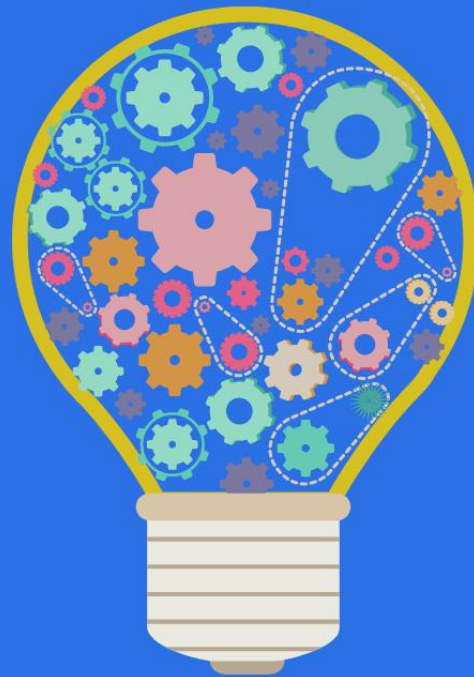


# **Drug Policy 101:**

## **How to be in the Room**



**A guidebook preparing  
people who use(d) drugs  
for engaging in drug  
policy processes**

**CANADIAN ASSOCIATION OF PEOPLE WHO USE DRUGS**

**June 2021**

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## Land Acknowledgement

The Canadian Association of People Who Use Drugs (CAPUD\*) acknowledges that the land we live and work on is the ancestral, ceded and unceded territory of the First Peoples of Canada. However, while acknowledging territory is very welcome, it is only a small part in cultivating strong relationships with the First Peoples of Canada. Acknowledging territory should take place within the larger context of genuine and ongoing work to forge real understanding, and to challenge colonialism. We strive to collaborate and respect all the tribes of the First People in Canada.

Every individual and institution has a role to play in making the needed changes to dismantle systemic racism and oppression against Black and Indigenous People in Canada. One action that anyone can take is raising their own cultural understanding to become more culturally aware. It may seem simple enough, but we must go into this process prepared to be humbled at any point because we are entering a life-long learning journey. We must not continue the mistakes of the past.

Through this acknowledgment and recognition, practicing the principles of harm reduction and trauma informed philosophies we commit ourselves to this lifelong work to create real effective change within our society. Drug policy work must be rooted in dismantling any structure or system that creates systematic harms associated with colonialism, racism, and the criminalization of drug use and sex work. This work must be done collectively and fairly representing voices impacted by these systemic restrictions, and we must ensure we represent and centre the voices of those who are impacted the most, people who are actively using drugs, and remembering our guiding principle of “Nothing About Us Without Us”.

## CAPUD Membership Acknowledgement

CAPUD would like to acknowledge all of the members that played a role in creating this document. We have had many board members, people from our larger membership, former staff and multiple people from community-based organizations directly contribute, review and edit this document.

As the national drug user group, we always try to make sure we have diverse representation from many different perspectives. Drug use does not look the same for everyone, and neither should the information and knowledge we use to disseminate. We thank you all for playing such a vital role in CAPUD’s organization; if you are staff, board members, members or one of our allies, you all provide such diverse perspectives and this document demonstrates the capability to meet people where they are at in terms of drug policy.

We also acknowledge that the reason you are reading this document is because you want to get involved in drug policy. You may be experiencing grief from a recent overdose or just hardship from crisis in general. You are not alone.

# The Canadian Association of People Who Use Drugs (CAPUD)

## Who We Are and What We Do

The Canadian Association of People Who Use Drugs (CAPUD)\* is transforming drug policy by raising the voices of people who use(d) drugs (PWUD) and directly informing the policymaking process at every level of government. **Nothing About Us Without Us** is our guiding principle. We currently have membership in nine Canadian provinces. Our board is composed entirely of people who identify as current or former PWUD.

As an organization, we strive to reduce oppressive societal conditions that people who currently or formerly use(d) drugs face and emphasize the need for their direct involvement in public policy decision making. We focus on the strengths, talents, and merits of our membership as we build a better future for people who are forced to use illegal drugs. Additionally, we try to engage PWUD from all across Canada, to become involved in drug policy. Reading this document will help prepare any PWUD to be in the room with policy makers, to increase the involvement of PWUD in policy making discussions for any project, program or service that is designed for PWUD.

In the past few years, CAPUD has been instrumental in leading and transforming Canadian drug policy. Our members have been a part of organizing awareness efforts both locally, provincially, and nationally, including creating and organizing the National Day of Action on the overdose crisis. CAPUD and allies have been on the frontlines of this overdose crisis, supporting the expansion of overdose prevention sites (OPS) while creating this guide - [This Tent Saves Lives](#) which is the first-ever guidebook designed to support people in their efforts to open an OPS. CAPUD is also currently advocating for a nationwide safe supply for PWUD to help end the overdose crisis, and to support this effort we have created the [Safe Supply Concept Document](#).

We are vocal about ending the oppression, stigmatization and discrimination of PWUD, and we are working towards the decriminalization, regulation and legalization of drugs. This is to ultimately end both the war on PWUD and drugs themselves. You can find out more about us by visiting [capud.ca](http://capud.ca).

*\*See Page 21 at the back for any terms or acronyms you come across that are unfamiliar*

# A Guide on How You Can Shape Drug Policy

**This guide is for PWUD who want to become involved with policy and decision-making processes.** If you are new to this process, know it can be rewarding, exciting, emotionally difficult, confusing, and intimidating. If you feel this way or are overwhelmed, know that most PWUD, as well as decision-makers, have felt this way at one time or another. Remember, your personal experience provides you with a unique and valued opinion, so do not hold back if you have a question you feel is relevant. You were asked to participate so you could share your valued knowledge and expertise based on your experience. Many of us remember the awkward feeling at our first several meetings with not just politicians or bureaucrats, but with the many stakeholders that work and engage with PWUD.

