



our trusty newsletter

issue no.2, spring 2021

*the all about **harm reduction** issue*



"out of the storm"

we acknowledge that we are gathered on the traditional territory of the Anishinaabeg, which is known by Indigenous Peoples as unceded.

We acknowledge that the Indigenous peoples have been stewards of this land since time immemorial and as such, we treat the land, its plants, animals, stories and people with honour and respect.

Today, this land is home to many Indigenous People from across Turtle Island, and we acknowledge the shared opportunity to live and work within this beautiful territory.

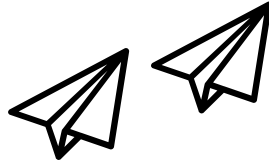
This recognition of the contributions and historic importance of Indigenous Peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities, and in particular to bring justice for murdered and missing Indigenous women and girls across our country.

All my relations, Chi-Miigwetch

Kijicho Manito Madaouskarini Algonquin Nation

dedication

This newsletter is dedicated
to the loved ones we have
lost due to overdoses,
suicides, and early deaths



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the all about **harm reduction** *issue ...*

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rock rural outreach community kindness



This is our logo designed by our very own talented Shannon O'Keefe.

Rural Outreach Community Kindness (ROCK) starts with kindness and non-judgement! This work is relationship centered, based on harm reduction principles of care and understanding - and rooted in compassion.

The ROCK team are people with enormous wisdom and understanding of substance use. We are people with life experience that gives us deep insight and knowledge of substance use, its community, the complexities, the systemic oppressions and stigma - and also the hope that lay within every individual we connect with.

We understand the profound importance of "Nothing About Us Without Us"! And know that substance users need to be at the centre of planning, policy, and program responses.

Our outreach team is made up of paid and unpaid Trust support workers who have experience of substance use. We provide supplies and equipment for safer substance use, snacks, hats, mitts, referrals, hygiene kits and most importantly, the development of personal relationships.

We walk (and sometimes bike) the downtown core of Bancroft sharing necessities, offering referrals and support and an invitation in to be part of our work. Outreach workers first started hitting the streets in February 2019 and continue to this day. This program came to life due to the high needs of substance users, homeless individuals and other people most directly affected by poverty and oppression.



When you see these big red backpacks around town, you've spotted our team out on the job.

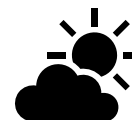
The program encourages safer practices in all areas of life including safe equipment for substance consumption and condoms for safe sex. The demographic we serve is extremely stigmatized, yet inspiringly resilient. At NHCT we operate and are guided by trauma informed principles, using non-judgmental approaches and `meet people where they're at`.

Our mission is to support, engage and empower substance users in our community. Together we need to reduce the barriers and gaps in services, and end stigma and discrimination.



We are connecting and building relationships with people often targeted and stigmatized in our community. We provide important opportunities to be a part of something where personal expertise, lived experience and opinions matter.

Our community has strengths, resiliency, resourcefulness and creativity to offer the larger community if given the opportunity to do so.



We are supported by community donations for our Outreach supplies, and work with our local Harm Reduction Network, made up of Hasting and Prince Edward Public Health, Bancroft Community Family Health Team and Addictions and Mental Health Services Hasting Prince Edward.



Here's some of the Rock team making holiday stocking gifts.

*Photo above (left to right):
Victoria, Nicole, Shannon.*

Photo right: Ashley.

rock gardens

Since the beginning of spring 2019, The Trust's ROCK program and Harvest the North (HTN) community gardens have teamed up to grow food together at Riverstone Residence, known by many community members, as the ROCK gardens. These amazing gardens that consist of 4 raised garden beds, and 4 large in-ground beds, have been an innovative way for so many of us to connect, and learn with one another. All of this takes place while learning how to grow food for ourselves, and food for the community.



Each week in the growing season, ROCK and HTN mentors, meet at the gardens to observe, garden, and enjoy each other's stories, teachings, and company. These gardens have flourished over the past two growing seasons due to the dedication of community members. We have borne witness to the transformative power of hands in earth! It is as though everything else that can trouble people, especially people living with stigma and discrimination, people without a secure roof over their heads - disappears. Nothing else seems to matter during those moments while nurturing and tending the tender shoots and vegetables. The ROCK gardens have become a place of solitude, peacefulness, and a place to find hope in each other, and the land around us.



In 2020 we introduced The Three Sisters to our gardens. In a number of Indigenous Communities, corn, squash, and beans, are called the “Three Sisters”. When planted together, these three crops help each other during growth, resulting in a much better yield. What is interesting about these three crops, is that together in a daily diet, they can sustain a person nutritionally. How exciting is that?

This 2021 growing season the ROCK gardens are getting creative and designing a garden to grow all the ingredients needed to make salsa. At the end of the growing season we will be using the ingredients from this garden to spend an afternoon making and eating delicious salsa. We’re very excited so come out and join the fun and fill those bellies with locally grown food.

*The
Three
Sisters:
Squash,
Corn &
Beans.*



To learn more about the Three Sisters, stayed tuned to our next newsletter, where we will be focusing more on the gardens.



*We grew a
watermelon.*

we asked our community members

This was information gathered from our first membership meeting of people with experience using drugs who are getting together for mutual support.

WHAT DO WE NEED FROM OUR COMMUNITY?

STOP labeling us.

Love, support, and respect.

To not be treated differently by the medical system.

To be treated like everyone else with a medical condition.

Fair access to employment.

Look at our strengths NOT our weaknesses.

Treat us how you would like to be treated

WHAT DO WE NEED OUR COMMUNITY TO KNOW ABOUT US?

This is something we battle with every day.

We are here, and we are NOT high today....

We need to be supported. We are resilient and resourceful.

Our struggle is harder than you think.

Just 'cuz we use, doesn't mean we are bad people.

We need opportunities to access employment, housing, etc.

This is NOT something we choose.

Negative attention makes us want to use more.

DO NOT judge us on our addictions.

our community members rock



discrimination and stigma an all too common theme for substance users



One of the greatest and most unfortunate challenges substance users face in our community is the ongoing discrimination they face from other community members, and by that I mean authorities, politicians, service providers, and

This article was written by Nicole Powers who is a staff member at Community Trust, a community member and a peer worker.

society at large. Despite unlimited access to education in this digital age, attitudes toward substance use have barely made any progress in many decades, and traditional forms of treatment have barely evolved at all. Ineffective treatment methods have been carried over from one generation into the next, with seemingly no solution in sight. Ongoing efforts to implement new and innovative programs often grow stagnant, due to lack of funding and lack of systemic supports—the direct result of old school attitudes rooted in the misinformed and false assumptions that substance use issues are self-inflicted and a personal choice rather than the result of a flawed, unjust, or biased system. This serves only to reinforce the belief that those afflicted are morally defective and that the only way to stop unfavorable behavior is to enforce severe consequences. This form of treatment operates under the belief that the only way to stop what has been labelled as socially deviant behavior is to punish the individual, therefore deterring them from repeating the same behavior in the future; and deflects attention away from the influence of trauma, poverty, mental health, and abuse of power.

