



# WHAT WE HEARD

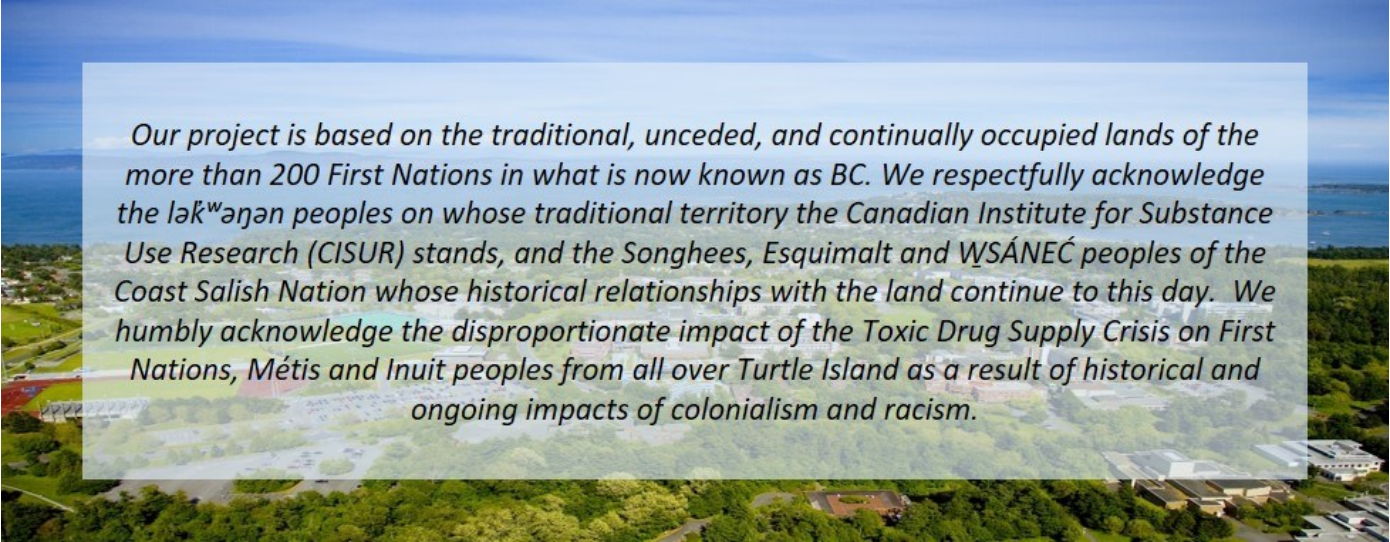
CO/LAB COMMUNITY DIALOGUE TRENDS AND RECOMMENDATIONS  
FOR ACTION ON THE TOXIC DRUG EMERGENCY



University  
of Victoria

Canadian Institute for  
Substance Use Research



An aerial photograph of a coastal town, likely Nanaimo, British Columbia, showing green hills, residential areas, and a body of water in the background. A semi-transparent white box is overlaid on the center of the image, containing a paragraph of text.

*Our project is based on the traditional, unceded, and continually occupied lands of the more than 200 First Nations in what is now known as BC. We respectfully acknowledge the ɫəkwəŋən peoples on whose traditional territory the Canadian Institute for Substance Use Research (CISUR) stands, and the Songhees, Esquimalt and W̱SÁNEĆ peoples of the Coast Salish Nation whose historical relationships with the land continue to this day. We humbly acknowledge the disproportionate impact of the Toxic Drug Supply Crisis on First Nations, Métis and Inuit peoples from all over Turtle Island as a result of historical and ongoing impacts of colonialism and racism.*

## About Co/Lab

The Collaborative Community Laboratory on Substance Use and Harm Reduction (Co/Lab) is a collaborative network for research and knowledge exchange to promote health and health equity for people with lived and living experience of substance use (including alcohol, other licit, and illicit substances). Co/Lab activities are guided by collaborations with people with lived and living experience of substance use, families, health care providers, researchers, and policy makers, and are focused on generating practical evidence that can be used to enhance substance use services and supporting policies.

This initiative has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

We are grateful to all of our community partners who collaborate on the Co/Lab Project.