Being in these meetings, whatever form they take, is what we refer to as being in the room (ITR). It is where you have an opportunity to influence policy, help transform the system, and advocate for change using your personal experience and the experiences of those around you to bring forth a better future for PWUD.

For many PWUD, the notion of cooperative and respectful engagement with politicians, bureaucrats, and others is foreign and can foster feelings of insecurity, anger, or self-doubt. This is due to many years of “professionals” dictating what is best for us using academic and medical protocols. The us-versus-them patronizing manner in which we have been spoken to has left a lot of us feeling void of the support and respect necessary to trust policy makers. And because of this, there can be this lingering feeling that they are going to somehow find out we aren't supposed to be ITR.

As PWUD we need to support each other to make positive change. Many of the current and future changes in drug policy at all levels of government have been initiated and directed by PWUD and the groups they represent. It is reassuring to know that in Canada, PWUD have the power to create real change on both the smallest and largest of scales, which truly highlights that every contribution counts. Those of us ITR have a unique position to not only speak our minds and share our wisdom, but to represent the thousands of voices of our friends and family that have been silenced due to misguided drug laws and insufficient knowledge. This means that being prepared to discuss the issue(s) at hand is essential for achieving successful change for your community. This guide is a resource that will help you be prepared when ITR. So be proud of surviving the adversity you have faced and know that **THIS GUIDE IS FOR YOU!**



# An Introduction to the Role We Play in Drug Policy

The overdose crisis is killing 14 people every day in Canada<sup>1</sup>. It has never been more urgent for PWUD to be a part of developing and implementing new drug policies. This is because our personal experiences are one of the most valuable tools that can be utilized to end this crisis.

Our lives have and continue to show the scars of ill-informed public drug policy. We see this in the marginalization, criminalization, grief, violence, stigma, and discrimination that we experience<sup>2</sup>. And when decision-makers make public policy without learning from PWUD and our experiences, it often results in something called [negative externalities](#)<sup>3</sup>. This is a term borrowed from the field of economics and describes the unintended negative consequences of a policy change. For example, when the opioid OxyContin™ was delisted, there was an increase in overdose deaths because people started replacing their Oxy usage with heroin and fentanyl. Without the input and feedback of PWUD, policy with negative externalities or unintended consequences is more likely to be implemented. So while our presence ITR can be threatening to those in decision making roles, it is important that we are there so we can end harmful policy, and make sure that real solutions that will benefit PWUD are put into effect.

The influence of PWUD in drug use, harm reduction, safe supply and overdose prevention strategies is increasing. This shows the growing recognition of our status as powerful stakeholders, and has led to PWUD having more opportunities, and authority when developing and implementing such strategies. However, this increased engagement of PWUD also comes with the potential for some negative impacts to our community. In some cases, service providers, researchers, and policy makers can misuse the experience of PWUD to further their own agendas. For example, frontline harm reduction services are seeking to employ PWUD to bridge the gap between healthcare workers and people accessing their services. But many of these providers have policies that prohibit their employees from accessing the lifesaving services they provide, disallowing PWUD to use drugs in the OPS/SCS they work at, or expecting PWUD to be in “recovery” or in “treatment programs”. This directly puts PWUD at risk of overdose, isolation, and death. Other times, PWUD may be treated as lesser than by non-drug using service providers or service providers who do not identify as consumers of drugs, gaslighted (i.e. told our concerns and perceptions are not real), not equally or adequately paid for our work and participation at in meetings and focus groups.

It can be hard to think positively about yourself when facing so much negativity. This can become even more difficult when you have other intersecting marginalizing identities (i.e. being Black or Brown, Indigenous, a woman and 2SLGBTQIA+). You might begin to think that you deserve negative treatment, but nothing could be further from the truth. We are living through a war on drugs, and this means that government and society have prohibited certain drugs, and enforce this prohibition through police, law enforcement and policies of social control.

**Ultimately this is a war on PWUD.**

**INCLUSION IS NEVER ENOUGH**

**EMPOWERMENT IS**

## Your Experience Can Help Save Lives

Drugs were not always deemed illegal. In Canada, the first drug laws<sup>4</sup> (the Opium Act of 1908) were steeped in racism and created to oppress racialized people of colour, Indigenous and other foreign descents. Prior to the Opium Act, the Canadian government prohibited Indigenous people from consuming alcohol, one of the main reasons the Royal Canadian Mounted Police (RCMP) were formed. The US amplified the war on drugs with President Nixon and President Reagan to control the population for political ends. As a result, these ill-informed drug laws are the reason that many of us have lost friends and family members. They are the reason we are criminalized and have criminal records that hang over our heads. And this criminalization allows society to legally discriminate against us and limit or eliminate our ability to be gainfully employed and have access to housing.

But take strength in the truth. PWUD are surviving a war based on fear and racism that has blossomed into ignorance and apathy that hides in the shadow of our society's core beliefs and skewed morality. Using drugs does not make you a bad person. The drug use that you are made to feel ashamed of or made to feel inferior for can be the same thing that improves your country, ends criminalization, and increases the human rights of PWUD across the country. Sharing your life experience and that of your local community with those who shape public policy is essential to creating better policies that do not continue to reinforce and perpetuate the barriers, stigma, and discrimination that PWUD have been facing for over a century. And doing this starts with one thing: **RAISING YOUR VOICE.**



# How to Prepare to Be ITR

Changing drug policy for the better means being ITR with those currently shaping policy. And before we are ITR, there are steps we can take to be prepared to advocate for the needs and interests of PWUD. This includes mentally preparing for what feelings you might experience when ITR, knowing ahead of time what kinds of decisions will be made ITR and by who, and knowing what kind of compensation you should expect for sharing your expertise during different types of engagements. All of this will be covered here, and in Appendix C, you will find a form that you can use to collect the information you need to be prepared for your next engagement.