Despite ongoing evidence-based studies that these methods are ineffective and are, in fact, often more detrimental than good, those in positions of power have continued to resist the provisions of further supports and continue to withhold critical funding required to expand and improve necessary programs and services.

The idea of reward and punishment as a means of treating those who are sick is absurd and would be considered malpractice and an outright violation of basic human rights when treating any other forms of illness; and yet it is widely accepted in the treatment of substance use and associated issues. The stigmas faced by substance users are a huge barrier in terms of accessing necessary supports

and resources because, as we too often hear at the Trust, our community members don't want to approach service providers because of the judgement they have previously experienced in these settings and the overt difference in the way they get treated as compared to other service recipients. Often they are humiliated and accused of drug seeking behavior and abusing the health care system, with some going so far as to say they are a "drain on the system" and often turning them away without providing any follow up care, referrals, or access to other resources, supports, or service providers. This is negligence.

It is not just within the health care system that substance users face overwhelming discrimination. It is painfully apparent in all facets of society. Attaining fair employment, affordable housing, adequate child care support, and help with parenting skills and basic coping techniques for dealing with trauma, poverty, and mental health become increasingly difficult, due to discriminatory practices that are punitive in nature and that trigger fear responses in substance users who are afraid of losing what little they may have. They are forced to try and hide and lie about their substance use, knowing they won't be accepted or treated with dignity and respect if they're transparent. Employers won't hire them, particularly if they have any criminal record; child services apprehend their children; hospitals deny them admittance to receive mental health support if they're using; law enforcement criminalizes them; and landlords won't rent to them for fear of property destruction, unpaid rent, or noise disturbances. Although there have been instances where these things have been problematic, this is not the case for all substance users, and yet we continue to paint them all with the same brushstroke—an act of injustice that forces them to lie in an effort to protect themselves, their dignity, and their livelihoods.

These lies born out of self-preservation are then used as ammunition to support the theory that these individuals are morally flawed. They are treated as criminals by authorities and civilians alike, who protest their presence in their neighborhoods and/or object to the presence of progressive services such as overdose prevention sites, safe legal supplies, community sharps containers for safe disposal, scattered affordable housing spread throughout diverse neighborhoods, homeless shelters, or even local drop-in centers, for fear of decreased property values, tourism, and decreased economic profit. The common motto being "not in my back yard". These biased views remain despite indisputable evidence that harm reduction practices, education that addresses these complex and controversial

issues, and the implementation of programs that recognize individual strengths and abilities and promote inclusivity have actually been highly successful and create opportunities for meaningful social interactions and contributing roles in the community. They enrich our communities and all community members benefit.

As a result, practices focused on individual strengths, harm reduction strategies, and inclusivity reduce the negative effects of substance use; decrease homelessness, poverty, and associated issues; and encourage safer practices in all aspects of life. These practices promote safer communities for users and non-users alike and foster a higher quality of living for all. These methods have proven to create thriving and more equitable societies that acknowledge and accommodate the needs and strengths of all their members and that recognize that everyone has purpose and something worth contributing. As a result, studies have shown that in countries such as Portugal, which has already adopted these practices, there has been a significant decrease in crime rates, poverty, and homelessness and increased employability and productivity, while saving tax payers thousands of dollars, just by reducing the number of individuals being locked up in already overcrowded jails.

Most importantly, these practices save thousands of lives and everyone is worthy and has something unique and special to offer. Discrimination equals division and is the greatest barrier to receiving the adequate, compassionate care essential for recovery and overall wellness. Discrimination is the greatest form of oppression. May we not oppress but instead may we reach out our hands to hold the broken and vulnerable until they are strong enough to once again find their voice.

what we need

DONATION REQUESTS

\$\$\$ Monies !!! \$\$

for staff, supplies, administration to keep the program running

Donations can be made by cheque to NHCT, P.O.Box 1615 Bancroft ON K0L 1C0.
Or on our website through Canada Helps: <https://northhastingscommunitytrust.org/>
Please call us if you want to arrange other ways to donate: 613-332-3657

gift cards, food cards (grocery/restaurant),
gas cards

to support community member and volunteers

toiletry kit supplies

toothbrush, toothpaste, floss, mouth wash, shampoo,
conditioner, body wash, soap, lotion, sanitizer, wipes,
lip balm, deodorant, band aids, razors, tampons

snack bags

granola bars, fruit gummies, gum, suckers,
chocolate bars, individually wrapped snacks

seasonal items

tents, sleeping bags, flashlights, batteries, Summer Hats, Socks,
Sunscreen, water bottles, Colouring books, word searches, cross
words, pencil crayons, markers, puzzles

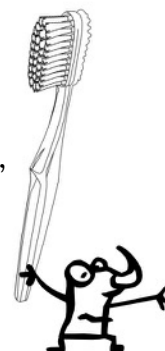
volunteers

we are always open to people joining our work! If you are
someone with experience of using drugs and homelessness please
come and join the ROCK team and become a member of The Trust.

Thank you to all of our amazing supporters!

Businesses, organizations and community members alike!

This program would not be possible with out you!





harm reduction 101

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what is harm reduction

be

a catalyst
for love,
justice,
community
and
connection

Harm reduction is evidence based practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” & addressing conditions of use along with the use itself.



Harm reduction is an approach that recognizes the expertise and knowledge of people with lived experience + aims to work with them where they are at. It recognizes that people are going to use substances + information + support instead of judgement + stigma can lead to improved outcomes for everyone.

Sean Lee-Popham, RN

Bancroft Community Family Health Team

together,
we can create
a world healing
from harms,
free from judgement
and built on equity.

harm reduction principles

We consider the following principles central to harm reduction practice:

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

Provides people who use substances a choice of how they minimize harms.

We glorify neither abstinence nor substance use.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Kindness Matters!





