

The South Island Community Overdose Response Network presents:

Community Priorities for Action on Overdose

March 2018



Funding provided by the Community Action Initiative (CAI)

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INTRODUCTION

In May 2017, AVI with the support of the Community Action Initiative (CAI) hosted a community symposium on overdose at the Songhees Wellness Centre. Following the symposium, a summary report was circulated to amplify the voices of people who use drugs, families who have lost loved ones, community organizations and the frontline staff who were present for the gathering. The solidarity and support from the event was palpable and many expressed a desire to continue our work together. The South Island Community Overdose Response Network (SICORN) was formed to continue our collective, frontline response to overdose, to speak the truth about the harm of stigma and shame, and to collaborate to save and improve as many lives as possible. SICORN is community-driven and includes people with lived experience (PWLE), frontline workers, and family members impacted by the overdose crisis.

On December 1 2017, the Province of BC launched the Overdose Emergency Response Centre to lead urgent action to save lives and increase supports to people impacted by overdose. The Centre's focus is on preventing overdose and providing supports that are, "on-the-ground, locally driven and delivered, action-oriented and rapidly implemented."¹ The Centre will support five Regional Response Teams (formed by BC's health authorities) and local Community Action Teams which will have access to a new Community Crisis Innovation Fund as part of the projected \$322 million the Province of BC will be investing to address the overdose crisis.

In light of the work already underway by SICORN in Victoria, and in anticipation of the new provincial response structure, SICORN, with the continued support of CAI, hosted a second symposium on December 12, 2017, to identify "Community Priorities for Action on Overdose." Over 65 people representing community organizations, individuals with lived experience of overdose, family members and supporters, policy makers and researchers and came together to strategize about local, actionable priorities to prevent, respond to, and recover from overdose.

The event included presentations from Doug Hughes, the Deputy Minister for Mental Health and Addictions on the provincial plans regarding increasing community level actions, Dr. Mark Tyndall from the British Columbia Centre for Disease Control reviewed the 10 strategies for reducing overdose deaths identified through the BC Overdose Action Exchange Meeting²; Jack Phillips from SOLID Outreach discussed the imperative of engaging people with lived experience; Tara Levis shared her story of navigating systems in an effort to curb her dependence on IV opiates so she can pursue her passion for helping fellow users and her mother, Nancy Murphy spoke about her experience dealing with stigma in the health care system as she supported Tara.

The forum participants then broke into facilitated groups to discuss locally driven strategies to address each of the themes. Detailed notes were taken during the sessions and participants were invited to prioritize the key actions. The notes were summarized and then reviewed with the session facilitators. This report provides our collective strategies for action specific to the community of 'Victoria' on Lekwungen and W̱SÁNEĆ territories.



1 https://www2.gov.bc.ca/assets/gov/overdose-awareness/bg_overdose_emergency_response_centre_1dec17_final.pdf

2 <http://www.bccdc.ca/about/news-stories/news-releases/2017/overdose-action-exchange-meeting-report>

PRIORITIES FOR ACTION: FROM CRISIS TO COMMUNITY CARE

1. EXPAND OVERDOSE PREVENTION SERVICES

2. PROVIDE SUPPORT AND BUILD CAPACITY OF FRONT-LINE WORKERS

**3. EXPAND MENTAL HEALTH AND WELLNESS SUPPORTS FOR INDIVIDUALS
AND FAMILIES WHO ARE STRUGGLING WITH SUBSTANCE USE**

**4. ADDRESS STRUCTURAL BARRIERS AND STRENGTHEN
LINKAGES TO UPSTREAM FACTORS**

5. RAPIDLY EXPAND ACCESS TO SAFER SUBSTANCES

6. EXPAND AND IMPROVE COMMUNITY BASED TREATMENT OPTIONS

1. EXPAND OVERDOSE PREVENTION SERVICES

Overdose Prevention Services (OPS) were established at 4 Victoria sites in late 2016/early 2017 and are still currently operating in the Our Place courtyard, at the Johnson Street Community residence (PHS), at Rock Bay Landing shelter (Cool Aid) and at AVI. There were over 63,000 visits, over 600 overdoses, and no overdose deaths at these sites in 2017. The success of these services both locally and provincially is critical to acknowledge, not only due to the life-saving work being done but also due to their ability to be set up quickly and to be responsive to the evolving and unique needs of service users. These services have also incorporated peer leadership and staffing, and have demonstrated their cost-effectiveness particularly in comparison with supervised consumption services that must meet onerous federal standards. The overdose epidemic has not abated. This is the time to be expanding, not restricting, successful and nimble harm reduction initiatives such as OPS.

