

Not in THIS backyard: HaliFIX OPS's strategies for overcoming NIMBYism



San Patten¹, Matt Bonn², Lois Jackson¹, Cindy MacIsaac³, Archibald Kaiser¹, Tommy Brothers¹, Susan Kelso, Catherine Shanks³, Gillian Mitts², Yolanda Pennell⁴, Kate Dewey, Brandon Rolle⁵, Jeffrey Kirby¹
1. Dalhousie University, 2. HaliFIX, 3. Direction 180, 4. Mi'kmaw Native Friendship Centre, 5. NS Legal Aid

29th Annual Canadian Conference on HIV/AIDS Research (CAHR 2020)
May 2020

History of Halifax's North End

- Northern part of Halifax Peninsula immediately north of Downtown Halifax
- Area once included the historic Black community of **Africville**. In 1964, Halifax City Council relocated residents and the last remaining home was destroyed in 1970, events of **environmental racism**.
- Neighbourhood still has strong African Nova Scotian roots, with many former Africville residents being relocated to public housing neighbourhoods such as Uniacke Square (2 blocks north of HaliFIX)
- In last 10 years, the area has undergone extensive **gentrification**, especially Gottingen St with numerous commercial and residential developments

HaliFIX Location

- HaliFIX Overdose Prevention Site is located in the lower level of Direction 180 (opioid treatment program)
- OPS is located within close walking distance of many social and health services, and surrounded by public **needle disposal hotspots**
- Close proximity to the Mi'kmaw Native Friendship Centre, Mainline Needle Exchange, homeless shelters

Relationships

- **Official, vocal support** from several key stakeholders (e.g., HANDUP - Halifax Area Network of Drug Using People, Mayor of Halifax, Chief of Police, harm reduction organizations, and community supporters).
- **Quiet, behind-the-scenes support** from allied social and health service organizations, the Mi'kmaw Native Friendship Centre, community health care professionals, and various small businesses along Gottingen St most impacted by public injecting.
- **Public, vocal, official opposition** with stigma and demonization of people who use drugs from some business owners and prominent members of the African Nova Scotian community.
- **Opposition through stagnation, stalling, and refusal to endorse or fund the OPS**. We were advised by NS Public Health (under provincial Liberals) to stop community/media engagement, on assurance that they would build behind-the-scenes political support and then provide resources for formal community consultation when they delivered support & funding for the OPS. Community consultation was paused but we felt urgency re: upcoming federal election (potential end of UPHNS exemptions), so applied for exemption. There were also concerns re: existing harm reduction funding for Mainline and Direction 180.

OVERALL: Our challenge has been vocal opposition from a few prominent members of the community, and some supporters being reluctant to be equally vocal in their support, for fear of alienating community members and jeopardizing relationships.

Timeline: establishing an OPS in Halifax's North End

Community pressure and advocacy for harm reduction services in NS

Fundraising: crowdfunding, t-shirt and sticker sales

For the last 10+ years...

Summer 2017

NS Health commissioned study on safe consumption program models for NS

Sept 2018

Community consultation hosted by OPS working group at the Mi'kmaw Native Friendship Centre

March 2019

Halifax social media launch

April 2019

"The North End is Listening" meeting hosted by the North End Business Association

April 2019

Town hall meeting hosted by 902 ManUp, vocal opposition from some African Nova Scotian community members and business owners

June 2019

CDSA 1-year exemption granted for an "Urgent Public Health Need Site" (UPHNS)

Aug 2019

Public lecture on "Safe Injection Sites: Scientific Experiences" by Dr. Christy Sutherland (Medical Director of Portland Hotel Society)

Sept 2019

Soft launch of HalifIX OPS in basement of Direction 180



NIMBYism in Halifax's North End

NEWS + OPINION » CITY

May 02, 2019

A proposed overdose prevention site on Gottingen raises concerns about location and consultation from community members

"It is urgent, but it's just going to take time."

By Caora McKenna



Marcus James is the president of 902 ManUp.

CAORA MCKENNA

More than 40 community members and overdose prevention site advocates attended a meeting at Halifax North Memorial Library this week to discuss the location of a proposed Overdose Prevention Site in the community.

Members of the African Nova Scotian and greater north end community spoke about the historic importance of the proposed location at the corner of Gottingen and Cornwallis Streets in space in [Direction 180's](#) building—near the [New Horizons Church](#), the mother church for the the African United Baptist Association—and called out the OPS organizers for insufficient community consultation and conversation.

Concerns that the OPS was another thing being put into his community without "actually even being involved in the conversations" led [902 ManUp](#) to arrange the meeting, says the group's president Marcus James.

Criticism and Opposition:

- Support for the idea of an OPS, just not in this location; equating placement of OPS with historical cases of environmental racism in Africville (toxic waste dump, slaughterhouse placed nearby)
- Perception of inadequate consultation with neighbourhood residents regarding location
- Fear of economic impacts for businesses along Gottingen Street (e.g., condo buildings, gourmet donut shops, vegan 'butcher', restaurants, bars)
- Already too many organizations and services serving people with addictions or experiencing homelessness in this small area
- OPS should have more formal involvement of local health care professionals

Our Responses:

- This is an essential health service
- Extensive evidence exists already re: need for & effectiveness of OPS
- Several community businesses are in support of OPS due to injection activity in their washrooms; reducing discarded needles in neighbourhood benefits everyone
- High concentration of organizations and services in this area because this is where the population is concentrated
- OPS is to be peer-led and peer-run

Our Constraints

- We lack funds to rent/purchase space for OPS. Direction 180 space in lower level is rent-free
- Quick turnaround time for exemption directive from NS Health that stalled us

Strategies and Lessons Learned

Strategies for building community support and allaying concerns/opposition:

- Soft opening of the OPS, without attracting a lot of attention
- Developed local FAQ, Myths and Facts documents to correct misinformation and provide evidence
- "Back to basics" one-on-one conversations with key leaders. Relationships, rather than evidence, are most important.
- Peer-based communication: human stories of people living with addiction or who have experience of overdose
- Evaluation framework to document program outcomes
- Peer workers were trained by Ann Livingston advocate from the DTES in Vancouver
- Formed a small Community Advisory Committee to address concerns related to the operation of the OPS
- Initial leveraging of existing, constructive relationship between the Mi'kmaw Native Friendship Centre & local community
- Hosted a HaliFIX Meet & Greet to show partners and supporters the OPS (one month after opening)
- Large coalition of supporters met frequently in planning stage

Lessons learned and things we would do differently (if we had the resources):

- Form Executive Committee sooner and communicate regularly with larger coalition of supporters
- Extended period of public awareness raising and sensitization re: overdose crisis and the need for an OPS
- Ask African Nova Scotian workers from Mainline & Direction 180 to host an open house specifically for African Nova Scotian community members to demystify the OPS.
- Further leveraging of the relationship between the Mi'kmaq community and African Nova Scotian community
- Stronger messaging: frame the exemption as 1-year pilot project; invite community members to help us make it a success & make it work for everyone; emphasize human rights perspective to neutralize allegations of environmental racism.
- More extensive community consultation and regular communication on program stats and stories
- More allyship around intersectionality, confronting the systems of dominance that oppress both people who use drugs and African Nova Scotians (e.g., criminalization of drug use, drug-related violence, police brutality).