Thoughts from
Dr. Ashley White,
Bancroft Community
Family Health Team

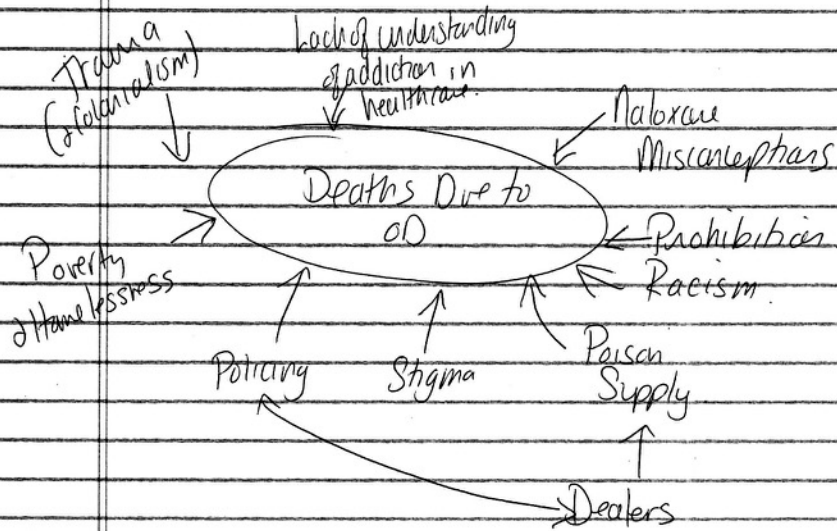
Hi ☺

Harm reduction is about

(1) Dignity: All people with any disease deserve help that doesn't further punish them for being sick.

(2) Autonomy: Some people want to keep using. Some don't. For some, really many, it is not a choice. Addiction is very complicated and the journey is very personal. Of course, I would love to see people enjoy their lives in a way that is present, connected and of high quality. I think people can do this / have this while using, but not always. So, there may be an end game that involves abstinence, & this is certainly what I would love, but maybe not. It isn't my choice. Everyone gets their own story & harm reduction helps people live their lives, with as few consequences as possible. Also, many people didn't get a choice re: their opportunities & they don't have to doubly suffer as a result of their background.

Overdose Deaths



Then the pandemic blew this all up.

When ppl OD, bring them for help

Don't use alone.

Everything else, we need to fix.

harm reduction supplies

A few years ago North Hastings Community Trust (NHCT) developed a partnership which is now known as the Harm Reduction Network which consists of members from North Hastings Community Trust, Addictions & Mental Health Services Hastings Prince Edward, Bancroft Community Family Health Team, Hastings Prince Edward Public Health and community members. This group meets monthly to discuss, address & plan for Harm Reduction needs in the community. If you would like to participate in the Harm Reduction Network you can contact Sean Lee-Popham at slee-popham@bancroftfht.com.

In 2019 NHCT began a Community Clinic with assistance from Public Health. A Public Health Nurse, had a clinic once per week (pre-COVID) to meet people who may not wish to access or may not have access to certain services in a traditional medical environment. They offered a range of supports including pregnancy testing, harm reduction supports, vaccinations, screening & treatment for STI's, nicotine replacement therapy, as well as referrals for additional care & supports. Public Health also provides all of the Harm Reduction Supplies & Naloxone kits distributed by NHCT.

SAFE INHALATION KITS & NEEDLE EXCHANGE PROGRAM

Inhalation kits are important part of harm reduction and a public health response for PWUD (People who use Drugs). They provide people with free sterile, equipment to help reducing the risk of communicable diseases. *Never share your pipes- it puts you at risk!* When smoking drugs you can develop cut burns or sores on your lips and mouth which can leave small amounts of blood that could then transmit a blood borne pathogen to someone else Hepatitis C can be passed this way. Pyrex glass is used for the pipes as a safe alternative to plastic, pop cans, lightbulbs, which can be toxic when heated.

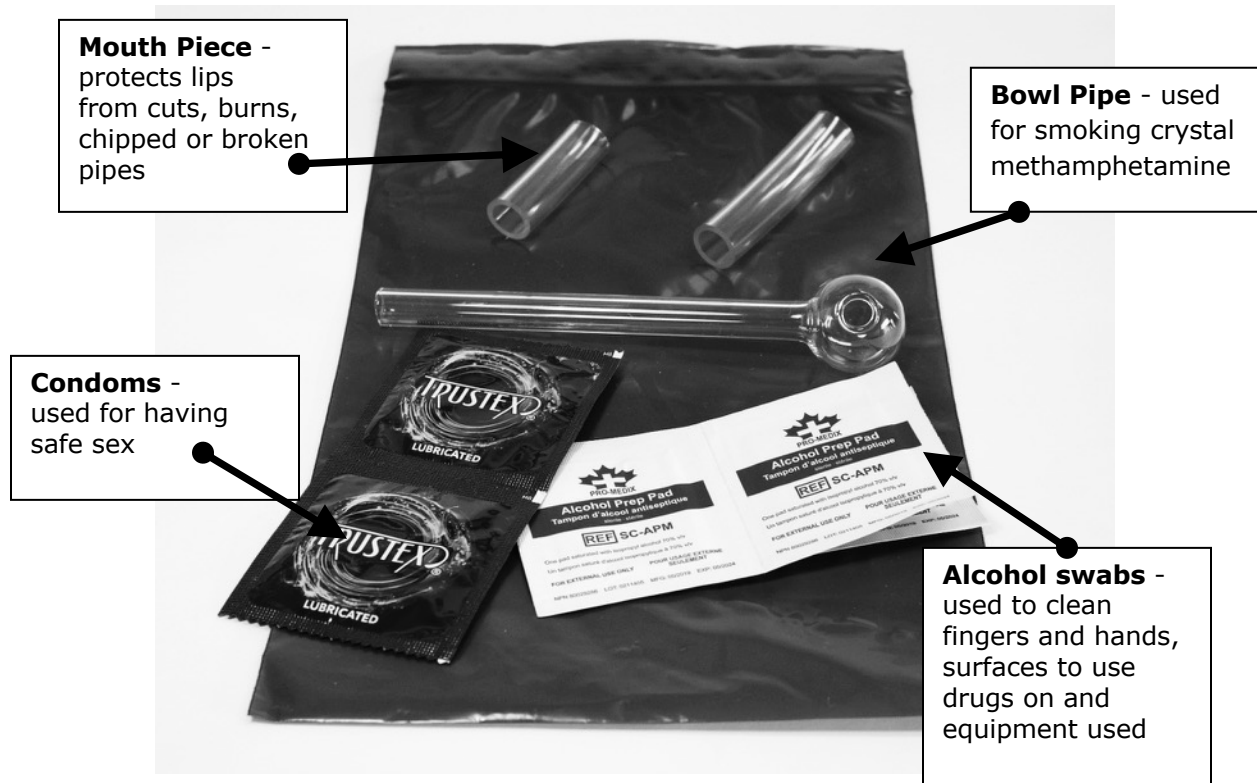
Needle exchange programs are a mandatory provincial harm reduction program that officially started in Toronto and Vancouver in 1989. They are a much needed programs that help reduce the transmission of diseases such as HIV and hepatitis as well as connects people with supports and offer a safe non-judgmental place to pick up and drop off drug equipment.

