

Are you in favour of a permanent facility for supervised drug consumption? If so, where? Are you in favour or opposed to free needle distribution?

The previous SCS was not properly managed. However, when properly operated, and supported with prevention, treatment, and surrounding services, these facilities can save and change lives. I would support a permanent SCS provided it was based on a medical model of care and treatment, professionally staffed, integrated with support services, and extensive engagement was undertaken with our community. I'm committed to a strategy involving all sectors and service providers in engagement, land use development, and planning. The Community Wellness & Safety Strategy has started some of this work, but I see gaps in employment skills, workforce development, and open communication with our community (more at jennschmidtrempel.ca). Dealing with the opioid crisis means all of us – residents, businesses, healthcare providers, and governments – working together and holding each other accountable.

A properly managed and operated SCS must be accessible. Specifying a location, in the absence of data, planning, and community conversation is irresponsible. Ultimately, a Good Neighbour Plan must be submitted with any land rezoning or permitting applications. Applicants must also provide communication from proximate businesses and residents, proof of engagement sessions, meeting schedules, and other communications with area neighbours.

Intravenous drug use exists here. We can't ignore it. Providing needles is an important component of a comprehensive strategy to combat the spread of HIV and other blood-borne diseases. It also reduces long-term healthcare costs. I would support a needle exchange program where users are given a clean needle and injection equipment in exchange for a used needle. Needle for needle.