INDIGENOUS COMMUNITY DIALOGUES SUMMARY REPORT

DRUG POLICY

HIV LEGAL NETWORK | RÉSEAU JURIDIQUE VIH

COMMUNITIES, ALLIANCES & NETWORKS | CAAN

LAND ACKNOWLEDGEMENT

CAAN and the HIV Legal Network are located across this land now called Canada on treaty lands, stolen lands, and unceded territories of many different Indigenous groups and communities who have respected and cared for this land since time immemorial.

Together, we work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples, which contribute to the disproportionate impact of the HIV epidemic on Indigenous communities. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

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Context and purpose

This summary report presents findings related to drug policy from six Indigenous community dialogues conducted across Canada from 2023-2025. The dialogues were organized by the HIV Legal Network and CAAN Communities, Alliances & Networks as part of a broader project examining Indigenous Peoples' lived experiences with HIV, hepatitis C (HCV), and other sexually transmitted and blood-borne infections (STBBIs).

The dialogues were designed to gather community feedback on a **policy brief** jointly produced by the HIV Legal Network and CAAN, which outlines legal and policy reforms aimed at improving HIV, HCV, and STBBI outcomes for Indigenous Peoples, specifically in relation to drug policy, sex work, and prisons. Participants were invited to reflect on the brief's recommendations and to share their own experiences, priorities, and concerns.

Community dialogues took place in Winnipeg, Prince George, Montreal, Halifax, and Sudbury as well as through a virtual dialogue with CAAN staff. Participants included Indigenous people with diverse lived experiences (including drug use, sex work, and incarceration) as well as people living with HIV or HCV, service providers, and community advocates.[1]

This report summarizes how dialogue participants understood, supported, nuanced, or challenged the policy brief's drug policy recommendations, and highlights additional considerations raised through lived experience that can inform future policy development.

[1] Community dialogues took place on the following dates: Virtual CAAN, July 11, 2023; Winnipeg, July 14, 2023; Prince George, April 17-18, 2024; Montreal, July 12, 2024; Halifax, November 20, 2024; Sudbury, March 31, April 3, April 29, 2025.

Drug policy recommendations in the policy brief

The policy brief advances a public health–oriented approach to drug policy, emphasizing that criminalization is a key driver of HIV, HCV, and STBBI risk for Indigenous Peoples. Its main drug policy recommendations include:

- Decriminalize simple possession of drugs for personal use, as well as "necessity trafficking";
- Expand alternatives to incarceration for people who use drugs;
- Implement and scale up key harm reduction interventions, including needle and syringe distribution programs, supervised consumption services, naloxone access, drug checking, and opioid agonist therapy;
- Address the toxic drug supply, including consideration of safe supply models; and
- Ensure harm reduction services and programs are Indigenous-led and culturally safe.

What we heard

Broad agreement that criminalization is a driver of harm

Across dialogues, drug use was consistently framed not as an individual moral failure but as an understandable response to colonial trauma, poverty, discrimination, abuse, housing insecurity, child apprehension, and systemic racism.

Drug criminalization was repeatedly described as worsening health and safety, particularly by deterring people from seeking help in crises and reinforcing stigma and discrimination toward Indigenous people who use drugs. In Prince George, participants explicitly stated that criminal laws discourage people from calling 911 during overdoses because of fear of police involvement and stigma. In Halifax and in the CAAN sessions, participants described how criminalization interacts with racism in health and social services, leading some Indigenous people who use drugs to avoid care and reinforcing cycles of precarity and reincarceration.

Participants in several dialogues described ways in which criminalization produces long-term consequences that affect housing, employment, and access to services — including poverty traps, child welfare involvement, and homelessness — which in turn heighten vulnerability to HIV and HCV. Several individuals also emphasized that drug laws are not applied neutrally. For instance, Prince George participants noted that while drug use is widespread across society, Indigenous people are more likely to be targeted, arrested, and punished.

Support for decriminalization, with important nuance

Most participants supported decriminalizing simple possession, viewing it as necessary to reduce stigma and harmful police contact. There were, however, mixed views on decriminalizing possession of larger quantities, with a participant in Winnipeg supporting decriminalization only for personal use while arguing that large quantities of controlled substances should remain criminalized.

Participants in Montreal, Prince George, and Halifax stressed that decriminalization alone is inadequate if people still lack safe places to use drugs; without supervised consumption services or culturally safe spaces, people would likely continue using in public or dangerous settings, facing stigma and police attention even in a decriminalized context.