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## Acknowledgements

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# Community Trends and Recommendations for Action within the Toxic Drug Emergency

## About the Co/Lab Community Reports

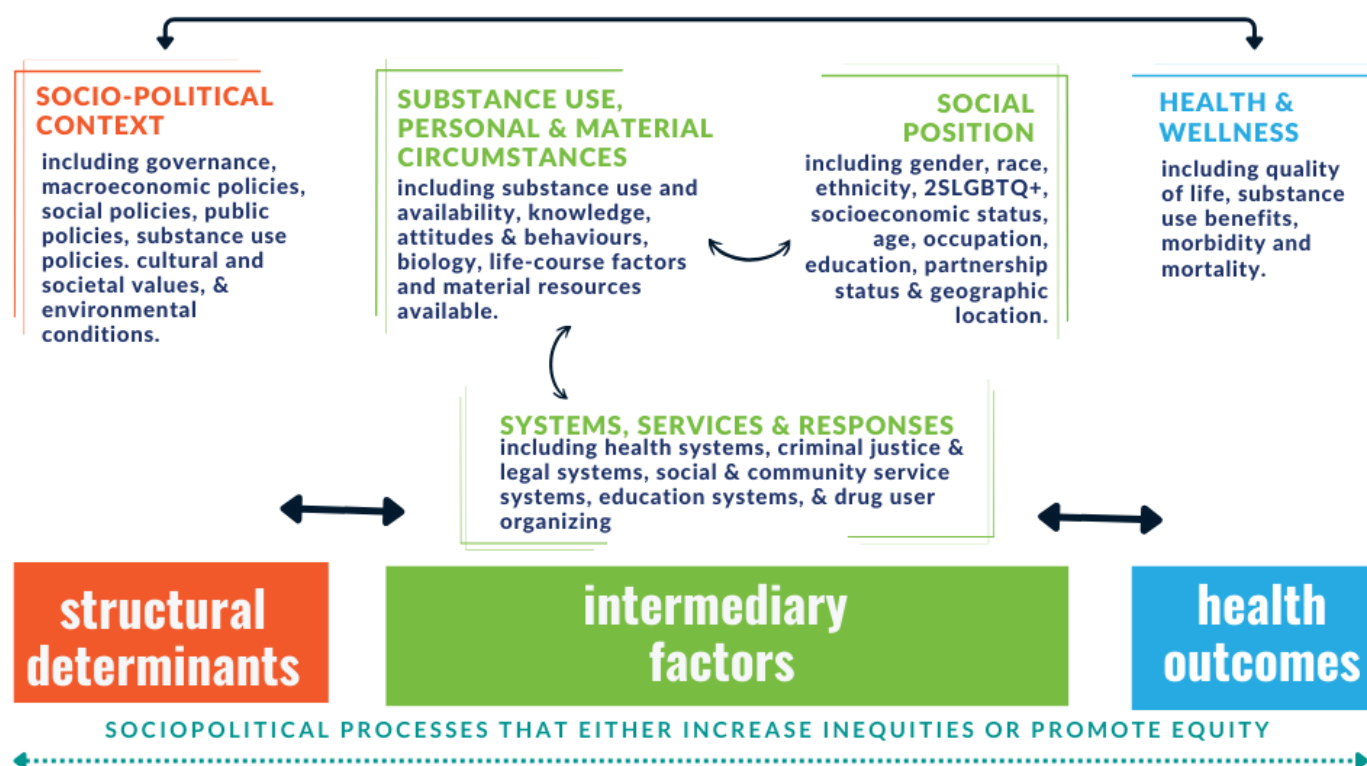
As part of the BC Co/Lab Project, we developed the Co/Lab Substance Use Monitoring Framework, an equity-oriented framework related to substance use and health.<sup>1</sup> We piloted equity-oriented monitoring based on this framework within selected British Columbia (BC) communities through the development of community reports.

The Co/Lab Community Reports provide local level information to support community planning, practices, evaluation, learning and advocacy within the context of the toxic drug emergency. The reports include information on:

- ♦ Toxic drug deaths in the community;
- ♦ Policies, laws, and regulations related to illicit substance use and substance use services and supports in the community;
- ♦ Harm reduction services within the community.