## Know What Feelings You Might Experience

When preparing to be ITR, it is completely normal to feel intimidated and nervous. Going into meetings and spaces that we have historically been excluded can bring up lots of feelings of pressure, self-doubt, and anxiety. One thing some people experience when preparing is [imposter syndrome](#)<sup>5</sup>. This can be described as doubting one's own achievements, experiences, and wisdom, and having a persistent, often internalized fear of being exposed as not belonging or being a fraud.

Please know that if you are experiencing this, **you are not alone**. Many people have experienced and sometimes still experience this when attending meetings, conferences, and other engagements. It can be useful to remember that imposter syndrome is a symptom of living under oppressive societal conditions that have ingrained the notion in us that we are somehow not good enough and do not have anything to offer. **This could not be further from the truth.**

In these moments, it can be helpful to ground yourself in your experience. Remind yourself of your intentions, why you are there, and who you represent. You are meant to be there, you are there to represent the community of PWUD, and your knowledge is powerful. Speaking truth to people in positions of power can be nerve-racking and may make some people ITR uncomfortable, particularly those who have something to gain from your silence. **But that does not matter. These are our lives, BE LOUD.**

It is helpful and very common to attend initial meetings with a supportive friend or an advocate who may understand the process and can guide you through it. If your friend does not have the experience that is okay, you will still be able to support one another and learn together. Also, depending on your community it may be difficult to reveal yourself as a PWUD. For example, if you are living in rural areas or if you are a mother, precautions should be taken to protect yourself and your family. Make sure to ask how confidentiality will be addressed when considering being ITR.

## Know What Decisions Are Being Made ITR

Think of going to a policy or PWUD engagement meeting as a snapshot of a process that is evolving and changing. This overall policy process is the manner in which public policy is decided, implemented, and evaluated. Implementation is the action that the government is taking to solve a policy problem. Evaluation is the last stage of policymaking, and it is done to review if a policy is effective in solving the problem or issue. Before agreeing to be ITR, get an understanding of where your engagement falls within the policy process, and how what happens ITR will inform future decisions. Without knowing these facts ahead of time, we walk into the room wearing a blindfold and are unable to make informed decisions. This is particularly true if the host of your meeting is trying to lead participants towards a specific outcome.

Knowing what decisions are being discussed ahead of being ITR is also important so you can familiarize yourself with the subject matter you want to present, or the specific kind of change you want to advocate for on behalf of your community. If you are affiliated with a local group for PWUD (see Appendix A for groups in your area), check-



in with the group prior to being ITR to understand what topics are locally important. Also, check out Page 21 to get familiar with certain terms or acronyms that might come up in discussions ITR.

## Know Who Else Will Be ITR

Engagements with PWUD can be hosted directly or indirectly by the federal or provincial government. Most commonly, it is hosted by stakeholders such as health authorities, educational institutions and non-governmental organizations that receive funding from the government.

These organizations influence drug policy by carrying out research to understand the priorities of stakeholders (including PWUD), making recommendations on how to spend government money, or acting directly to protect the public health of Canadians. In most cases these organizations are sincere and authentic and want to help our community, but it is important to know that this may not always be the case. It is smart to build a working relationship with institutions that you feel deserve your trust. So be cautious and do not immediately tell them all the great ideas you have for harm reduction and drug policy initiatives or they may implement them without the meaningful engagement of PWUD.

You may also feel pressure to agree with the stance or position of the organization running the meeting, especially if they are paying you to participate. But do not let your power be denied. It might not feel like it but these organizations, despite their large amounts of money, education, power, and influence, should rely entirely on our approval. This is because there should be **“nothing about us, without us!”**<sup>6</sup>. We need to be working together as equals as we all bring different experiences and expertise to the table.

Working as equals is not just about who is, but also about how many are ITR. Oddly enough participants from agencies or organizations often attend meetings in pairs or have assistants with them taking notes. This is not always done to intentionally outnumber PWUD but be aware that outnumbering PWUD can be beneficial to the agency on the opposite side of the issue. If the list of invitees has not been shared, feel free to ask in the organizers if you will be the only PWUD who will be attending. If so, you can recommend or ask the organizers to invite another PWUD to attend the meeting. Explain to them that PWUD do not all share the same common experiences, and we all have expertise to share.

## Know Your Worth

When considering an invitation to participate in an event, more often than not an honorarium for PWUD will be in place. There are different amounts and different methods of payment to consider depending on the circumstance or the type of gathering. If you don't have a bank account or would prefer cash, let the organizer know this as soon as you know you will be receiving an honorarium. Request not to be paid by cheque, as some of us may not be fortunate enough to have the means to cash a cheque. We recommend cash as the best method of payment.

Discuss the honorarium thoroughly with the organizers that invited you to participate. Tell them what payment method is best for you, confirm exactly what costs are covered and do not undervalue your life experiences. For presentations, we recommend \$50/hour for 4 hours making a total of \$200. Getting prepared for a presentation takes a lot of time and physical, mental, and emotional energy. **You should not get less than \$200 for a presentation.** More details on different honorarium amounts can be found on Page 11 and 12.

**“ People who use drugs are the experts in drug policy and harm reduction. We reduce overdose deaths, bloodborne infections, injection-related infections and criminal activity. We have a master's in drug use culture and deserve to be paid for it.”**

**– CAPUD staff**

## Know What Is Not Okay

**Tokenism** is the practice of inviting or asking PWUD to participate only to prevent criticism for not having done so, and to give the appearance that PWUD are being treated fairly. If you feel like you are being tokenized and not taken seriously, speak to the decision-makers responsible for the meeting.

In some cases, your participation at these meetings can be used to validate or approve a specific policy intervention or to make a funder believe that a project is helpful. This is a classic example of tokenism. To help identify when tokenism is taking place, keep these questions in mind when ITR:

- Does it feel like you were invited to a meeting only to validate or approve a specific policy intervention?
- Is the meeting only updating you on the progress toward pre-selected goals and projects?
- Does it feel like the hosts of the meeting did not properly inform you of what the meeting is actually about?
- Did the hosts spend a lot of money to bring you there?