Local strategic actions include:

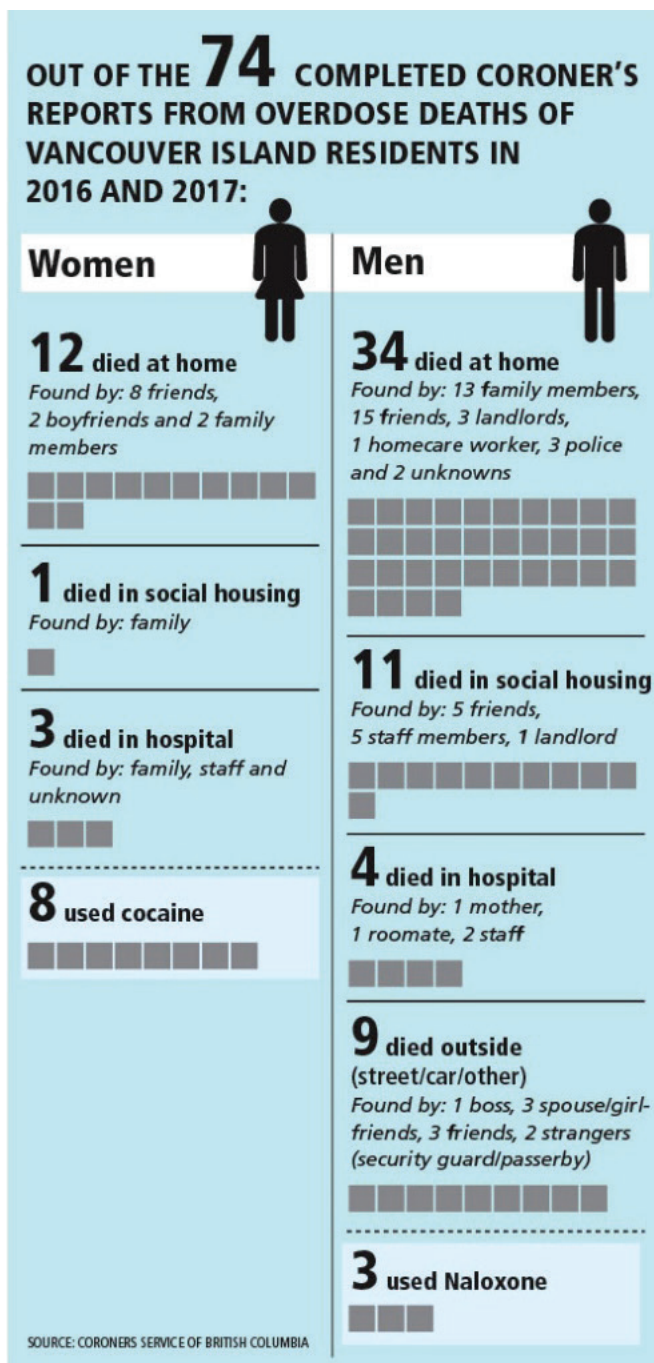
- Continue to provide financial and human resources support to community-based OPS throughout Southern Vancouver Island.
- Work to ensure that youth under 19 have access to safer spaces to use substances.
- Pilot OPS in settings such as harm reduction outreach, mobile outreach, case management, supported housing and other community settings by developing policy and practice guidelines for direct observation of drug use where people would otherwise be using alone (eg. AVI has practice guidelines for outreach workers to observe individuals using in their homes and respond to potential overdose as part of comprehensive harm reduction support).
- Build capacity at new and existing OPS for integration and expansion of primary care, safer drug use support (eg. vein maintenance), naloxone training and distribution, mental health support, mass spectrometry drug checking, and access to safer substances (eg. opioid agonist treatment).
- Bring together frontline staff (including people with lived experience) who work at all OPS's for shared learning and practice development.
- Explore capacity to expand safer inhalation services in outdoor/ventilated spaces.
- Continue to support peer leadership and capacity-building as an integral part of OPS.
- Ensure all staff who work in OPS's receive training in cultural safety and indigenous approaches to harm reduction and substance use.
- Include welcoming spaces of respite and socialization for people who use drugs as part of OPS.