Learn more about the framework here

[colabbc.ca/our-model](https://colabbc.ca/our-model)



Adapted from: [Co/Lab Substance Use Monitoring Framework: Equity-Oriented Monitoring of Substance Use and Health \[Overview\]](#)

<sup>1</sup> Pauly B, van Roode, T., Carter, C., Shahram, S. & Urbanoski, K. Co/Lab Substance Use Monitoring Framework: Equity-Oriented Monitoring of Substance Use and Health [Overview]. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria; 2024.

# About Our Community Engagement

We held two sets of community dialogue sessions where we shared drafts of Co/Lab Community Reports for each community, and discussed how to tailor these to better meet community needs. This included in-person dialogues planned and facilitated in partnership with local groups and organizations. To promote equity, our priority was to initiate partnerships with local drug user groups, or groups which involve people who use substances. Prior to the dialogues, we met with groups individually to introduce the project, share preliminary findings, and undertake planning for local community dialogues.

As part of the second set of dialogues, we held focus groups with 48 people in six of these communities between March-April of 2024. We heard about the unique challenges faced by communities in the 8th year of the declared public health emergency in BC, which began in 2016. We developed themes and recommendations based on these focus groups, and shared these initial findings back to the community groups who had participated in the dialogues for discussion and feedback in two community roundtables.

We heard stories of shared grief and common areas where action is needed. We share here community trends related to the challenges of living and responding to this emergency, as well as community recommendations to support action based on these focus groups (Appendix A). We also share considerations for future monitoring based on the full Co/Lab Community Reports (Appendix B).

## Community Trends

### Health and Wellness: It’s not just numbers, it’s people

#### What we did

We mobilized data on toxic drug deaths in the community.

#### What we heard

Grief and loss were palpable in every community as a result of the toxic drug emergency. Community members felt that reports with local data on deaths due to toxic drugs spoke to the struggles in their community. They found it impactful and validating to have local data, and see how the data compared to their wider region and to BC.

***“Seeing the breakdown of like the amount of overdose-related deaths per 100,000 and how disproportionately high they are to our relatively small community. Obviously like we are in it, we see it. But to see it broken down that way and to see like exactly how bad it is proportionately, it was good to see it that way ... It did feel validating.”***

Some community members noted that what might appear to be a small number of deaths has a huge impact within a small community. Within some communities rates of toxic drug deaths are much higher than for the province overall, which community members felt demonstrated this relative impact. Further, they noted that every person is part of a family system and community system, and that the impact of each death is far-reaching for their communities.

***“You’re humanizing people when you put a name to them ... It means everything to the family and friends.”***

We heard the need to humanize these numbers to address stigma and support healing through sharing stories and narratives, including the creation of memory walls to remember people who have died and to speak to this collective grief and loss. People spoke about the need to learn from Indigenous ways of doing and the power of narratives and stories for healing, de-othering, and anti-stigma.

## Sociopolitical Context: No substance use plan or meaningful engagement in communities

### What we did

We collected information on policies, laws, and regulations related to illicit substance use and substance use services and supports in the community.

### What we heard

***“The regional government has absolutely nothing ... I understand that that level of government tends not to focus on that aspect, well maybe they should.”***

***“Without a plan ... they’re able to intentionally or not intentionally change the goal posts however they may feel.”***

Across communities, community members found it significant that the municipal and regional governments did not have an overarching substance use plan to guide community responses to the toxic drug emergency. They also stressed the importance of exploring policies, bylaws, and agreements that exist for Indigenous Nations and Bands in future monitoring efforts. Community members further spoke to experiences of stigma and how policies and bylaws that aren’t necessarily about substance use, such as Good Neighbour Agreements, were being used in discretionary ways against people who use substances.

### What we did

We assessed whether the documents we located reported that people with lived and living experience of substance use, Indigenous peoples, and other affected people, had been involved in the development of that document.

