



Opportunity Book

B E H I N D
THE **N U M B E R S**

Connecting Stories and Ideas
on Overdose and Drug Use in
Private Residences in B.C.

About the Opportunities

Problem context

In 2017 1,451 people died of a drug overdose in B.C. The B.C. Coroners' report (published August 2, 2018) shows that 4 out of 5 people who died were male and 9 out of 10 deaths occurred indoors, including more than half in private residences. First Nations people are disproportionately affected by the crisis. What these numbers don't tell us is: who are the people behind these numbers, what drives them to use substances alone, and what are their ideas for change?

How we collected the opportunities

Between August 2017 and March 2018 the Ministry of Mental Health and Addictions and the Service Design team set out to learn more about this situation by engaging with people with lived experience and people who work in this field throughout B.C. Through more than 100 conversations, we met with people with lived experience (folks who use substances like cocaine, crack cocaine or heroin alone, and their family and friends), and with support providers (like health care practitioners, first responders, policy makers, community action groups, researchers) to understand their experiences and the challenges they face.

In conversations and workshops we learned about people's life histories, their positive and negative service experiences, their social networks and their ideas for change. Conversations lasted about an hour and were held in a safe location in a social or private setting of their choice.

With every conversation we upheld important work principles to create a safe space for the storyteller: keep the person telling the story and the team emotionally and physically safe at all times, meet each other with curiosity and compassion, listen without judgement, and follow-up if a need arises. We paid people for their time, and read out and signed consent forms to protect people's private information.

Throughout this work the project team worked with a paid peer researcher. His name is "Voices" and he has lived experience in using substances alone. Voices contributed to the project through co-designing conversation questions, connecting the team to folks with lived experience, facilitating conversations, accompanying the team to stakeholder meetings, talking to executives and holding us accountable throughout.

Working with the opportunities

The opportunities in this book can be used as inspiration and a starting point when considering how to take action. This is not a definitive list, but rather examples of what people think would help them live healthier lives, be treated with more respect and dignity, and make change in this complex problem.

This book is intended to be used as a tool for learning, understanding, exploration and inspiration.