2. PROVIDE SUPPORT AND BUILD CAPACITY OF FRONTLINE WORKERS

The overdose epidemic has pushed the limits of staff working in shelters, drop-in centres, OPS sites, outreach, clinics and supported housing. Peer and non-peer workers alike have experienced incredible loss, ongoing grief and trauma, and often do not have adequate access to the information, resources and support they require to take care of themselves and people who need their support. A rapid expansion of the importance and practice of harm reduction approaches to substance use is welcome and necessary however harm reduction is still new to many organizations and settings and may not be well understood. Staff and service users alike may struggle with the perceived differences or tensions between abstinence-based messaging and harm reduction philosophy and practice. Peer leadership is critical to community-based and harm reduction responses to overdose. Organizations must be supported to build their capacity to support staff with lived experience of not only drug use but also of the associated criminalization, stigma, internalized shame, and other intersectional experiences of oppression. Staff at frontline agencies are also in a position to provide early intervention for people who want to reduce their substance use and develop strategies for people to reduce their risk. They can also play a key role in connecting people to the right services and keeping them connected.

Local strategic actions include:

- Work with local leaders in harm reduction policy and practice, including people with lived experience of illicit drug use, to develop and deliver ongoing, comprehensive and standardized training across all sectors responding to the overdose epidemic. Such training would include a suite of interactive workshops on topics such as:
 - harm reduction philosophy and practice
 - cultural safety with people who use illicit drugs
 - safer injecting practices
 - safer inhalation/intranasal practices
 - expanded overdose prevention and response
 - training on having conversations about substance use including use of language
 - Skills for staff to provide in the moment support to individuals who want to reduce their substance use including motivational interviewing techniques
 - care for individuals with lived experience of trauma
 - safer sex practices
 - prevention and support for sexually transmitted infections and blood-borne pathogens
 - history of colonization and cultural safety practices with Indigenous peoples
- Increase access to ongoing education and capacity building for peers and other staff to attend professional and personal development opportunities such as the example above.



- Provide support for local organizations to adopt and implement best practices for working with people with lived experience of illicit drug use such those developed by the BCCDC's Peer Engagement and Evaluation Project (PEEP) (eg. Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and other providers; the Compassionate Engagement Modules, etc).
- Include Victoria as one of the communities for the Compassion, Inclusion, Engagement initiative of the BCCDC and First Nations Health Authority. This initiative supports service users and service providers to work "collaboratively with each other and with leadership to develop and provide accessible, non-judgmental, compassionate harm reduction within an adaptable and responsive system that supports peer empowerment and capacity development across an integrated network of public health, substance use and mental health services and supports"³
- Expand reach and capacity of the BC Mobile Response Team to provide effective and culturally-safe (ie. with nuanced understanding of harm reduction work) care to peer and non-peer frontline workers.
- Increase capacity for organizations to support their staff to access the BC Mobile Response Team and other supportive resources for trauma, grief and loss (eg. subsidies or other financial supports to cover costs of back-filling staff when they are off-work and accessing supports or professional development).
- Support the development of peer-based initiatives that engage peers in advocacy and leadership development for meaningful inclusion in policy and program development.