### What we heard

***“I think the authority and power I’d like to see are the lived experience and Indigenous people and the women and the queer community ... you can’t turn your back on the people you serve.”***

***“Whether or not the government’s going to understand it and see eye to eye with people that have addictions, I find they just turn a deaf ear to a lot of things. They just want us to go away.”***

We heard that meaningful engagement with people with lived and living experience of substance use, Indigenous peoples, and LGBTQST2+ people is critical in policy-making processes. However, community members indicated engagement is often lacking or can feel tokenistic. They stressed the importance of being involved from the beginning, and the need to include a range of people with lived and living experience of substance use in policy development.

Community members shared that members of their community, and organizations like drug user groups, were working hard to address the toxic drug emergency. However, they noted it was hard to get traction for change because of stigma and lack of political support or action. They expressed feeling ignored, stigmatized, and stonewalled by local governments. They also highlighted that it can be challenging to know who to speak to about certain issues or who is responsible for which level of response within their communities; for example, determining whether a service is the responsibility of the local government, a provincial ministry, or a health authority.

We heard that sharing community reports with government could be a powerful advocacy strategy, and that people with lived and living experience of substance use need to be in the room for those conversations. Further, we heard that locating policies that exist for communities and identifying where they originate from is of great value.

## Services, Systems, and Responses: Resourcing and capacity for culturally-safe and appropriate services and supports that meet community needs

### What we did

We collected information on harm reduction services within the community.

### What we heard

We heard that while communities did have some necessary harm reduction services, these didn't meet community needs. Services may not be accessible due to geography, program rules, hours of operation, or limitations on who may access them. We also heard that closure of services and staff shortages were issues that limited availability.

***“Just because we have these services, doesn't mean that these services are meeting the needs of the community.”***

***“Smooth transition between detox and treatment and second stage housing. Because I see it again and again. A lot of people they want detox, they want recovery, but they go to detox and from detox they are exited out on the street.”***

Community members highlighted that because many sites are centrally located, there may be poor access in outlying parts of the community. We heard that rural communities may be service hubs for neighbouring areas, so community members may be required to travel to access services. People indicated that there are tensions around having services located within certain neighbourhoods, or being perceived as a service hub for other communities. This may lead to community resistance to services because of public fear that offering such services will result in more safety risks. One suggestion was that Neighbourhood Ambassador roles could help improve relationships with communities and support successful integration.

We heard from many community members that there were not enough detox, treatment, and recovery housing options in their communities. Community members spoke to the importance of smooth transitions between these services, and noted that long wait times between stages are a problem and can result in homelessness. They further spoke to the need for other supports that meet people where they are at and the need to address barriers that prevent recovery and employment, such as difficulty obtaining ID such as a driver's license (for example if owing payments for MSP or child support) or lack of transportation options.

Several communities pointed to rising rates of homelessness and lack of affordable housing as a problem impacting substance use harms, including toxic drug deaths, and the need for housing of all types including supportive housing. We heard the need for safe hubs that offer a place for rest and recovery, and the importance of wider community supports where people can come together, gain life skills, and have recreation opportunities.

***“We don't have enough social development and like social services, workers, places to live, places to go. So yeah like we have decrim now and we can walk around but then like what happens when we do want the help? And they're like 'sorry you can't come, but come back in three weeks if you're not dead.'”***

## What we did

We reported whether a service said they were Indigenous-led, or offered gender-sensitive or youth-specific services.

## What we heard

Community members stressed the importance of services that are culturally-safe to counter stigma and support healing. They also noted the need for services that are appropriate for people with many different needs. We heard that just because a service reports it is culturally-safe, or appropriate for certain needs, it does not mean this is the case. Community members highlighted that many organizations have aspirations to be culturally-safe and appropriate, but lack the resources and capacity to accomplish this.

***“In the peer navigation program that I am a part of, I get more of the information that’s needed for me to provide wrap-around service than a social worker would or somebody that’s from the health authority or whatever that’s an authoritative figure.” (As expressed by a peer navigator)***

Community members highlighted the importance of employing people with lived and living experience to create culturally-safe and appropriate care within services. We heard that Indigenous-led harm reduction services were needed, and the importance of working with Indigenous Nations and Bands to develop priorities and actions. Further, community members noted that education about trauma-informed care, and inclusion of ceremonies to support healing, are needed within all services.

Community members indicated that local services for women, gender diverse people, and youth were also critical. This was an important issue for rural areas, where youth might have to leave their communities to get the help they need.