All supplies are ONE time use ONLY.
Use new equipment each time!
Never share equipment!

WHAT'S IN A KIT?

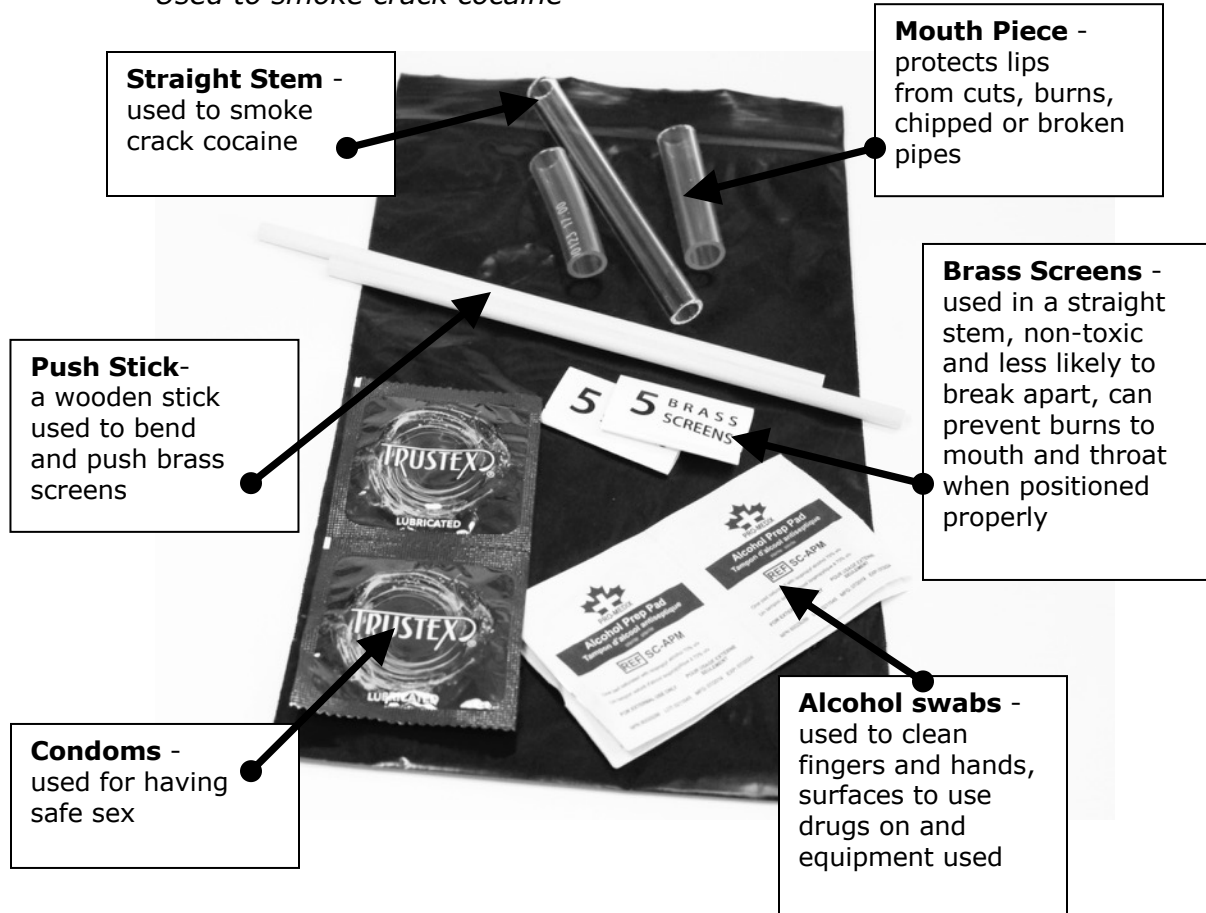
BOWL PIPE KIT

Used for smoking crystal methamphetamine



STRAIGHT STEM KIT

Used to smoke crack cocaine



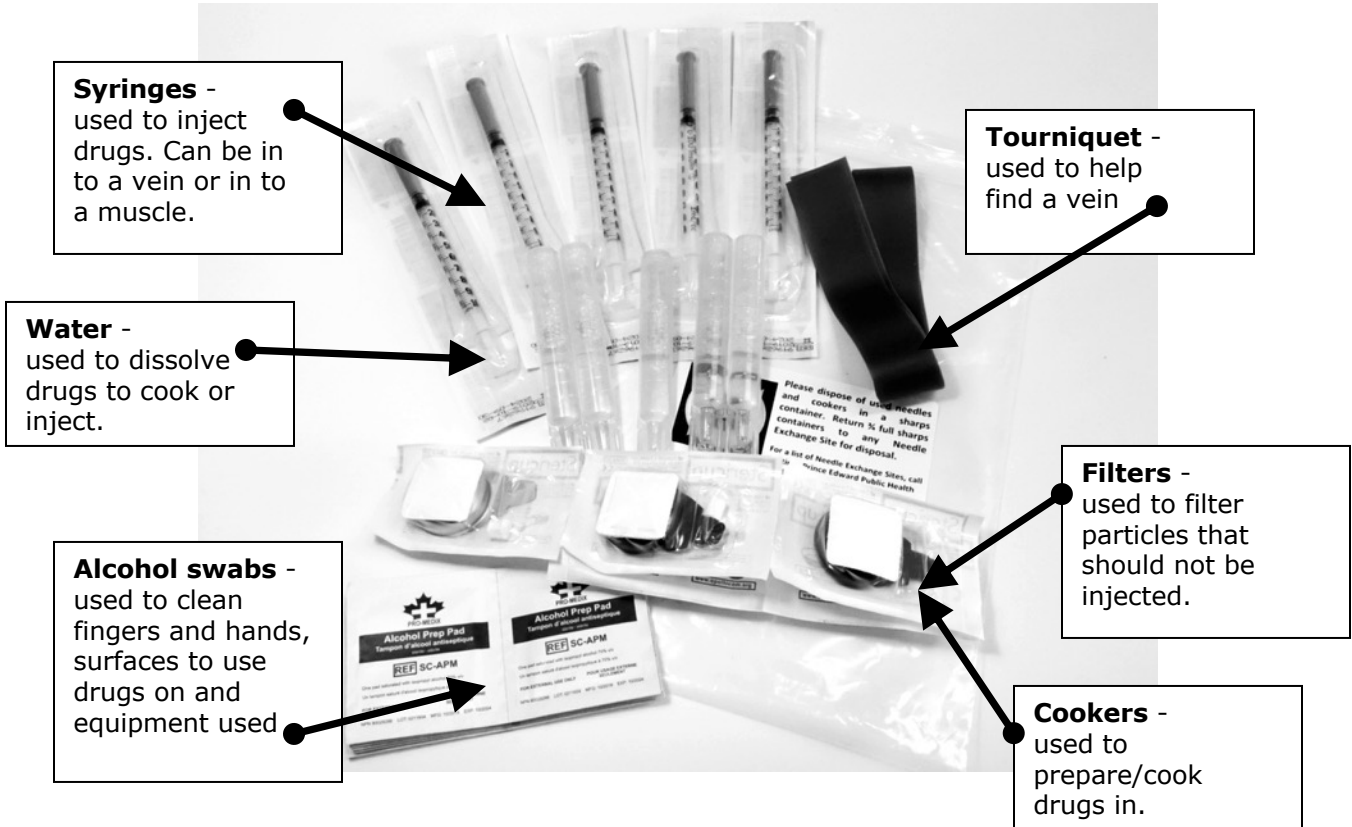
FOIL

Used to smoke or vape drugs. It is thicker and has no oil coating.



INJECTION KIT

Used to inject drugs. Can be in to a vein or in to a muscle.



SHARPS DISPOSAL

To discard used syringes and equipment in. Come in variety of sizes.



KIT-MAKING DAYS

ROCK hosts Kit Making Days. This is where we invite other PWUD in to assemble inhalation kits. It's a way to get to know each other and build relationships, reduce stigma and open opportunities for leadership and participation in our harm reduction programming.



naloxone

Naloxone is the only safe medication to temporarily reverse an opioid overdose. Naloxone binds to the same receptors as opiates. In an overdose the receptors have been covered by the opiates and this begins to stop someone's drive to breath. The Naloxone knocks the opiates off the receptors and reverses this. Naloxone works on opioids only and is not harmful if there are other substances presence. The current drug supply is mixed with benzodiazepines which is very dangerous.

Where to get Naloxone and Harm Reduction Supplies in our community.

Emerge 24/7
(Ambulance Doors at the hospital)
Ontario Addiction Treatment Center (OATC)
Bancroft Community Family Health Team
IDA, Shoppers
North Hastings Family Pharmacy
Life House
Public Health and from us:
North Hastings Community Trust.

Come in
to the Trust
and get
trained to
save a life!

NASAL KIT



INJECTABLE KIT







HARM REDUCTION 101 **you can be a lifesaver**
 KNOW THE FIVE STEPS

	
<h1>1</h1>	 <p>Shake + Shout at shoulders their name</p>
<h1>2</h1>	 <p>Call 911 if unresponsive</p>
<h1>3</h1>	 <p>Naloxone -GIVE NALOXONE AT ANY TIME -insert tip of nozzle into one nostril -press the plunger firmly</p>
<h1>4</h1>	 <p>Perform Rescue Breathing and/or Chest compressions</p>
<h1>5</h1>	 <p>Is it working? If NO improvement after 2-3 minutes: - administer second dose - continue with chest compressions</p>
 <p>HASTINGS PRINCE EDWARD Public Health</p>	
<p>www.hpepublichealth.ca 613-966-5500</p>	