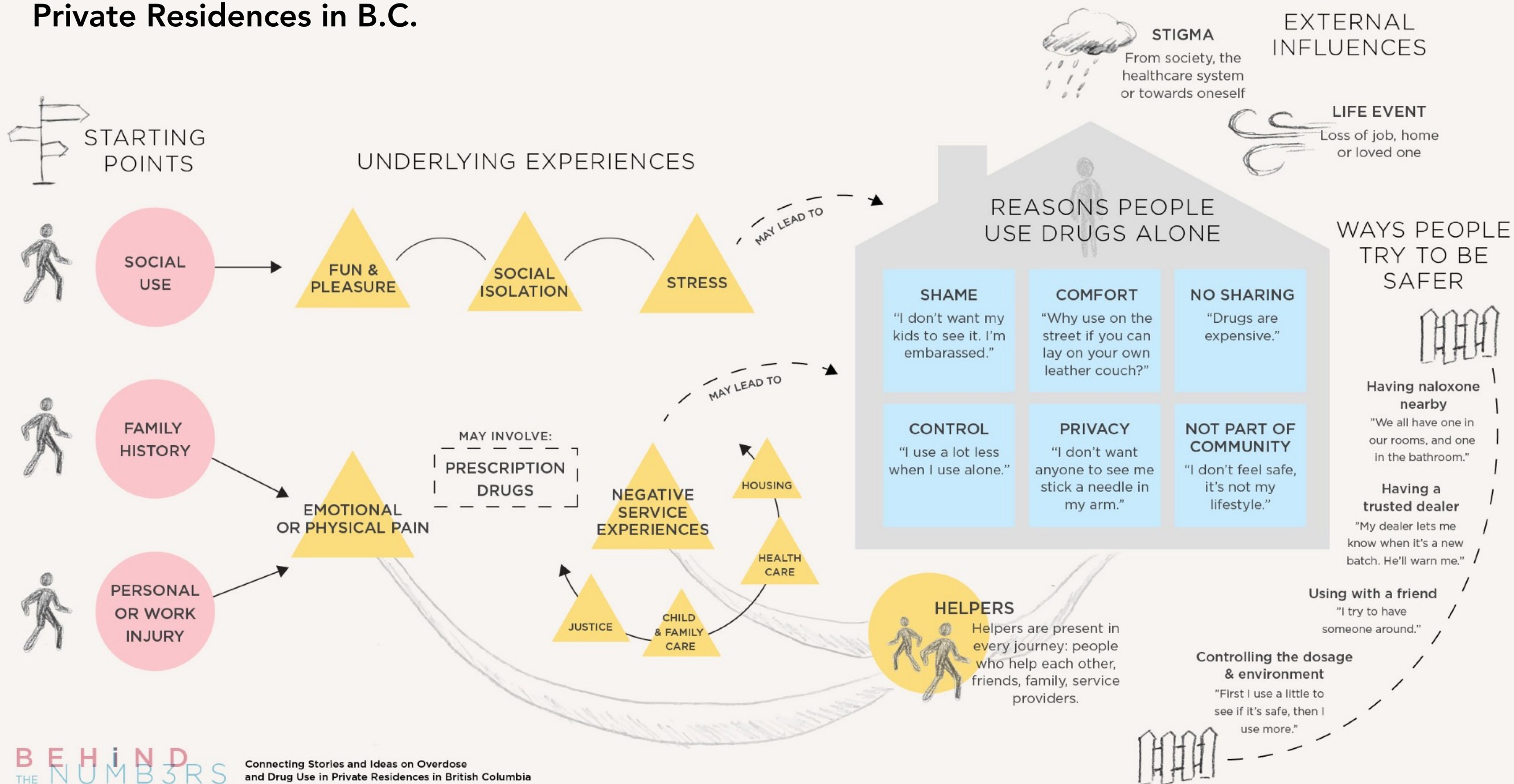
About the Opportunities

Thank you

This work would not have been possible without people opening their homes, hearts and minds. Thank you to each person who bravely shared their story. We also appreciate the generosity of people in support provider roles (practitioners, community action groups, Health Authorities) for taking time out of their important work to talk to us. A special thank you to our co-op student, Leila Mazhari, and peer researcher, Voices. Without your valuable time, brilliant ideas and connections we would not have been able to do this work.