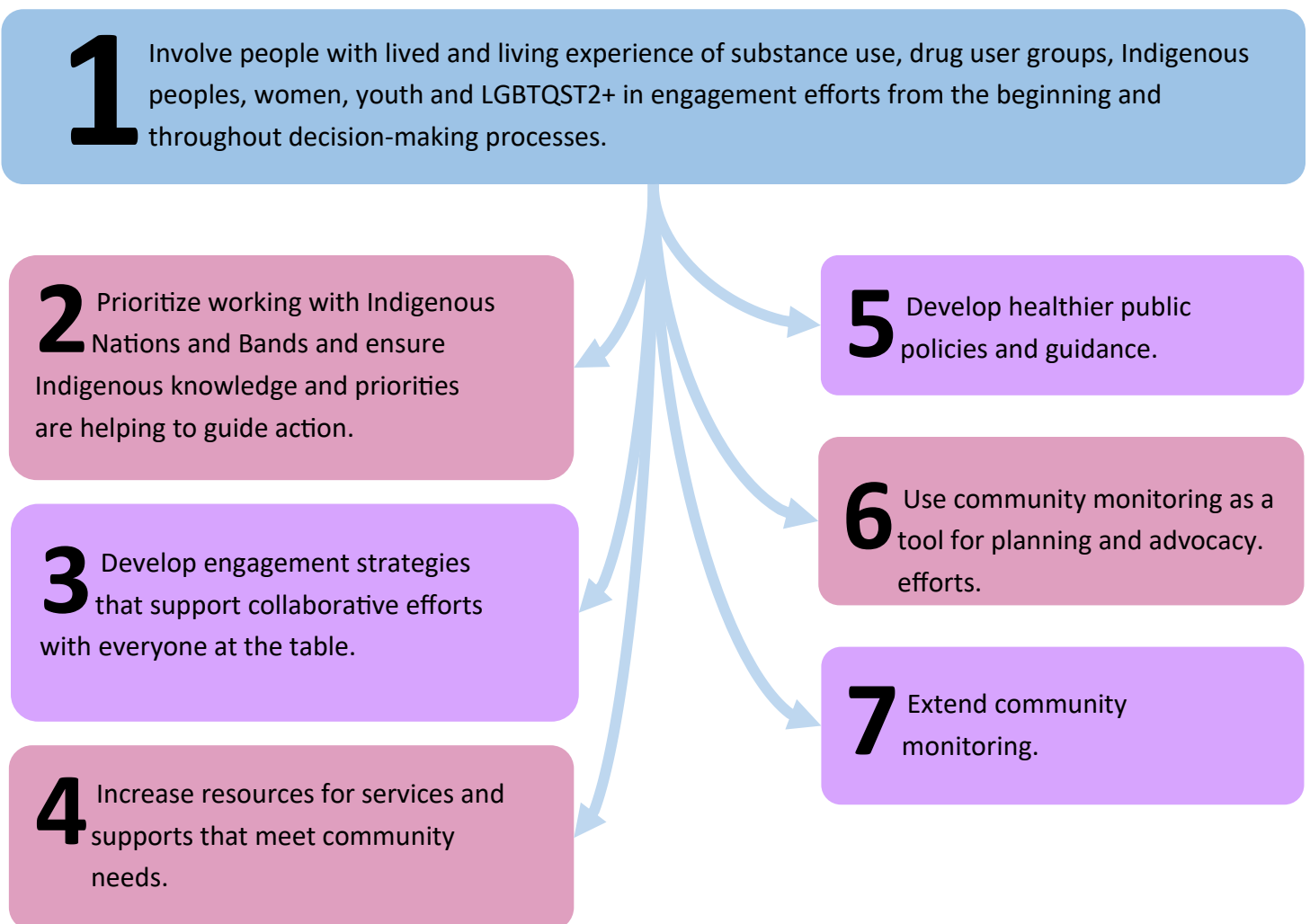
***“I think it really shows the needs for youth specific services, and also just shows the need for services altogether.”***

We heard across communities that people with lived and living experience were already operating as first responders within their communities, but were not properly resourced or supported to do this work. Many community members were involved in innovative, grass roots, harm reduction responses to save lives within their communities, but these responses risked being perceived as acts of civil disobedience. Further, community members noted the burden on people with lived and living experience, Indigenous peoples, and other affected people, to support cultural safety within services when they are not properly resourced or supported to do so.

