Café Scientifique: Substance Use and the Toxic Drug Crisis in Rural Canada

# Summary Report

April 2024

# **Executive Summary**

In February 2024, nearly 100 people from across Canada participated in a Café Scientifique on substance use and the toxic drug crisis in rural Canada.

A panel of community experts was convened to unpack research evidence and share stories from their families, communities and own lived experiences related to the topic. Following the panel, attendees engaged in small group discussions to share their experiences and collaborate on strategies for addressing this issue within their communities. This report outlines the main points and considerations discussed by attendees during these conversations.

Attendees emphasized that people from all walks of life are impacted by the toxic drug crisis, including their family, friends and neighbours. This underscores the urgent need for awareness and action to address stigma and other underlying factors. Attendees identified some of these factors including past traumatic experiences, housing insecurity, poverty, isolation, strained social networks, and limited availability of health and social services.

Despite challenges such as stigma and geographic isolation, attendees identified many strengths within rural communities that may help address substance use and the toxic drug crisis, including a strong sense of unity and mutual support, and resourcefulness in delivering services to hard-to-reach populations.

Attendees identified their top four priorities for addressing substance use and the toxic drug crisis in rural Canada. These priorities included expanding low-barrier health and social services with a focus on harm reduction and housing supports; fostering community belonging through stigma reduction efforts; increasing human and financial resources to support rural communities; and addressing root causes like poverty and housing. These priorities will require mobilizing entire communities for action and centering the voices and experiences of people who use drugs.

# **Key Considerations**

The key considerations listed in this report are organized by discussion topic. All personally-identifying information has been removed.

### **1** What do you wish people knew about substance use and the toxic drug crisis in your community?

- **People from all walks of life**, regardless of race, age, gender and socioeconomic status, have been impacted by substance use and the toxic drug crisis. It is more common than some people may think.
- **Stigma** is very challenging. It can prevent people from asking for help and impact community support.
- The **drug supply** in rural communities is toxic and people are dying. These people are our family, friends and neighbours.
- The **War on Drugs has not been effective.** Jailing or institutionalizing people who use drugs (PWUD) creates more harm.

"We wish the drugs were safe because so many friends have died." - Attendee

## **2** What are the underlying factors of substance use and the toxic drug crisis in your community?

- The root causes of substance use are complex and may include a combination of:
  - **Experiences of trauma**, shame and family history of substance use. For many Indigenous people, experiences of colonialism, racism, discrimination and intergenerational trauma have caused ongoing harms.
  - Poverty, unemployment, increased cost of living and housing insecurity.
  - Not feeling part of the community and lack of cultural connections.
  - **Limited access** to health and social services (e.g. shelters, harm reduction services, treatment). Existing services are not always readily available or appropriate, and often work in silos.
  - **Geography**-related factors (e.g. isolated from other communities, climate and disaster-related stress, stress and isolation of agricultural work).

## **3** What are the strengths of rural communities that may help address substance use and the toxic drug crisis?

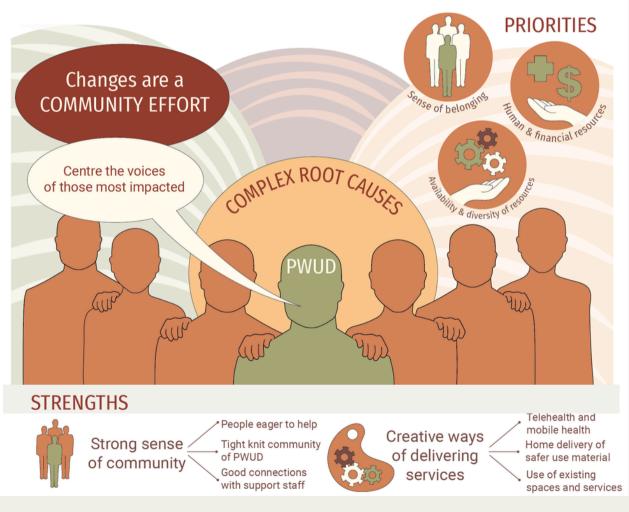
- There is a strong sense of community in many places. People are eager to help others and watch out for each other. There are tight knit communities of PWUD who share information about changes in the drug supply through word of mouth. The small size of communities can help foster strong connections between support service staff and PWUD.
- Rural communities are **resourceful**. Many services are delivered in innovative ways, including mail-out services, mobile buses/vans, outreach programs, telehealth and co-location with other services (e.g. pharmacies).
- Some rural-specific **challenges** were noted including: limited resources, stigma/discrimination, lack of public support, political climate, and inadequate community infrastructure (e.g. no broadband internet).

"No easy answer will solve this." - Attendee

## **4** What are your top priorities for addressing substance use and the toxic drug crisis in rural Canada?

- Expand the **availability and diversity** of community-based low-barrier health and social services. There is an urgent need for more harm reduction programs (e.g. supervised consumption sites, safe supply programs) and housing supports.
- Enhance **community belonging** for all and build community capacity through education and outreach events that address stigma.
- Increase human and financial resources to support rural communities. For example, recruiting and retaining more trained health professionals, providing paid employment for PWUD, and dedicated long-term funding for communitybased organizations.
- Address root causes including poverty and housing insecurity.

- **5** Who needs to be involved in taking action to address ongoing drugrelated deaths and harms in rural areas? How do we mobilize together for action?
- Everyone in the community has a role to play.
- **People who use drugs** need to be meaningfully included in policy making and program delivery. Communities should consider creating peer advisory councils or a community liaison position.
- More human resources are needed. Many PWUD are involved with frontline work, but are experiencing grief and burnout. More trained health professionals and peer workers are needed in rural places.



Visual summary of Café discussions

# Acknowledgements

#### **Ceremonial Opening**

Elder Jo-Ann Saddleback

### **Panelists**

Chantel Huel Elaine Hyshka (moderator) Teresa (Tracy) Lockhart Holly Mathias Jenn McCrindle

### **Discussion Moderators**

Denise Adams Claire Benny Barb Fornssler Sameera Guhma Riley Hammond Javiera Navarrete Martinez Binishdeep Nanda Azra Panjwani Caitlin Seegar Rhea Seghal Savannah Weber

### **Organizing Committee**

Sarah Auger, University of Alberta Tristan Dreilich, Manitoba Harm Reduction Network Els Duff, University of Manitoba Antoinette Gravel-Ouellete, Moms Stop the Harm Rebecca Haines-Saah, University of Calgary Elaine Hyshka, University of Alberta Teresa Lockhart, Indigneous Services Canada Holly Mathias, University of Alberta Willi McCorriston, Moms Stop the Harm Jenn McCrindle, Turning Point Harm Reduction Em Pijl, University of Manitoba Tyla Savard, Moms Stop the Harm Petra Schulz, Moms Stop the Harm Krista Tooley, Manitoba Harm Reduction Network

#### **Visual Summary Design**

Sarah Nersesian, Designs That Cell

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