program*

Participants identified a need in Lethbridge for facilities to support a broader range of support services to cope with drug addiction.

Deliver better, more education (32 mentions)

Participants cited education 32 times as an important solution to the drug crisis. Education had multiple dimensions including preventative education aimed at younger people, where to find services/supports aimed at families/people coping with addictions, education to increase understanding of addictions and to reduce associated stigmas and education to support and maintain sobriety.

- *Educate children on drugs and alcohol and the impacts. Speak about it regularly and early*
- *More education about services available, talk to, go, treatments funding and public awareness*
- *Public awareness campaigns so drug addicts aren't ashamed/don't feel ashamed when they relapse*
- *Teaching of life skills*
- *Empower people to improve themselves*

Participants recognize the importance of education and the many roles that education can play in prevention, support, awareness, recovery and sobriety.

A related solution was the importance of communication on the topic (11 mentions). Participants cited concerns that there is a great deal of discussion yet unclear on what the facts might be. Proactive public communications would bring clarity and reduce anxiety.

Close, change, relocate Supervised Consumption Site (SCS) (22 mentions)

The Supervised Consumption Site was a significant source of concern for participants. Comments included closing or relocating the site (10 mentions), changing the way the program is operated (7 mentions), and increased transparency or clarity of the program's results, effectiveness and operational model (3 mentions).

Move/close site:

- *Close the site*
- *Move SCS closer to police station or YMCA or location away from business and residential*
- *Stop enabling use (close SCS)*
- *Pay users to use SCS*

- *Rid drug centre and put resources into helping people*

Change program:

- *Mandatory to consume in SCS*
- *Treat like methadone, drugs provided and administered by nurse*
- *Decriminalize drugs and provide at SCS*
- *More rules around the way SCS is operated; no needle should leave the SCS*

Increase transparency / clarity of program results:

- *Work together with U of L researchers on study of effectiveness of SCS*
- *Transparency of money where used; City, ARCHES, Government of Alberta*
- *More information on policy of SCS and more transparency*

Participants are uncomfortable with the proximity of SCS to the business community and the perceived impact. Many are unsure of how the program operates and whether it yields desirable results. Some comments suggested there are low levels of trust concerning the SCS.

Involve the Community (19 mentions)

Participants recognized that the broader community had a role to play in providing solutions and suggested collaboration across faith based or indigenous groups, building stronger connections across community, accessing volunteer populations, involving youth in the solution and coming together as a community to support those suffering from addiction.

- *Collaboration / conversation with faith groups and indigenous population*
- *Youth involvement / engagement*
- *Integration of community to assist with reintegration*
- *Community supports similar to AA so there is a 'community to support addicts*
- *We need to build community and build the supports that will help us feel safe. We need to look out for each other.*

While there was a clear sentiment that Community plays an important role in addressing the drug crisis and supporting those affected by it, specific solutions were less clear.

Collaborate with stakeholders (17 comments)

Collaboration with multiple stakeholder groups emerged as an important solution. Participants mentioned collaboration with Indigenous, law enforcement, rehabilitation, ARCHES and physicians, and between agencies.

- *Collaboration with indigenous community AND EVERYONE*
- *Higher level of co-operation between ARCHES and law enforcement*
- *Involve First Nations to support vulnerable populations*

- *Mayor invite all physicians to a collaborative engagement session - to be part of the solution*
- *Collaboration (better) with agencies to work together*

Examine best practices (16 mentions)

Participants recognized that the drug crisis in Lethbridge was not unique to Lethbridge and identified the importance of research, study, and exploring the approaches that other communities or countries have adopted to address drug related concerns.

- *Investigate other communities that have dealt with this successfully*
- *Look at Medicine Hat model for reducing homeless and addiction*
- *Look at other countries who have solutions that are working*

Improve access to housing (15 mentions)

Participants saw housing as an important solution citing the need for more affordable housing or better housing, supportive housing and the importance of housing for vulnerable or addicted populations. Participants suggested using vacant buildings or interim housing (e.g. ATCO trailers) to address the need and offering supervised or community living arrangements (i.e. Riverhouse).