## Community Recommendations

Community members stressed that collaborative engagement processes, and early and continuous engagement of people with lived and living experience of substance use, Indigenous peoples, and other affected peoples, are needed throughout all decision-making processes related to substance use services and supports. This is paramount to supporting equity-oriented processes that ensure responses are relevant, meet community needs, support healthier communities, and avoid unintentional harms. This recommendation is central to all subsequent recommendations.

Community members spoke to the critical importance of being guided by the Indigenous Nations and Bands in their regions. They also highlighted the need for increased resources to meet community needs, and healthier public policies. Community members underlined the value of community monitoring as a tool that can be used in their own strategic planning and advocacy efforts, and brainstormed around ways to extend this monitoring. A comprehensive list of recommendations is included in Appendix A.



## Appendix A: Community Recommendations in Full

**1** Involve people with lived and living experience of substance use, drug user groups, Indigenous peoples, women, youth, and LGBTQST2+ in engagement efforts from the beginning and throughout decision-making processes.

- Recognize that relationship building and engagement processes take time;
- Exercise caution around tokenism and power imbalances;
- Seek to reduce stigma and segregation for people who use substances;
- Include a range of people with lived and living experience of substance use.

**2** Prioritize working with Indigenous Nations and Bands and ensure Indigenous knowledge and priorities are helping to guide actions.

- Include cultural advisors, knowledge keepers, and Elders in policy-making processes and services to support cultural safety and healing.

**3** Develop engagement strategies that support collaborative efforts with everyone at the table.

- Develop networks beyond one community group to support different perspectives, promote information sharing, and facilitate action;
- Recognise and resource the innovative and foundational grass-roots approaches in communities;
- Involve different levels of government, neighbourhood associations, and city planners who can make change;
- Engage with Indigenous Nations and Bands with relationships to the community.

**4** Increase resources for services and supports that meet community needs.

- Ensure services are culturally safe;
- Distribute services throughout communities so that not all services are centralized;
- Extend availability of harm reduction services, taking into account access issues for rural communities and which communities may be service hubs for other communities;
- Establish more OPS and SCS within communities, including services with inhalation options;
- Fund and support grass-roots approaches, and recognize the resiliency and innovation of community members and groups in providing services;
- Fund and support peer-to-peer services, resources for Indigenous communities including harm reduction nurses and safe supply, men's programs, services for women and gender-diverse people, youth services within the community including emergency short term youth shelters, local residential treatment, and parent/family counselling, education and skill building services;
- Create neighbourhood ambassador roles within services to support community relationships;
- Fund supportive housing with wrap-around supports;
- Increase availability of detox, treatment, and recovery housing within the community, and ensure smooth transitions between them.
- Provide education within services around trauma and colonization;
- Fund and support safe and supportive transitional hubs; and wider community supports for connection, skill building, and recreation;
- Fund and support capacity-building within drug user groups.

## 5 Develop healthier public policies and guidance.

- Develop and adopt a municipal substance use strategy, with recognition that individuals have different needs and life experiences that require individual approaches to support health;
- Harmonize approaches within and across all levels of government;
- Seek guidance from Indigenous Nations and Bands and understand the Indigenous priorities, agreements, and bylaws that are in place;
- Ensure emergency responses take into account the needs of people who use substances;
- Evaluate how policies related to substance use are experienced in the community;
- Consider if policies, including work safe policies, may restrict timely overdose response and mitigate these;
- Learn from communities that are having successes: What strategies are being used in communities where toxic drug death rates are decreasing, or where communities feel local governments are supportive and effective?
- Develop guidance on how community groups can work with BC housing to help set up shelters and other housing.

## 6 Use community monitoring as a tool for planning and advocacy efforts.

- Hold community information sessions to discuss community data and support group learning and planning;
- Share people's stories, and create memory walls that speak to how loss impacts across family systems and communities;
- Use data as evidence to support the need for accountability and funding from government and health authorities, and to disrupt harmful narratives;
- Share and compare data across communities to learn where inequities exist, what might be working or not, and create stronger evidence for accountability and action;
- Ensure people with lived and living experience are in the room with government to discuss data for their communities.