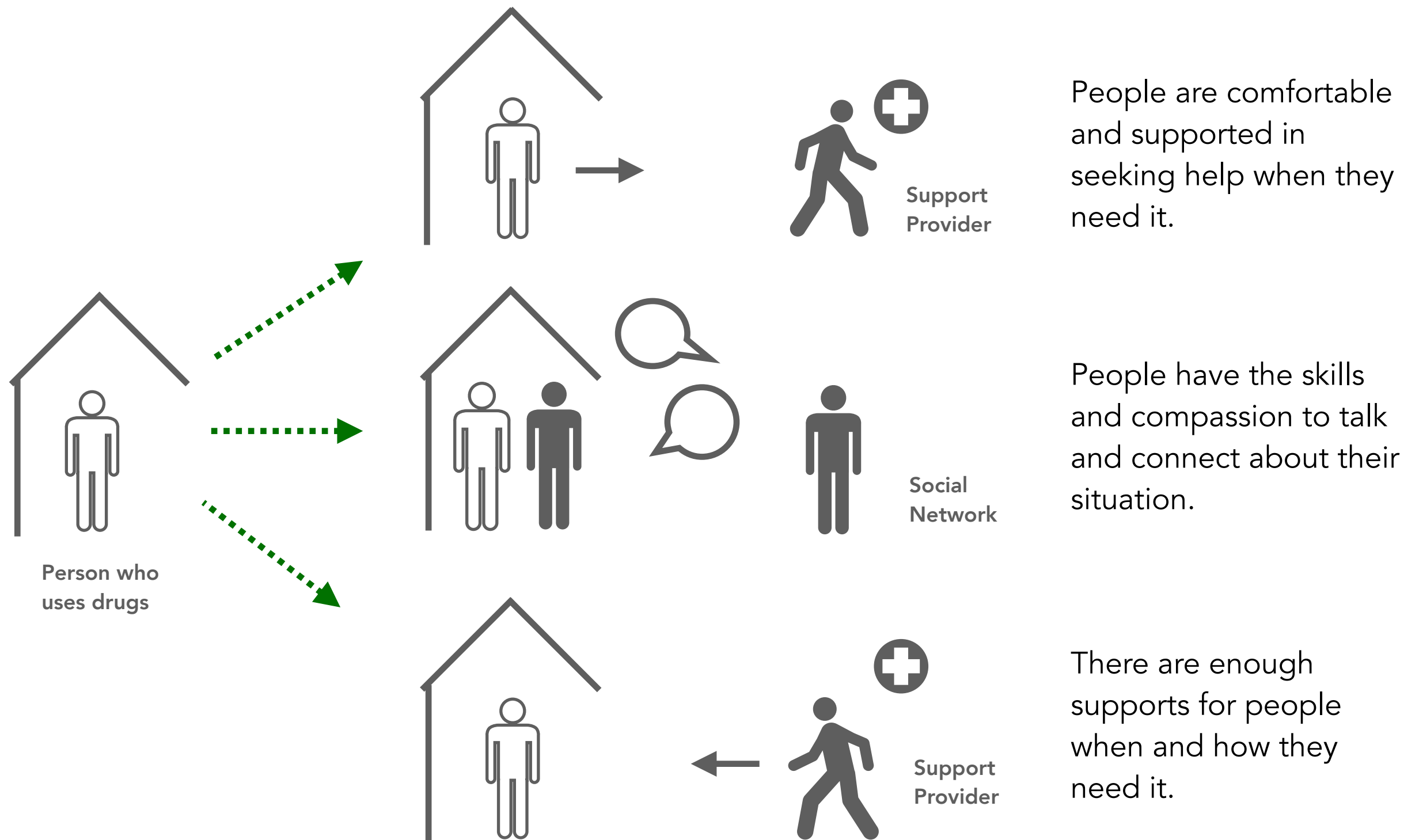
We hope this work can contribute to the diverse work that is done by many people, and we look forward to collaborating in continuous efforts to keep people safe and to support people to thrive in life.

Current State Journey Map: Routes to Using Drugs Alone in Private Residences in B.C.



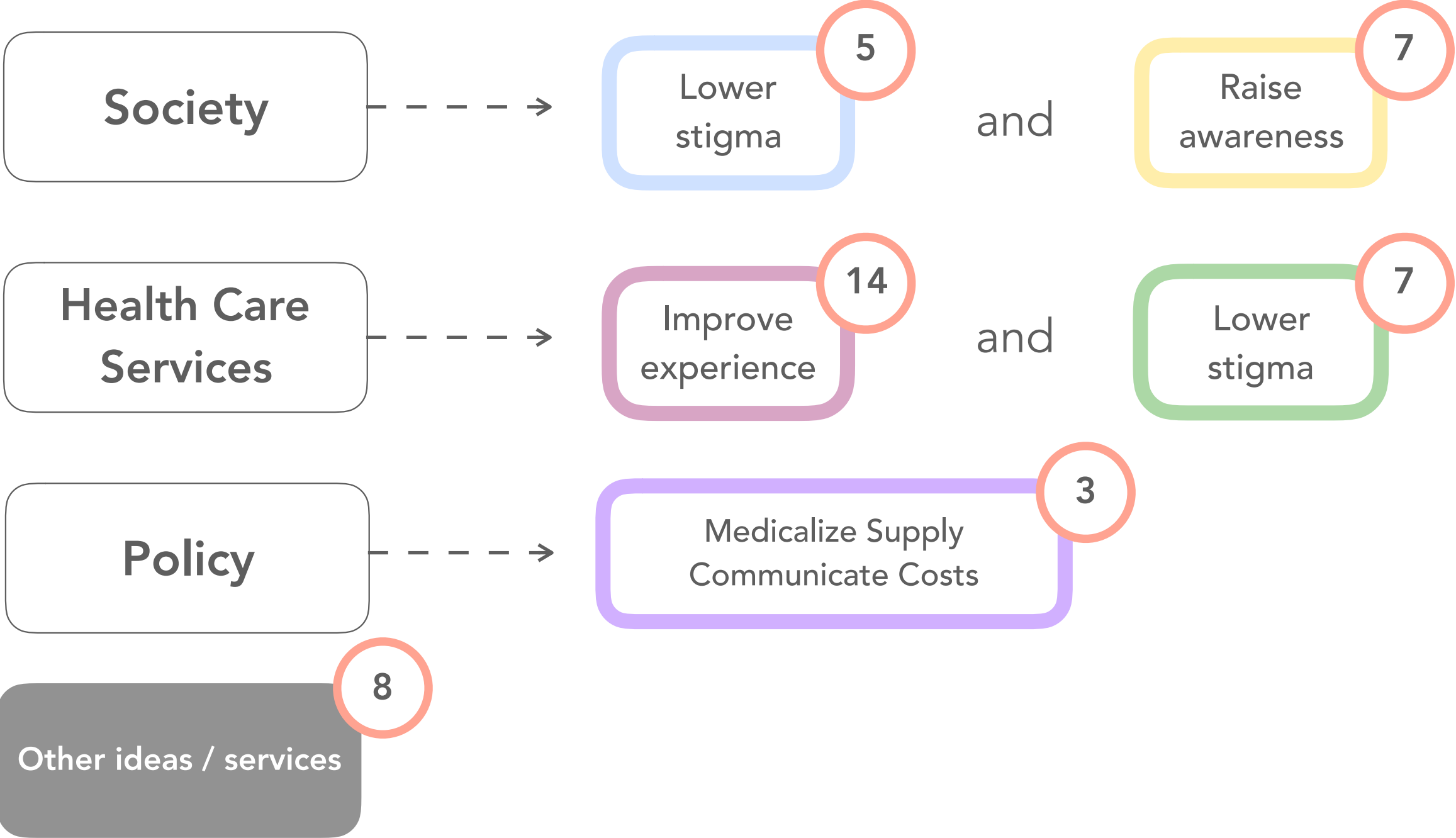
Story of Change: Towards a Society of Care