The Trust distributes these helpful posters produced by Hastings Prince Edward Public Health. You may remove these pages from this Newsletter and post them where you think they may be useful.

HARM REDUCTION 101 **you can be a lifesaver**

**KNOW THE SIGNS OF OPIOID OVERDOSE
& THE RECOVERY POSITION**

	Know the SIGNS of OPIOID OVERDOSE & the RECOVERY POSITION
Opioids include	OxyContin/OxyNEO, Fentanyl, Heroin, Percocet, Dilaudid, Codeine, Morphine, Methadone *Naloxone only works for opioids
Signs of Opioid Overdose	<ul style="list-style-type: none">•Can't wake the person up•Breathing is very slow, erratic or has stopped•Deep snoring or gurgling sounds•Fingernails or lips are blue or purple•Body is very limp•Pupils are very small
Recovery Position	 <p>Put person in recovery position if:</p> <ul style="list-style-type: none">• They are unconscious and breathing• You have to leave the room for a minute <p>Head should be tilted back a little to open airway. Place hand under head for support.</p>  <p>Bend knee forward to keep body from rolling onto stomach</p>
<p>The Good Samaritan Law means no one who is experiencing an overdose or helping at the scene can be charged with simple possession.</p>	
For more information go to: www.hpepublichealth.ca or call 613-966-5500	 <p>HASTINGS PRINCE EDWARD Public Health</p>

HARM REDUCTION 101 **you can be a lifesaver**

**KNOW THE TYPES OF DRUGS
& DRUG CLASSES**

STIMULANTS

cocaine, methamphetamine, khat, caffeine, nicotine

DEPRESSANTS

alcohol, benzodiazepines (lorazepam, etizolam, clonazepam), ghb

HALLUCINOGENS

lsd, mdma, psilocybin mushrooms, peyote, ayahuasca, ketamine, PCP

OPIATES

fentanyl, heroine, percocet, morphine, methadone, oxycodone



HARM REDUCTION 101 **you can be a lifesaver**

KNOW WHEN TO CALL 911

**SEE AN OVERDOSE,
CALL 911**

Even if you've taken drugs or have some on you.

The Good Samaritan Overdose Act can protect you.

The law does provide protection against charges for:

- Possessing drugs for your own use
- Violating conditions of your parole, bail, probation or conditional sentence for a simple drug possession

The law does NOT provide protection against charges for:

- Trafficking illegal drugs
- Offences other than drug possession
- Any outstanding arrest warrants
- Violating conditions of your parole, bail, probation or conditional sentence for an offence that is not simple possession

THIS LAW IS SUPPORTED BY THE ONTARIO PROVINCIAL POLICE.