If the answer is yes to any of these questions, you are experiencing tokenism. **Feel free to quit.**

## Know Where These Meetings Are Taking Place

The types of meetings or engagements that you might get involved in can vary. This section will walk you through different forms might be, how honorarium works for each, and other things to keep in mind before you are ITR.



### Conferences

The organizers of a conference or a third party may pay for your airfare, accommodation, entrance fee to the event as well as issue a cash or cheque per diem (daily expense allowance) upon your arrival. If that is not offered ask The per diem amount is usually not open to negotiation. In most cases, the amount is based on the cost of 3 meals per day, local transit, taxis to travel to and from the event, and small incidentals. Between \$100 - \$150 per day is fairly standard, but if you feel the amount is less than needed, keep all your receipts and speak to the organizers when appropriate.

We suggest forwarding one of the forwarding the following resources to the conference organizers; National Joint Council<sup>7</sup> (NJC) travel directive rates

If you're getting less than that refer them to the Canada Revenue Agency: Travel directive<sup>8</sup> as a secondary resource.

International conferences are the exception to this. Once you become involved in drug policy, you may get invited to places all over the world. Some may pay for your travel and per diems but know that this is **rare**. That said, if their hands are tied on covering daily expenses but they will cover your flight and hotel costs, it may still be worth going.



### Meetings & focus groups

Professionals in meetings and focus groups often make more than \$30 per hour. Your participation is work and therefore you should be paid a comparable wage for comparable work. Generally speaking, when negotiating stipends or honoraria, you should never be receiving less than the **living wage amount**<sup>9, 10</sup> in your area. The hosts should pay you in honorarium through a method that works for you not offering you a gift card.

British Columbia Centre for Disease Control published guidelines<sup>10</sup> that recommend \$25/hour for meetings, document review and advisory roles. We follow the same guidelines for our employees and members at CAPUD. They also published a best practices document for drug user engagement<sup>11</sup>, we are looking to create an updated pan-Canadian version similar to this document.

It is important to have clear communication with the people who are asking you to participate. Many of us have done this work for a long time without being properly compensated for our work, time and expertise. CAPUD and others advocate that changing this starts with us. When being asked to participate in meetings or focus groups, use the [BCCDC Peer Payment Standards for short term engagements](#).



### Networking

Networking while being ITR opens up the door to a lot of opportunities, and a chance to connect with people in power including policymakers, government officials, researchers, advocates, doctors, and lawyers. But networking can be overwhelming sometimes. You may get nervous or anxious and that is okay. You can always step out of the room, explaining to people that you need fresh air. It is good to have supports when networking so you do not feel alone.

It is also important to research who has the power to create the change that you wish to see. Figuring out who the “big players” are and any other information on the dynamics within those relationships will allow you to gain a better understanding of local and national politics, and who to reach out to and how. While you are connecting with people in power it can be strategic to note their interests, goals, motivations and weaknesses for future meetings.

**“ Our right to healthcare before prison, need to hold the government accountable for the deaths that could have been prevented had we had safe supply long ago – make friends with as many lawyers and doctors as possible”**

*– CAPUD Board member*

If there is someone who you feel connected to or want to discuss something further with, getting their name, number and email is essential. Developing one-to-one relationships with allies in governments or others who will be ITR can give you an insider’s perspective on what is going on, and what the opportunities and barriers are around the issues at hand. You will remember the people that you would like to work with in the future and soon after networking, it is good practice to send them an email letting them know you

would be interested in collaborating on a project. If you are interested in future work, make sure to make it known if you want to participate as an individual or a group, and stand firm on receiving a consulting or participation fee. And know that working alongside allies can help you build credibility, and gain access to infrastructure, support and resources to build your advocacy network.

**“ Networking is marketing. Marketing yourself, your uniqueness, what you stand for”**

*- Christine Comaford-Lynch, Leadership & Culture Coach, Serial Entrepreneur, New York Times bestselling author*



### **Webinars**

Online presentations have become a lot more popular now that travelling is not as easy due to COVID-19 pandemic travel restrictions. This can be a good thing but also carries a lot of negatives as well. PWUD for the most part would prefer to be physically ITR, not just virtually ITR. Being online creates a lot of additional work for PWUD as all the other work that still needs to be done can get backed up.

Webinar payments are not always easy to ask for a payment. Even though you are saving the organization various forms of travel related costs, some organizations may not expect to pay you as it is not an in-person presentation. Prior to the COVID-19 pandemic, the majority of our ITR meetings were meeting in person with local, provincial, or federal policy makers. We will be heavily advocating for this reliance on webinars to not to continue after COVID-19.

There are multiple things you should know when preparing for online presentations. These presentations should be treated the same way as an in-person presentation. Prepare your presentation and practice your presentation. You can practice through an online platform that will allow you to record yourself to replay it to see what you may want to add in or take out to enhance your presentation. Also, make sure you are somewhere with stable internet and are not working another job if possible.

Last but certainly not least, make sure you clarify the payment arrangements prior to the presentations. Include time to create content and prepare, practice and deliver your presentation.



# How to Be ITR

Now that you know how to prepare to be ITR, this section will walk you through some do's and don'ts for once you are ITR.