- *Housing for homeless*
- *Break the cycle; resources for housing, detox after SCS*
- *Continue to find solutions for housing model*
- *Implement Federal strategy - transitional housing funding - balanced approach*

Participants connected homelessness with drug addiction and saw housing as an essential element of sobriety.

Unique solutions (30 mentions)

A group of solutions emerged that were somewhat unique and clustered loosely around the concepts of community leadership such as establishing downtown “safewalks”, free parking, bus passes for those in need; not giving up on people; and considering urban design solutions such as adding green spaces and looking at park amenities to address the drug crisis.

- *Downtown safewalks*
- *Don't give up on them*
- *Safe design counsel to address urban planning*
- *Wood chip, pebble flooring eliminated in every park*

At least one comment recognized that any solutions should be broad enough to cope with ‘the next drug’ to appear on the street, two comments wondered about the impacts or the potential of legal cannabis, one comment suggested prescribing drugs to cut out the drug dealer.

- *Can medical marijuana help?*
- *Any solution has to be bigger than just opioids; broad enough to cover the next new drug*

At least one comment suggested that racism and discrimination need to be acknowledged.

Conclusions

While the discussions were sometimes difficult, participants made every effort to engage respectfully and thoughtfully in the conversation.

As workshop facilitators, we noticed missing voices: the Indigenous community, users of the Supervised Consumption Site and emergency services / law enforcement. Ironically, participants saw collaboration among stakeholders and involving the community (especially the Indigenous community), as solutions to the crisis.

Whether actual or perceived, we heard about a lack of coordination among stakeholders including agencies, government and community groups. We also heard that some participants want to be involved in solutions and are unsure how to become involved.

Tactics for consideration may include tackling actual or perceived lack of coordination amongst stakeholders, building relationships in the Indigenous community in the Phase 2 engagements and involving willing people working at the grassroots in Phase 2 strategy session.

Appendix 1: Impacts & Issues

Data tables represent the comments with most frequent mentions.

Frequency of mention: Impacts	
Emotional impact	68
Business, loss of, impact on	43
Safety, decrease in	38
Costs / resources, public, personal	25
Crime, increase in	22
Needles, debris	21

Frequency of mention: Issues	
Services, lack of, efficacy of	47
Enforcement, poor	27
Perceptions, false, changing	23
Accountability, lack of	18
Root cause not addressed, understood	15

Frequency of Sentiment		Frequency of Location	
Fear	46	Downtown	22
Helplessness	14	SCS	20
Anger	8	Business	14
Confusion	9	Public spaces	7
Trust, lack of	6	Near SCS	5

Complete data sets are available: ??

Appendix 2: Solutions

Data tables represent the comments with most frequent mentions.

Frequency of Solution	
Services delivery, better, integrated, single location	40
Education programs, deliver better	32
UNIQUE	30
Facilities, establish new, expand existing*	27
Enforcement, seek better, via policing**	23
SCS, relocate, change program	22
Community, involve in consultation, solutions	19
Stakeholders, collaborate with	17
Best practices from other places, identify	16
Housing, improve access to	15
Enforcement, seek better, via policing and justice system**	9
Enforcement, seek better, via justice system**	9
Facilities, establish safe sobering, activity centres*	7
Enforcement, seek better, policing, justice system**	3

* Facilities, establish new and Facilities, safe sobering, activity centres were combined.

** Enforcement was rolled into a single solution in this report with multiple dimensions to capture frequency of mention.

Frequency of Actors	
Police services, justice system	40
SCS	38
Citizens	16
Agencies	14
First Nations	10
City of Lethbridge	7
Community organizations	5
Provincial and Federal Government	6

Complete data set are available ??