3. EXPAND MENTAL HEALTH AND WELLNESS SUPPORTS FOR INDIVIDUALS AND FAMILIES WHO ARE STRUGGLING WITH SUBSTANCE USE

Family members of people who use substances and those who have lost loved ones to overdose have said clearly that the process of accessing substance use and mental health supports is like navigating a labyrinth. The emotional toll of constant advocacy, systems navigation, barriers to care, feeling loss of control and loss of choice, and being confronted by stigmatizing attitudes adds stress and trauma to already difficult and potentially devastating circumstances. Fear of stigma and judgement can prevent people from accessing the services they need. Family/caregiver support can be vital in these cases. Family members can also be key in reaching and providing support for people who may be using alone. Mental health and wellness supports for individuals and families supporting their loved ones must be expanded as a twin goal to developing an effective system of care for people who use substances. While options for family support and inclusion are more well-developed for the mental health system, those dealing with substance use either alone or in conjunction with mental health issues report significant challenges and barriers.

Local strategic actions include:

- Provide dedicated supports for families and friends who are caring for loved ones (“care for the caregiver”) or who have lost people to overdose. Examples include family centre, support/navigation/grief groups, training in peer support and other options for family members to come together.
- Expand system navigation by including peer and non-peer advocates within and between clinical and community settings.
- Ensure that conception of ‘family’ includes more than just immediate biological family and encourage the development of programs that can offer support for the whole family and not just the person using substances.
- Ensure family members are actively included as a voice in efforts to respond to the overdose crisis including anti-stigma campaigns.
- Have a peer navigator or support worker who is available to support individuals and their families/ care givers while attending hospital after experiencing an overdose or other substance use related events.
- Support Indigenous communities and organizations to develop and deliver overdose prevention programming and support for families of people who use substances that is grounded in local cultural approaches.
- Open a resource centre/drop-in for people who are using substances with access to safe injection, access to OAT and safer substances (eg. hydromorphone), educational and support programs.
- Ensure and/or promote a process within all health care agencies for people to bring forward concerns or complaints about the care they or their family members receive.
- Build skills and provide training for professional staff who are providing support to individuals and families related to understanding drug-related stigma and the impacts of criminalization, colonization and racism, and internalized shame.
- Expand treatment options and harm reduction care for individuals who are parenting.

4. ADDRESS STRUCTURAL BARRIERS AND STRENGTHEN LINKAGES TO UPSTREAM FACTORS

Prevention of overdose must include recognizing linkages to social determinants of health and working to address structural barriers that increase risks of harm through isolation and marginalization. Sustained efforts to address systemic barriers to health and well-being are as necessary as rapid, strategic actions to address the overdose crisis. Locally, actions should be supported to increase our community's capacity to provide accurate, stigma-free information, to navigate systems of care with transparency and support, and to address the conditions that put people at risk in addition to offering individualized care that meets unique needs. It is also imperative to provide evidence based information on substance use to counter the persistent stereotypes of people who use drugs that impact their ability to seek care. This includes de-linking health and wellness information from the criminal justice in order to de-stigmatize curriculum and to offer information based on resiliency and skills-building rather than drug harms and fear.

Local strategic actions include:

- Support community-based organizations to develop and deliver progressive, evidence-based mental health and substance use education and support to our local school districts and to students within the public school system.
- Support Indigenous organizations, and community organizations they identify as working in allyship, to develop practical tools and programming to support wellness for individuals and families grounded in local cultural approaches and decolonizing practices aligned with the recommendations of the Truth and Reconciliation Commission.
- Fund and support development of capacity building for supported housing providers to assess and adjust policy and procedure in order to reduce risk of tenant isolation and risk for overdose, reduce intrusive surveillance and policing, and build resiliency and increased sense of community care.
- Develop a strategy for a sustained naloxone training and distribution program that includes outreach and support.
- Advocate and support advocacy efforts related to increasing the available local stock of accessible housing options.
- Advocate and support advocacy efforts related to progressive drug policy reform and decriminalization.



5. RAPIDLY INCREASE ACCESS TO SAFER SUBSTANCES

The current overdose epidemic is firmly rooted in prohibition, criminalization and the resulting toxic drug supply. Safer substances are urgently needed to save lives, reduce crime, and enable access to mental health and substance use supports and services. Prescription medications can be offered in a variety of scalable models and settings, and action should be taken to rapidly increase access to pharmaceutical opioids in addition to building a more comprehensive and accessible system of addiction treatment options. Particular strategies could provide support to people who are using alone to increase safety in dosing. The ideal model would be distributed and available in a variety of low barrier settings.