## Dos and Don'ts

If you freeze up during a presentation or even at a round table where ideas are being openly discussed, take a deep breath, if need be, express to the audience or group that you are nervous speaking in public. Hopefully, this will ease any tension and you can move on. It takes a lot of courage to share your personal experience and voice. Here are some of the do's and don'ts to follow when being ITR:

### The Dos



- ✓ Speak your mind
- ✓ Tell them what time is best
- ✓ Practice your presentation
- ✓ Ask about confidentiality
- ✓ Ask about pay methods
- ✓ Speak up if something is unclear
- ✓ Let them know about language
- ✓ Ask for breaks
- ✓ Bring naloxone and safe supplies
- ✓ Use your voice
- ✓ Know how to say no

### The Don'ts



- ✗ Hold back
- ✗ Show up late
- ✗ Wait until the last second to prepare
- ✗ Share information that may harm you
- ✗ Assume you will be paid in cash
- ✗ Be ashamed of not knowing a term
- ✗ Assume they know person-centered language
- ✗ Burn yourself out
- ✗ Assume they have drug use supplies
- ✗ Limit other's sharing
- ✗ Take on too much

## Know When and How to Leave the Room

Sometimes the conversation avoids the “elephant in the room” and it may be up to you to bring awareness to the purpose of the meeting. Try to remain respectful and take it personal (although it's really hard!). If you have the facts, share them and if that does not work, feel free to excuse yourself and leave the meeting. You are entitled to your opinion, and the slow pace of policy change is frustrating. Know that there are many outlets, including social media, to voice your opinion outside the constraints of a boardroom. The next section of the document will cover some of the other ways you can raise your voice to improve drug policy.

# Ways to Raise Your Voice to Improve Drug Policy

This section of the guidebook will help you know how to understand your community of PWUD and their needs, and how to bring attention to them. First, we will walk you through what these needs might look like, and then share various ways you can bring attention to them to lead to change.

## Things Every Community Needs

If you are unsure of what your community may need, here are some programs and services that every community should be able to access.

### Needle and Syringe Programs (NSPs)

NSPs are important harm-reduction services that have been advocated for by PWUD. PWUD already face HIV outbreaks in British Columbia, Saskatchewan & Nova Scotia<sup>12</sup>. Having adequate access to sterile syringes through NSPs helps to ensure people who inject drugs can do so safely. Does your community already have an NSP or does it need one?

### Overdose Prevention Site (OPS) and Safe Consumption Site (SCS)

Although NSPs are a great starting place for communities, people also need an OPS or SCS where they can safely use their drugs. Since this involves people using both regulated and unregulated drugs, you may need an exemption (federal or provincial) to have a sanctioned site. If your community is in need of a site, CAPUD members and allies wrote a guide book [“This Tent Saves Lives”](#)<sup>13</sup> that is a good starting place for how to set up an OPS with little resources



Figure 1: Example of an OPS alongside the guidebook "This Tent Saves Lives" on how to set up a pop-up OPS

## Safe Supply

The need for safe supply has existed long before the current overdose epidemic. For many decades the drug using community has had to risk overdose, poisoning, infection, disease transmission, and death because it has been forced to rely on the illegal drug market<sup>14,15</sup>. As referred to in our [Safe Supply Concept Document](#)<sup>16</sup>, 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. Safe supply is an element of harm reduction, moreover, it is a strategy designed to reduce the risks associated with drug use in a criminalized context. Safe supply is based on a moral foundation that the individual choosing to use drugs has the right to do so and PWUD should not be treated as morally deficient, be criminalized, or deemed mentally ill for their drug use<sup>16</sup>.

Physicians can legally prescribe various forms of safe supply, and while a small number of physicians do, this is not the norm. The stark reality is most physicians are unwilling to offer safe supply prescribing with their practices. Therefore, it is necessary for advocacy efforts to continue until there is a comprehensive national safe supply framework to ensure PWUD both survive and thrive. Doctors historically have provided a safe supply of all kinds of drugs for everyone who needs them as long as there were no signs of addiction. But now, once you were labelled as an individual with a “substance use disorder” or “opioid use disorder”, you are immediately switched to a medication such as methadone or buprenorphine. Often, receiving these medications means suddenly having to follow a strict, daily, witnessed program to receive a less desired substance through a much more punitive approach. This type of practice forces patients to buy from the illicit and illegal market, which causes overdoses and overdose death. The safe supply that is available now is pharmaceutical alternatives, and doctors should prescribe PWUD the safer alternative to prevent them from buying a potentially contaminated supply. Medications that can be prescribed for PWUD: for opioids/opiates like fentanyl and heroin, a pharmaceutical alternative could be Dilaudid™ (hydromorphone), for stimulants such as crystal meth (methamphetamine AKA speed), alternatives could be ADHD medications such as Dexedrine™ or Ritalin™<sup>17</sup>.

Take advice from Dr. Bodkins and Dr. Brothers ‘[Canadian Drug Users Need Us Doctors to Step Up with Safe Supply](#)’. Until there is a comprehensive national safe supply framework, the majority of PWUD will not have access to safe supply. Therefore, it is necessary for our advocacy efforts to continue. Everyone needs a safe place to use and a safe drug to use. We have to continue to advocate for doctors to do everything in their power to prescribe safe supply, as well as policy makers to do everything in their power to support safe supply. Certified healthcare providers are the ones that have access to the only non-toxic opioid supply, and they should be prescribing the supply to any PWUD who desire a safe supply. Policy makers are the stakeholder that can make this life saving concept sustainable.



Figure 2: The "Safe Supply Concept Document" outlines of the "safe supply" concept, of what safe supply is, and the role of safe supply in drug policy



## Ways to Bring Attention to Your Community's Needs

The following are ways to bring attention to the needs of your community. These options range from writing letters and using social media, to participating in protests and awareness days. There are a variety of ways to raise your voice, do what works best for you and your community.



### Direct Action

When the government would not implement a proper overdose response, PWUD and their allies took things into their own hands and created unsanctioned OPSs. This form of direct action transformed policies, expanded overdose prevention services and changed laws. It garnered national attention and the media helped to bring the issues to people's attention.

#### Examples of Direct Action:

- [Moss Park's Overdose Prevention Site](#)
- [Halifax's Overdose Prevention Site](#)
- [Vancouver's Overdose Prevention Society](#)



### Letter-writing Campaigns and Writing to Decision-makers & Politicians

If other members of your community are concerned about the same issue, collectively you can start a letter-writing campaign. This technique has been used to show support for the unsanctioned OPS in Ottawa, when hundreds of people wrote to Ottawa's mayor, city council, and public health unit. See Appendix B of the guidebook for contact information for your federal or provincial Health Minister.