OPP.CA/OVERDOSE

KNOW WHEN **NOT** TO CALL 911

People often call 911 whenever they see someone they suspect is using substances or experiencing homelessness. Many of these calls result in unnecessary police visits that are harmful to individuals, costly to the community and does not increase public safety. 911 is for when someone is in an emergency or immediate danger. If you or an individual is not in immediate danger do not call 911. Advocate for more resources and housing in our community.

harm reduction supports

CONTACTS FOR SUPPORT & SUPPLIES

Addictions & Mental Health Services Hastings Prince Edward

BANCROFT: 33 Flint Ave, Bancroft, ON K0L 1C0

Bancroft Crisis line: 613-969-7400 ext. 2753

MADOC: 7-52 St Lawrence Steet East, Madoc, ON

Madoc Crisis line: 613-969-7400 ext. 2753

<https://amhs-hpe.ca/>

Bancroft Community Family Health Team

19 Oak Street, Box 1089, Bancroft, ON K0L 1C0

613-332-1565

<https://bcfht.org/>

Public Health

1P Manor Lane, Bancroft, ON K0L 1C0

613-332-4555

<https://hpepublichealth.ca/>

Ontario Addiction Treatment Centre (OATC)

89 Hastings Street North, Bancroft, ON K0L 1C0

613-332-0660

<https://www.oatc.ca/clinic-locations/bancroft-clinic/>

The Overdose Prevention Line

1-888-853-8524

National Overdose Response Service

1-888-688-NORS (6677)

North Hastings Community Trust

23B Bridge Street, Bancroft, ON K0L 1C0

613-332-3657

<https://nhct.ca/>

Additional Resources

Open Access

613-967-4737 NEW or 1-888-292-0208

Available 12pm-8pm Monday to Friday

Hastings County Emergency Assistance

613-771-9630 or 1-866-414-0300.

If you are already on assistance, contact your worker.

Ontario Works / ODSP

BANCROFT 613-332-3410

ODSP BELLEVILLE 613-962-9562

<http://www.ontario.ca/socialassistance>

<http://www.ontario.ca/MyBenefits>

County Emergency Housing

Afterhours Intake Line (NEW) 1-877-528-9514

North Hastings Children's Services 613-332-0179

Maggie's Resource Centre 613-332-3010

After Hours Crisis call 613-332-3010 You will be transferred to an Answering Service Operator. Describe the crisis and request a return call or for someone to attend. (O.P.P/Hospital)

<https://maggiesresource.com/>

Ontario Provincial Police (OPP)

1-888-310-1122 Non-emergency number

Some reports can be made online www.opp.ca

Bancroft Detachment 613-332-211

*Remember 911
is for emergencies
only!*

Crisis Intervention Centre 613-969-7400, ext. 2753.

Or 1-888-757-7766. Telephone response by a crisis worker is available 24 hours a day, 7 days a week.

On-site hours of operation are 7:30am - 11:30pm

Bancroft Pregnancy Care Centre 613-332-HOPE (4673)

35 Sherbourne Street North, Box 511 Bancroft

Victim Services Bancroft 613-771-1767 Or 1-866-680-9972

<https://www.victimserviceshpela.com/>

ONLINE RESOURCES

www.catie.ca

www.drugpolicy.org

www.capud.ca

ACCESSING MEDICAL SERVICES

IF YOU HAVE A FAMILY DOCTOR

Call your doctor's office.
If your doctor is not local, request a referral.

IF YOU ARE WITH THE BANCROFT FAMILY HEALTH TEAM

Contact the team at:
19 Oak Street Box, 1089, Bancroft, Ontario, K0L 1C0
613-332-1565 / Fax: 613-332-5541

<https://bcfht.org/>

At the Bancroft Family Health Team, you can ask to speak to:

Sarah Baarbe RSW @ ext. 203

Sean Lee-Popham @ ext. 259

You will be seen within that week when possible.
(This may vary based on COVID restrictions.)

SUBOXONE PROGRAM

Discuss with Sean and/or Sarah.

METHADONE PROGRAM

Discuss with Sean or Sarah first, then visit the OATC.

ONTARIO ADDICTION TREATMENT CENTRE (OATC)
89 Hastings Street North, Bancroft Ontario, K0L 1C0
613-332-0660 / Fax:613-332-1551

Info line for new patients: 1-877-937-2282

<https://www.oatc.ca/clinic-locations/bancroft-clinic/>

ACCESSING MEDICAL SERVICES

IF YOU DO NOT HAVE A FAMILY DOCTOR

CALL **310-OPEN (6736)**

Or visit <https://hopedreamrecover.ca/>

<https://www.connexontario.ca/drug-alcohol-addictions-service-belleville-19326>

Central Intake is FREE & confidential.

It can be completed over the phone, via fax or online.

Appointments will be scheduled within a week.

(This may vary based on COVID restrictions)

CALL **211**, which is another option to find resources

<https://211ontario.ca/>

Who may refer you to support people such as:

- Addictions Counsellor
- Mental Health & Addictions Worker
- Social Worker
- Counsellor
- Methadone/Suboxone Doctor
- Psychologist or Psychotherapist

What will they ask me?

How long have you been using or suffering from mental health issues?

Are you currently on any medications for these issues?

METHADONE PROGRAM

ONTARIO ADDICTION TREATMENT CENTRE (OATC)
89 Hastings Street North, Bancroft Ontario, K0L 1C0
613-332-0660 / Fax:613-332-1551
Info line for new patients: 1-877-937-2282
<https://www.oatc.ca/clinic-locations/bancroft-clinic/>

CALL **Teresa McGarvey**, Addictions Counsellor

Cell: 613-334-2151 / Office: 613-332-3826

Email: tmvgarvey@amhs-hpe.ca



we support drug policy reform

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an overdose prevention site

An Overdose Prevention Site (OPS) is a **temporary low barrier**, lifesaving harm reduction service for people who use drugs (PWUD) in response to the opioid epidemic. It is a legally sanctioned place where PWUD can use pre obtained drugs without the fear of being arrested or accidental overdose. OPS and Supervised Consumption Sites (SCS) offer a lot of the same services but there are some differences.

Health Canada announced in December 2017 it would grant exemptions (section 56(1)) for medical purposes from the controlled drug and substances act to the province of Ontario to allow temporary overdose prevention sites (OPS) to be operated.

OPS can be set up quickly to meet the immediate need of a community and is a useful stepping stone to a SCS that each community needs. A SCS is a **permanent** safe service for people who use drugs (PWUD) to legally use drugs. A SCS has other integrated support services.