Local strategic actions include:

- Support BCCDC pilot project to dispense hydromorphone in Victoria via community organizations and settings such as harm reduction and overdose prevention services.
- Increase local capacity of physicians to prescribe opioids including oral hydromorphone and long-acting slow release oral morphine.
- Provide timely and easily accessible practice support to physicians regarding pain management using opioid and non-opioid therapeutic strategies.⁴
- Advocate with the College of Physicians to support rapid training and increased capacity of physicians to prescribe full range of pharmaceutical opioids and opiate agonist treatments (Methadone, Suboxone, oral morphine (Kadian), injectable hydromorphone (Dilaudid), etc).

4 <http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf>



- Promote increased access to training and recruitment of Indigenous physicians.
- Ensure people who are accessing OAT are provided support to remain connected to care and to quickly re-engage if lost to care.
- Review policies that restrict people who are on OAT from accessing abstinence based housing and services that receive provincial or regional health resources.
- Provide education and support to staff working in settings where physicians are prescribing opioids in order to reduce stigma and discrimination of people who use illicit substances and their family members.

6. EXPAND AND IMPROVE COMMUNITY-BASED TREATMENT OPTIONS

Our community needs more options for support for substance use and we need to expand what we think of a 'treatment.' For some, remaining in their home and seeking care in the community they live may be the best option while for others, residential care is required. Peers, family members and community organizations are important resources and key to expanding treatment options however these supports cannot be downloaded to caregivers who also require support. Whatever the approach, treatment options need to center the autonomy and dignity that people have, to honour our abilities to make informed choices for ourselves, and to be responsive to what people identify as their needs and priorities without judgement. Waitlists, administrative hoops, gaps in the system (eg. having to choose retaining your housing or going to treatment) all create additional and unnecessary stress and trauma. Acting on recommendations by people who use substances and their caregivers will improve our community's capacity to provide treatment options that work for all and meet the BC Ministry of Mental Health and Addictions principle of "ask once, get help fast."

Local strategic actions include:

- Fund and support the development of systems navigators (peers, family members) who have lived experience and insider knowledge of local treatment options.
- Provide more substance use support options within community services accessed by people who currently use substances to help address the current barriers to treatment many individuals experience.
- Develop plan of action for increased and coordinated system of care for youth including harm reduction drop-in spaces, local medically supported detox (at home, in foster care, and residential), community-based and residential treatment options, follow-up care that connects directly into the adult system of care.
- Promote access to culture as treatment practices and Indigenous healing services.⁵
- Expand support system for people who are incarcerated to ensure that no one is released from a correctional facility without a comprehensive plan including immediate and seamless access to naloxone, OAT, treatment options, housing, income and psychosocial support.
- Ensure resources focused on evidence based approaches to a continuum of treatment options that assist people to transition seamlessly.
- Utilize existing resources to increase accessibility and continuity of care for people accessing OAT, eg. use Sobering and Assessment Centre to support people who need to be in opioid withdrawal to start Suboxone.
- Support development of community-based, harm reduction support groups, peer support and low barrier outreach for people accessing withdrawal management and pain management services.
- Support people with lived experience (and their family members) to develop an accessible complaint and follow-up system to address poor treatment and systems failures.

5 <http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf>

CONCLUSION

We would like to extend our gratitude to all the participants for coming together to develop community strategies. There has been a lot accomplished over the last year and many people have worked so hard to create dignity and safety for people who use illicit substances. But clear gaps remain and they must be addressed. Unfortunately, the overdose crisis continues with the most recent figures showing that in for January 2018 more than 125 people lost their lives, 14 of these were on the South Island.⁶ Victoria had the third highest number of deaths of any community in BC. The unregulated drug market combined with the pervasive impact of stigma and inequitable access to services continues to create unparalleled risk. Over the next few months' members of SICORN will be working on distributing this report and advocating for change in our community. We will continue to work with policy makers and those delegated to provide health services to ensure that the community voices are heard. SICORN also have a number of initiatives underway that will work to provide support to and engage families, people with lived experience and front-line workers. If you would like to be involved with SICORN please contact info@avi.org.