### Writing a Letter to the Editor or an Opinion Editorial (OPED)

Writing a letter to the editor or an OPED can increase your ability to reach both the public and decision-makers. An opinion<sup>18</sup> piece is an article usually around 600-700 words that uses facts to persuade the general public about an issue or need for the community. Controlling the narrative is one of the best ways we can change the societal stigma. A lot of editors are willing to work with PWUD to share their stories.

#### Examples of Opinion Editorials or Media written by PWUD:

- [Opioid Crisis The Living Legacy of Public Health Agency's Neglect](#)
- [PANDA: The Birth of a Pan-American Drug-User Alliance](#)
- [Expertise of people who use drugs must be central in the design of safe supply](#)
- [Fuelling a crisis: Lack of treatment for opioid use in Canada's prisons and jails](#)
- [As a Fentanyl User, I Know How Much we Need Safe Supply](#)



### Petitions

Having signatures of Canadian citizens can go a long way when trying to gather the attention of policymakers. For a petition to be valid there are certain guidelines you must follow. For example, there are online policies you need to follow to make sure the signatures are valid in the House of Commons<sup>19</sup>. For the approval of an in-person signed petition, the clerk of certification needs a minimum of 25 signatures and for an online petition, the clerk of certification needs a minimum of 500 signatures ([Citation from Scott](#)).



### **Rallies, Demonstrations, Protests, & Awareness Days**

Hosting a rally can be a powerful way to show public support for PWUD and their human rights. Seeking out like-minded community organizations to organize and participate can increase publicity and attendance at your rally.

Also, a lot of our demonstrations are raising awareness for international days for a variety of intersectoral topics for PWUD. These are days to get out and make some loud noise in your community advocating for change. This is a great way to show your community you have formed a group for PWUD.

Examples of awareness campaign days:

- [International Overdose Awareness Day](#) is August 31<sup>st</sup>
- [International Prisoners Justice Day](#) is August 10<sup>th</sup>
- [International Harm Reduction Day](#) is May 7<sup>th</sup>
- [International Drug Checking Day](#) is March 31<sup>st</sup>
- [International Sex Workers Rights Day](#) is March 3<sup>rd</sup>
- [International Sex Workers Day](#) is June 2<sup>nd</sup>
- [Support Don't Punish](#) is June 26<sup>th</sup>
- [World Aids Day](#) is December 1<sup>st</sup>
- [World Day of Social Justice](#) is February 20<sup>th</sup>
- [World Hepatitis Day](#) is July 28<sup>th</sup>
- [National Day of Action on the Overdose Crisis](#), April 16<sup>th</sup>



### **Reaching Out to Media**

If you follow your local news, reach out to reporters covering the overdose epidemic and make them aware of issues that you think need publicity. Reporters can be allies or enemies, so it is good to build a relationship with the supporting reporters. Keep in mind that a lot of reporters may not be covering the story for the right reasons and often use stigmatizing language. If that is the case, you need to contact the editor and request for the language be amended.



### **Social Media**

Facebook, Instagram, and Twitter<sup>20</sup> can be powerful tools to get the general public's and the government's attention. Since these platforms are used by so many people, they can be used to raise public awareness about issues or causes in your community. The government generally does not shift their positions unless they have public support on an issue, and social media is a great tool for building public support.

#### **Start a Facebook Page**

Use it to share local news and to provide a platform for discussion about these issues impacting PWUD.

#### **Use Instagram**

Using Instagram to publish photos, art, and images can help amplify your voice. Instagram is a great platform to share images and gain attention.

### Get a Twitter Account

If you do not feel comfortable using your name real name, use an alias. Learn to tag the local media and politicians in your tweets to get their attention.

### Create Graphics

If you are creating graphic art definitely look into creating an Instagram account to spread your message to the world. For graphic examples check out CAPUD's [Facebook](#) page, it has dozens of examples. Designs can be as simple as white text on a black background. Software programs, like Microsoft Paint, PowerPoint and Canva can be used to make simple, effective graphics that spread the word very quickly as well.



Figure 3: Examples of graphics from CAPUD's Facebook page



### Digital Projections

Public digital and overhead projections in high volume areas and public spaces. This approach will require a good quality projector with high lumens.

**Art** - Using your creativity is one of the most powerful and effective methods we have when bringing attention to any political or social issue. Performance pieces, theatre, music, dance, painting and the oldest form of social protest through visual art, Graffiti or "street art," when done well and in the right locations, can be powerful and effective social commentary (just don't get caught!).

Art is vital, as Marshall McLuhan said "the medium is the message" meaning the medium influences how the message is perceived.

**Zines** – A zine is defined as a non-commercial often homemade or online publication usually devoted to a specialized and unconventional subject matter. Zines can be a good tool for rallies and demonstrations and for online advocacy. Topics could include safe supply, overdose prevention sites, needle syringe programs in prisons, etc.

## Conclusion

It has never been more important for people who use drugs to speak truth to power. As the overdose crisis in Canada continues to rage on, taking the lives of thousands of people, decimating our communities, we need to act. We must continue to influence policy by mobilizing the common knowledge we share. Any decisions made that impact our life, liberty or security should not be made in our absence or without our approval.

It is past time to fix the systems that have silenced us for far too long. People who use drugs are resilient, in spite of the tremendous amount of grief, despair, and trauma we have all experienced from this crisis. By Being In The Room, we show people in power that we are not going to accept the status quo and that we are here for the long haul. Our goal is to improve the lives of people who use drugs by creating various opportunities to engage, teach, and lead.

Decision makers without drug use culture expertise are making decisions without all of the evidence. We hold the evidence in our expertise. Our presence is imperative to ending the war on our lives.

“Nothing About Us Without Us!”

# Language You Might Hear

**Activism** – the use of direct and noticeable action to achieve a result, usually a political or social one.

**Advocacy** – public support for or recommendation of a particular cause or policy.

**Being in the room (ITR)** – is when you've been invited to share your perspective and that of your community and/or engage with professionals about your current or former drug use and life experiences to effect policy change.