## 7 Extend community monitoring.

- Create health and wellness profiles for other BC communities, and across communities;
- Monitor community data on toxic drug deaths: for Indigenous people, by service availability, and within OPS/SCS;
- Monitor factors such as social deprivation index, employment rates, existence of neighbourhood groups, incarceration rates, measures of civil forfeiture, number of drug arrests, number of people missing and not found, poverty rates, median rental costs, and proportion of people working in the trades.
- Monitor Indigenous bylaws, agreements, and policies;
- Monitor bylaws that are not directly related to substance use, but that might be used discriminately against people with lived and living experience of substance use;
- Monitor other aspects of sociopolitical context such as government spending on substance use services, municipal and police budgets for funding allocated to issues around substance use, substance use services and supports, media around harm reduction, decriminalization and prescribed safer supply, and election results;
- Create maps of available substance use services within communities;
- Monitor availability of Indigenous-led services and supports within communities;
- Monitor changes in service availability over time;
- Monitor whether promised services and supports are delivered within communities;
- Consider who is being missed in monitoring.

## Appendix B: Considerations for Community Monitoring: What's Next?

We provided:	Future monitoring could consider:
<b>• Regional data on illicit drug toxicity deaths</b>	
<ul style="list-style-type: none"> <li>Provincial data               <ul style="list-style-type: none"> <li>by age, sex, and for First Nations people;</li> <li>indicating whether fentanyl was detected and place of injury (i.e. place of death);</li> </ul> </li> <li>Regional data.</li> </ul> <p>This gives crucial information on who may be most impacted by the toxic drug emergency.</p>	<ul style="list-style-type: none"> <li>Data for people who identify as gender diverse, two-spirit, transgender, or other identities;</li> <li>Data for First Nations people without status, Métis, and Inuit people;</li> <li>Regional data by age, gender, and for people who identify as Indigenous (as well as their intersections);</li> <li>Data for circumstances such as following release from prison or within supervised consumption or overdose prevention sites.</li> </ul>
<b>• Existence of policies related to illicit substances and use</b>	
<ul style="list-style-type: none"> <li>Data on policies from different levels of government and partner organizations;</li> <li>Data on policies that influence what services and supports may be available, and what is permitted within the community;</li> <li>Data on whether affected populations, such as people with lived and living experience of substance use, were included in policy development.</li> </ul> <p>This identifies the range of policies relevant to the community level, and which organizations hold these policies.</p>	<ul style="list-style-type: none"> <li>First Nations policies, laws, and regulations;</li> <li>Policies that may disproportionately impact people who use substances but do not contain a focus on substance use, such as good neighbour bylaws.</li> <li>Whether affected populations were included at every stage of policy development and if there are policies on best practices for engagement.</li> </ul>
<b>• Existence of harm reduction services, sites, and programs</b>	
<ul style="list-style-type: none"> <li>Data on overdose prevention and supervised consumption sites (with or without inhalation), drug checking services, needle and harm reduction supplies distribution sites, prescribed safer supply programs, and clinics with opioid agonist therapy prescribers;</li> <li>Data on whether these were reported to be Indigenous-led, gender-sensitive, or youth-specific.</li> </ul> <p>This provides initial information on whether there are essential harm reduction services for overdose response within the community.</p>	<ul style="list-style-type: none"> <li>Other critical factors such as wait times, capacity, hours of operation, adequacy of services to meet needs, and appropriateness of services;</li> <li>Whether services are peer-led or employ peers;</li> <li>Other services and supports across the continuum of care for substance use, including detox, treatment, and recovery housing; or other community supports that can improve health and wellbeing.</li> </ul>

This resource was created by Co/Lab: A Collaborative Community Laboratory on Substance Use and Harm Reduction at the Canadian Institute for Substance Use Research (CISUR) as part of research and knowledge exchange activities to promote health and health equity for people with lived and living experience of substance use. Co-Lab is funded by Health Canada's Substance Use and Addictions Program (SUAP).

This initiative has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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