Harm reduction and the toxic drug supply

There was strong alignment with the policy brief on expanding harm reduction services. **The life-saving importance of naloxone, sterile drug use equipment, and peer-led outreach and support was repeatedly emphasized.** In Winnipeg, Halifax, and Prince George, participants decried the fact that key harm reduction services like supervised consumption sites were either entirely unavailable or inaccessible in practice (e.g. limited opening hours, geographically isolated, stigma associated with accessing services). The provincial governments of Alberta and Ontario in particular have passed laws and policies restricting access to supervised consumption sites in recent years. Inadequate and unreliable funding was identified as a root cause of this shortcoming by many dialogue participants.

> *A big problem now is people wanting to smoke in an indoor environment but we weren't allowed to make it happen. It kept coming up, and then people were criminalized for their use on the street. It's frustrating.* — **HALIFAX DIALOGUE**

In Prince George, participants described the toxic and unpredictable drug supply, including fentanyl contamination and variable drug potency, as a central driver of overdose and identified drug checking services as essential but limited and inconsistently available. Some participants, particularly in Prince George, Winnipeg, and the CAAN dialogue, viewed safe supply as a promising response to overdose risk and instability.

At the same time, participants raised concerns about how some harm reduction services are implemented. In Montreal, some participants expressed distrust of government-run sites, describing them as overly clinical or associated with surveillance, monitoring, and data collection. Across dialogues, **participants emphasized that harm reduction is most effective when peer-led and Indigenous-run.** There was a clear consensus that one-size-fits-all approaches were inadequate and that solutions needed to be tailored to different contexts.

> *We tend to consider harm reduction and decriminalization in terms of urban experiences. Urban cities have huge infrastructure while rural, on reserve, northern and remote contexts have different infrastructure and governance entirely. That needs to be taken into consideration when crafting strategies and recommendations. They're not the same reality.* — **CAAN DIALOGUE**

Importance of Indigenous ways of knowing

Participants across dialogues consistently emphasized that drug policy and harm reduction for Indigenous communities could not be reduced to a biomedical or substance-focused model: **Indigenous harm reduction must meet people where they are at and be grounded in traditional knowledge, culture, and practices.**

> *Indigenous harm reduction is a way of life, embedded within traditional knowledge systems that see the spiritual world, the natural world, and humanity as interrelated. Given that these knowledge systems and the way of life they give rise to have been disrupted by the historic and ongoing impacts of colonialism, decolonizing policy and program environments to support the restoration of these relationships is critical to restoring the health and wellness of Indigenous communities.* — **CAAN DIALOGUE**

In Halifax and in the CAAN dialogue, participants noted that conversations about drug decriminalization within Indigenous communities could be challenging and at times met with resistance, which made it all the more important for Indigenous Elders and community leaders to be involved in a way that acknowledges Indigenous laws, values, and specific realities.

Participants across regions reinforced that **culturally grounded spaces and initiatives led by people with lived experience are central to effective harm reduction.** In Prince George, culturally specific hubs such as the Fire Pit were identified as places of trust, safety, and HIV prevention, where people could connect with Elders, ceremony, and community. In Montreal, participants stressed that culturally sensitive programs should be run by Indigenous people and not outsourced, underscoring the importance of Indigenous-led responses.

In Halifax, participants came up with an ideal "one-stop-shop" for harm reduction, which would be Indigenous-led, inclusive, non-judgmental, and offer contact with Elders, access to traditional medicines and ceremonial practices (e.g. sweats, beading, bundle ceremonies, smudging, drums, pow-wows), peer-led outreach and supports, and a range of harm reduction services (e.g. supervised consumption site, safe supply prescribers, mental health services, shelter, counselling, information and education, job and skills training, food, health clinic, etc.). Unfortunately, many felt that the creation of such a resource was unrealistic in a context of government disinterest and chronic underfunding of community organizations.

Community-identified gaps and additional considerations

Beyond responding to the policy brief, participants across dialogues identified areas they felt deserved stronger emphasis or inclusion in future policy work. These included critical needs for:

- **Indigenous-run supervised consumption services, including spaces allowing inhalation;**
- **24/7 drug checking located within Indigenous organizations;**
- **Expanded, unrestricted naloxone access for all Indigenous individuals;**
- **Integration of ceremony, Elders, and Indigenous healing alongside harm reduction;** and
- **Wraparound Indigenous wellness hubs combining harm reduction, healthcare, housing, and cultural services.**

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