**Capacity Building** – Capacity building (or capacity development) is the process by which individuals obtain and retain the skills, knowledge, tools, equipment and other resources needed to do their jobs competently.

**Civil Disobedience** – is a public, non-violent and conscientious breach of law undertaken to bring about a change in laws or government policies.

**First Voice** – Sharing personal experience on a certain subject to make a powerful impact when advocating to change policy.

**Harm Reduction** – Harm reduction is a set of principles designed to reduce the negative impacts associated with drug use<sup>21</sup>, drug policies & drug laws. Harm reduction is providing safe supplies and education so the person can safely use if that's what they decide. Harm reduction is also about creating safe spaces which is an environment where people can feel confident that they will not be exposed to discrimination, criticism, harassment or any emotional or physical harm.

**Health Authority** – is a regional governance structure set up by the provincial government to be responsible for the delivery and administration of health services in a specific geographical area.

**Honoraria** – a payment given for one's expertise, knowledge and labour.

**Human Rights** – Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death.

**Living Wage** – a wage that is high enough to maintain a normal standard of living.

**Negative Externality** – a term borrowed from economics; it describes the unintended consequences of a policy change. For example, increased rates of overdose death were a negative externality or unintended consequence of restricting prescription opioids, because people substituted prescription opioids with street fentanyl, increasing overdose risk.

**Non-governmental Organization (NGO)** – is a not for profit community-based organization.

**Peer** – "Within drug-related social and health-based service provision, peers are defined as people with lived expertise of drug use, who work in harm reduction services and organizations. However, in the field of harm reduction, the term 'peer' has also been used to demarcate an invisible boundary that results in material inequities between harm reduction professionals who use(d) drugs and those who openly do not"<sup>22</sup>.

**Public Policy** – A problem is identified; solutions are presented, and evidence is used to create policies to solve the problem.

**The Policymaking Process** – The steps the Government takes to develop and integrate public policy. This typically includes; agenda building, formulation, adoption, implementation, evaluation, and termination.

**PWUD** – People who use(d) drugs

**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 an illicit black market.

**Stakeholder** – is a person or group of people, an organization, or a business that is impacted by a policy change. Basically, it's anybody who holds a "stake" in a certain policy. In drug policy, PWUD are "stakeholders", along with their families, drug user groups, service providers, harm reduction advocates, law enforcement, and many other groups of people.

**Substance Use Culture Expert** – People who use drugs are experts in the culture of drug use. Being stigmatized and criminalized on a daily basis because of a drug we choose to take. That's our area of expertise. Not someone in "recovery" or one of our family members.

**Stipend** – A fixed sum paid as a salary or an allowance.

**Tokenism** – the practice of doing something (such as asking a person who use(d) drugs to participate) only to prevent criticism and give the appearance of being inclusive.

**ART** – Antiretroviral Therapy (HIV medication)

**CRA** – Canada Revenue Agency

**DAM** – Diacetylmorphine

**HAT** – heroin assisted treatment

**HIV** – Human Immunodeficiency Virus

**HCV** – Hepatitis C Virus

**IM** – Intramuscular

**ITR** – In the Room

**IV** – Intravenous

**iOAT** – Injectable Opioid Substitution Treatment

**MMT** – Methadone Maintenance Treatment

**NAOMI** – North America Opioid Medication Initiative

**NDP** – New Democratic Party

**NSP** – Needle Syringe Program

**PWUD** – People Who Use(d) Drugs

**OAT** – Opioid Agonist Treatment

**OST** – Opioid Substitution Treatment

**OPS** – Overdose Prevention Site

**SALOME** – Study to Assess Longer-term Opioid Medication Effectiveness

## Notes & References

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## Appendix A – Groups for PWUD in Canada

[Abbotsford, BC BC/Yukon Association of Drug War Survivors, Abbotsford chapter.](#)  
[Alberta, AAWEAR, Alberta Addicts who Educate and Advocate Responsibly](#)  
[BC/Yukon Association of Drug War Survivors](#)  
[British Columbia, British Columbia Association of People on Methadone and Suboxone](#)  
British Columbia, Coalition of Substance Users of the North (CSUN)  
Brantford, Ontario, Coalition of Substance Users of the North (CSUN)  
Sydney, Nova Scotia, Cape Breton Association of People Empowering Drug Users (CAPED)  
[Halifax, Nova Scotia, Halifax Area Network of Drug Using People \(HANDUP\)](#)  
[Kootenays, BC Rural Empowered Drug User Network](#)  
[London, Ontario, London Area Network of Drug Using People](#)  
Manitoba Area Network of Drug Users (MANDU)  
[Montreal, Quebec, l'Agpsud](#)  
[Nanaimo, New Leaf Outreach](#)  
[Ottawa, Ontario, Drug User Advocacy League](#)  
Brampton, Ontario, PEEL Drug User network  
[Powell River, SUSTAIN](#)  
[Quesnel, BC, Coalition of Substance Users of the North](#)  
[Toronto, Ontario, Toronto Drug User Union](#)  
[Vancouver, SALOME/NAOMI Patient Association \(SNAP\)](#)  
[Vancouver, Vancouver Area Network of Drug Using People](#)  
[Vancouver, Western Aboriginal Harm Reduction Society](#)  
Vancouver, Culture Saves Lives  
Vancouver, The Association for the Collaborative End to Stigma,  
[Victoria, Society of Living Illicit Drug Users](#)  
Windsor, Ontario, Windsor Drug User Network/Windsor Overdose Prevention Society