WHAT AN OPS CAN OFFER

- A safe place for people to inject pre obtained drugs with supervision, with out the fear of accidental overdose or being arrested
- Access to harm reduction supplies and disposal
- Naloxone training
- Supervised oral and intranasal consumption (based on community need)
- Drug testing services (fentanyl test strips (based on community need)

BENEFITS

- Save Lives! They reduce the number of accidental and fatal overdoses. No one has ever died at an OPS or SCS.
- Reduces the risk of infectious diseases such as HIV and hepatitis
- Reduces publicly discarded drug use supplies such as needles & glass pipes
- Connection!! Connects PWUD with peers and make key connecting relationships.

- Increased connections with health and social services resources including detox and treatment
- Saves Money! Less stress on the medical system

MYTHS

OPS/SCS normalize or encourage drug use.

No! They encourage and normalize non-judgmental, supportive relationships between substance users, peers, and health and social services. They are a door way to treatment when a person decides. Abstinence is not always the goal. There is no evidence that harm reduction programs promote drug use.

OPS/SCS increase crime and threaten public safety

False! There is less public substance use and discarded paraphernalia. Harm reduction programs makes the issues associated with poverty, addiction, mental health more visible.

They make it easier for people to get drugs

No! OPS/SCS do not provide illegal drugs. People are already buying illegal drugs and using in unsafe places.

These services cost too much and take away resources form other parts of the health care system.

False! These are cost effective services! One way is by reducing the number of emergency room visits and ambulance calls.



safe supply

WHAT IS SAFE SUPPLY?

Safe supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market. (Canadian Association of People Who Use Drugs)

The goal of safe supply is to enable people who use drugs to access regulated substances from a legal source, rather than toxic versions from illicit markets – ultimately saving lives.

WHY IT'S NEEDED?

People are dying because of a toxic unregulated drug supply. A legal supply of regulated drugs would save lives while reducing the harms associated with the illegal supply.



A safe supply is a step towards a human rights based drug policy. Prohibition and punitive drug policies stigmatize PWUD. It is damaging to individuals as well as society as a whole. They violate a person's basic human rights and have not been effective in reducing substance use.

These unjust policies unfairly target and abuse Black, Indigenous and People of Colour (BIPOC) and those with less financial resources within the criminal justice system. If you are white you are way less likely to be targeted by the police, and richer people have the means to navigate the legal system more than those without.

A safe supply is a way for substance users to feel dignity no matter what substance they choose or who they are in the social hierarchy. (eg. Alcohol- whether you're getting a bottle of Patron, or 40 of O.E, we going to the same store).

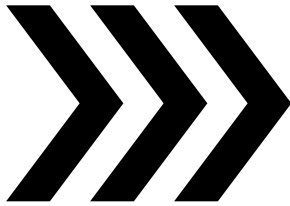
Thoughts from one of our team.

"So many are dying needlessly. What is needed is a safe supply, safe consumption and access to proper supports. Until these needs are addressed, many more will fall victim to this crisis. Stop the Stigma and start the conversations to save lives."
Ashley Flemming 2021

Furthermore, a safe legal supply reduces the amount of time spent on the streets seeking, attaining and trying to financially support illicit drug use. These efforts usually take up entire days and nights and allow no time for other activities while draining people's bank accounts. With a safe legal supply people would have much more free time on their hands to invest in productive roles within society ie: volunteering, working, educational endeavors. They'd also be able to manage their money better and support their family. This promotes a healthier, thriving and more equitable society for everyone.

**EXAMPLES OF
SAFE SUPPLY**

alcohol, tobacco,
heroin, methadone
suboxone,



Our
Dream:
A Safe Supply
of Drugs
in our
Community



decriminalization

WHAT IS DRUG DECRIMINALIZATION?

It is the elimination of criminal penalties for drug use and possession of drug for personal use, and paraphernalia for introducing drugs in to the human body.

With having such criminalizing and dehumanizing policies Canada has put most of its “war on drugs” resources in to policing and criminalizing people who use substances, instead of spending money on expanding mental health services, treatment, OPS/SCS, peer programs, housing. The harms associated with criminalization of substance users have an enormous negative effect to individuals, their families and their communities. It effects a person’s access to housing, employment and education. When we have a society full of people who are unable to fairly obtain theses basic needs due to a simple drug procession, then we have an unhealthy society. Black, Indigenous and People of Colour (BIPOC) are targeted by the unfair and unjust criminal justice system. We need drug policies that are rooted in the wellbeing of substance users that gives them dignity and involves PWUD every step of the way.

THE PORTUGAL MODEL

In the 1990's Portugal had very high rates of overdose deaths, HIV/AIDS, and drug related issues was ranked the main social problem in 1997.

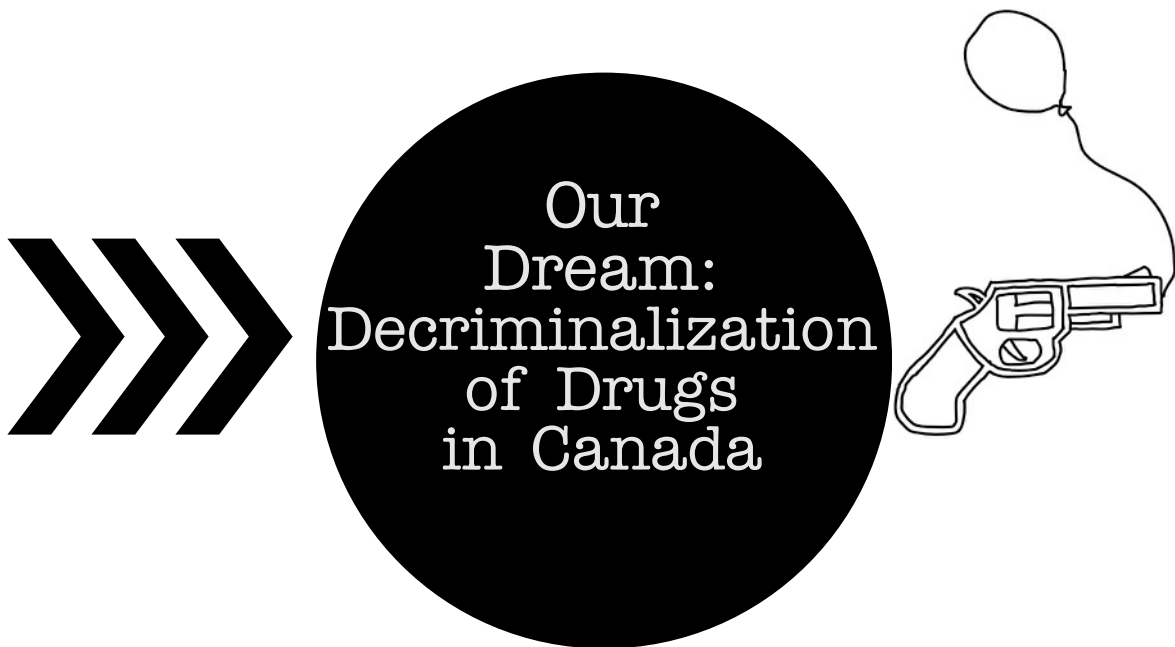
The government appointed a committee of experts- doctors, lawyers, psychologists and social activist to make recommendations. They were: to end criminalization of people who use drugs regardless of what drug they are using. Have an honest discussion on prevention and education. Providing access to evidence-based, voluntary treatment programs. Adopt harm reduction practices and investing in the social reintegration of people with drug dependence.