## Appendix B - Political Contact Information

Political Contact:	Email:	Phone:
BC Minister of MH&A	<a href="mailto:MH.Minister@gov.bc.ca">MH.Minister@gov.bc.ca</a>	(604) 775-2101
BC Minister of Health	<a href="mailto:HLTH.Minister@gov.bc.ca">HLTH.Minister@gov.bc.ca</a>	(250) 953-3547
BC Premier	<a href="mailto:premier@gov.bc.ca">premier@gov.bc.ca</a>	(604) 660-2421
Alberta Minister of Health	<a href="mailto:health.minister@gov.ab.ca">health.minister@gov.ab.ca</a>	(780) 427-3665
Alberta Premier	<a href="mailto:premier@gov.ab.ca">premier@gov.ab.ca</a>	(780) 427-2711
Saskatchewan Minister of Health	<a href="mailto:he.minister@gov.sk.ca">he.minister@gov.sk.ca</a>	(306) 787-7345
Saskatchewan Premier	<a href="mailto:premier@gov.sk.ca">premier@gov.sk.ca</a>	(306) 787-9433
Manitoba Minister of Health	<a href="mailto:minhsal@leg.gov.mb.ca">minhsal@leg.gov.mb.ca</a>	(204) 945-3731
Manitoba Premier	<a href="mailto:premier@leg.gov.mb.ca">premier@leg.gov.mb.ca</a>	(204) 945-3714
Ontario Minister of Health	<a href="mailto:christine.elliott@pc.ola.org">christine.elliott@pc.ola.org</a>	(905) 853-9889
Ontario Premier	<a href="mailto:premier@ontario.ca">premier@ontario.ca</a>	(416) 325-1941
Quebec Minister of Health	<a href="mailto:ministre@msss.gouv.qc.ca">ministre@msss.gouv.qc.ca</a>	(418) 266-7171
Quebec Premier	<a href="mailto:premierministre@quebec.ca">premierministre@quebec.ca</a>	(418) 643-5321
NB Minister of Health	<a href="mailto:Hugh.Flemming@gnb.ca">Hugh.Flemming@gnb.ca</a>	(506) 457-4800
NB Minister	<a href="mailto:premier@gnb.ca">premier@gnb.ca</a>	(506) 453-2144
Nova Scotia Minister of Health	<a href="mailto:Health.Minister@novascotia.ca">Health.Minister@novascotia.ca</a>	(902) 424-3377
Nova Scotia Premier	<a href="mailto:premier@novascotia.ca">premier@novascotia.ca</a>	(902) 424-6600
PEI Minister of Health	<a href="mailto:rjmitchell@gov.pe.ca">rjmitchell@gov.pe.ca</a>	(902) 368-5250
PEI Premier	<a href="mailto:premier@gov.pe.ca">premier@gov.pe.ca</a>	(902) 368-4000
Newfoundland Minister of Health	<a href="mailto:csmminister@gov.nl.ca">csmminister@gov.nl.ca</a>	(709) 729-3124
Newfoundland Premier	<a href="mailto:premier@gov.nl.ca">premier@gov.nl.ca</a>	(709) 729-3570
Yukon Minister of Health	<a href="mailto:pauline.frost@gov.yk.ca">pauline.frost@gov.yk.ca</a>	(867)393-7485
Yukon Premier	<a href="mailto:premier@gov.yk.ca">premier@gov.yk.ca</a>	(867) 667-5811
NWT Minister of Health	<a href="mailto:glen_abernethy@gov.nt.ca">glen_ abernethy@gov.nt.ca</a>	(867) 767-9141
NWT Premier	<a href="mailto:premier@gov.nt.ca">premier@gov.nt.ca</a>	(867) 767-9000
Nunavut Minister of Health	<a href="mailto:ghickes@gov.nu.ca">ghickes@gov.nu.ca</a>	(867) 979-6923
Nunavut Premier	<a href="mailto:jsavikataaq@gov.nu.ca">jsavikataaq@gov.nu.ca</a>	(867) 975-5050
Canadian Minister of Health	<a href="mailto:patty.hajdu@parl.gc.ca">patty.hajdu@parl.gc.ca</a>	(613) 992-8072
Minister of Justice	<a href="mailto:David.Lametti@parl.gc.ca">David.Lametti@parl.gc.ca</a>	(613) 943-6636
Minister of Public Safety	<a href="mailto:Ralph.Goodale@parl.gc.ca">Ralph.Goodale@parl.gc.ca</a>	(306) 585-2202
Prime Minister	<a href="mailto:justin.trudeau@parl.gc.ca">justin.trudeau@parl.gc.ca</a>	(613) 992-4211
Exemption Office	<a href="mailto:hc.exemption.sc@canada.ca">hc.exemption.sc@canada.ca</a>	
Cannabis License & Registration	<a href="mailto:hc.sp-licensing-cannabis-licences-sp.sc@c">hc.sp-licensing-cannabis-licences-sp.sc@c</a>	

# Appendix C – Things to Know Before Being ITR

When deciding to be ITR, use this form to help collect the information you need to know if you would like to participate.



## Scheduling & Logistics:

Session topic: \_\_\_\_\_

Session format:                      Online                                      In-Person                                      Other \_\_\_\_\_

Session address: \_\_\_\_\_

Time of engagement: \_\_\_\_\_

Will breaks be provided?:                      Y                      N

Transportation provided to and from? \_\_\_\_\_



## Who is attending and running the session?

What organization is running the session? \_\_\_\_\_

What is the purpose of the session? \_\_\_\_\_

Is it a one-time session, or an on-going working group? \_\_\_\_\_

How is confidentiality being handled? \_\_\_\_\_

How many people are attending the session? \_\_\_\_\_

Will other PWUD be in attendance? \_\_\_\_\_

Can I invite other PWUD? \_\_\_\_\_



## Compensation for your expertise

What honorarium will I receive for participating: \_\_\_\_\_

- *Suggested amounts for presentations: minimum \$200*
- *Suggested amounts for conferences per day: per diems ranging from \$100-\$150*
- *Suggested amounts for meetings/focus groups: \$25/hour*

Can I receive this via:

Cash	Y	N
Cheque	Y	N
E-transfer	Y	N
Direct deposit	Y	N

Per diem for the day: \_\_\_\_\_