NEW PHILOSOPHIES ABOUT DRUGS & DRUG USE: Drugs and drug use are not inherently evil. A drug-free society is unattainable. People use drugs for a number of reasons. Punitive policies are unethical and ineffectual.

In 2000 the Portuguese government took on a lot of these recommendations, passed a law (Law no. 30/2000) and set up the Commissions for the Dissuasion of Drug Abuse, under the Ministry of Health.

HOW THE NEW POLICY WORKS: When police encounter someone using or possessing drugs, they take the drugs and refer the person to the Dissuasion Commission. Each decision is made on a case by case basis. The commission which operates independently from the criminal justice system. Decisions made can range from being dismissed altogether for non-problematic drug use (If not found in possession within 6 months' file is dropped all together), to referrals to group therapy, a social worker or fines. To referrals to treatment when the Commission finds that the drug use is problematic, which is always voluntary. When a person is holding more than what Law no. 30/2000 states a person can have (a 10-day supply) the court decides if the person gets charged with trafficking or sent to the Dissuasion Commission. Activists have concerns about this part of the policy and how it could lead to the unfair and unjust treatment of BIPOC and poor people.

PORTUGAL AFTER DECRIMINALIZATION: Overdose deaths fell by 80%-The rate of PWUD with HIV/AIDs fell from 52% to 6%-Incarceration for drugs decreased by 40%.



community-led housing

North Hastings, like much of the country has been experiencing an affordable housing crisis for years. The COVID virus exposed how bad it is for many people in our small community. When people were asked to self-isolate, numerous people could not as they were without a home.

The Trust saw a profound increase in the numbers of people seeing us without secure housing. We are very close up to the impact of the housing crisis, and although we are witness to strength and resiliency in community members most impacted, we know this calls for collective and immediate action from all levels of government.

Currently we are handing out tents as our only option, as we help people navigate government applications for geared-to-income housing. There are almost 370 people on the wait list for subsidized housing, and most of this housing is outside our community.

We know we can do better collectively. We know all levels of government need to prioritize housing - make it accessible. Make it truly affordable. Our government tells us that affordable is 80% of market rent - this is not affordable.

We want housing that is people led, owned by community - and values people over profit. Housing projects that put people first. The Trust believes a model that would ensure this is a *Community Land Trust* - land, buildings, and housing that is not subject to market forces, housing that cannot be sold for profit, housing that is owned by our community.

We also believe that community led housing is also better for the environment, more respectful of the land around us - the traditional territory of the Anishanaabeg, unceded Algonquin Land.

Local government needs to immediately address old conservative bylaws that create barriers to sharing land and resources - that make community led housing a challenge.

We call on all levels of government to make this a priority - make community led and owned housing a reality.

Those of us at The Trust have a dream of a community where we are all well housed and cared for - where we know we belong - a community of care and kindness that ensures none of us has to choose a tent as a home.



At the end of most communications you may receive from the Trust, you will most often find our favourite motto:

**Nothing about us,
without us.**

Latin: "Nihilis de nobis, sine nobis"

We repeat this to ourselves everyday to remind us, and you, that decisions in community are made in the best way when all voices are heard, when the voices of the people most affected by the decisions to be taken are heard along with the voices of those who have the most power.

Since March 2020, we have had nine overdose deaths in North Hastings. According to our local coroner, we averaged only 2-3 deaths per year due to overdose prior to 2020.



healing together

Starting in April we will be holding a weekly group to share our grief and celebrate the lives of our many recent losses.

Where:

North Hastings Community Trust

When:

Friday afternoons 1-3

Our Memorial Plaque

The Trust in collaboration with community members, Hastings Highlands Worker Co-operative and local artist Rocky Dobe are creating a memorial plaque to honor and celebrate the lives of those we have recently lost due to suicide and overdoses.



Memorial Plaque to Honour Friends and Family

At The Trust we are heart-broken by the losses of our friends and family to overdoses, suicides, and early deaths. Creating a plaque will honour people's lives and stories, allow us to grieve, and pay attention to the high cost of neglect and stigma in our society in order to prevent further losses. We hope for a healthy and thriving community for everyone.

The Trust welcomes anyone who has been impacted by these losses to participate in the creation of a memorial plaque. We are looking for messages and drawings that will be etched on to a piece of bronze.

You do not need to be an artist. Your art should be simple line drawings and messages that speak to honouring people we have lost. We do ask that you do not use full names (first names, nick-names most welcome).

Drawings on 8.5 x 11 paper can be dropped off at The Trust, 23 Bridge Street, Bancroft, Tuesday-Friday 10:00-3:00. Please feel free to call us for more information:

613-332-3657

Thank you to Rocky Dobe and the Hastings Highlands Worker Co-op for helping us.



hey, wanna make a t-shirt?

At the Trust we have everything you need to put your message on a t-shirt. Drop over sometime and make one. Try out your design on this page first.





contact us:

PHONE: 613-332-3657

EMAIL: nhcommunitytrust@gmail.com

ADDRESS: 23 B BRIDGE STREET, BANCROFT, ON K0L 1C0

WEBSITE: www.nhct.ca

In our last newsletter, we reached out to ask for increased financial support for our work. And you were so generous - thank you! We increased our monthly supports by \$2,500. Funds came from local supporters, seasonal residents, and urban supporters. We also want to thank *La Fondation Emmanuelle Gattuso* for funds to help build our capacity.

We are closer to our goal of \$5000 a month! Can you support us monthly? Any amount is welcome. All donations are appreciated. Our ROCK program is not funded - and very much needed in our community.

Donations are tax deductible.

Thank you to the United Way Hastings & Prince Edward for supporting the Trust over many years and being part of our growth and vision. And thank you to all of you who make donations. You make it possible for us to really be a community-based organization.