The opportunities in this book are examples of steps towards a future where:



Story of Change: Towards a Society of Care

The opportunities in this book are organized under 4 main themes. Each opportunity has the potential to impact the lives of people who use drugs alone, and together they are intended as a starting point for inspiration and action.



Opportunity Cards

Opportunities are arranged in 6 colour-coded categories:

**Society,
Lowering Stigma**

**Society,
Raising Awareness**

**Healthcare,
Lowering Stigma**

**Healthcare,
Improving
Experiences**

Policy

Other Services

How to read the Opportunity Cards:

The diagram illustrates the layout of an Opportunity Card. It features a light blue background with various sections for information. The sections are labeled as follows:

- Opportunity #1**: A small box at the top left, circled with a '1'.
- Theme**: A box at the top center.
- Strategy**: A box at the top right.
- Audience**: A box at the top right.
- Description**: A large box in the middle left, circled with a '2'.
- Contributes to**: A box in the middle right.
- Actions**: A box in the middle right.
- Challenges**: A box in the bottom left.
- Stakeholders**: A box in the bottom right.
- Stories**: A box in the bottom center.
- Design values**: A list of values on the far right, including hope, self-worth, connection, pride, trust, culture, compassion, courage, pleasure, belonging, comfort, and pleasure.

The card is branded with 'Society' and 'Behind The Numbers' on the right side.

1. Title and theme summary
2. Opportunity description
3. Quotes as evidence from the research
4. Exploring impact and starting points



Opportunity #1

First Nations Stories

Theme

Lowering stigma

Strategy

Campaign, public messaging on substance use

Audience

General public, First Nations

Description

A campaign with story telling to address colonization and the relationship to overdose / substance use in an honest way to the broader public. Use multi-media stories to portray positive First Nations stories (helping each other, positive resilience strategies, how culture plays a role, how there are traditional ways to address pain, how to collaborate with first nations and non-first nations).

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start understanding the problem better

Actions

1. Contact Northern Health and First Nations Health Authority and learn from their examples and experiences
- 2.
- 3.

Challenges

1. Finding the right tone
- 2.
- 3.

Stakeholders

1. Health Authorities
2. First Nations Health Authority
3. First Nations Council

Stories

Get more FN stories out there, represent them in campaigns with real stories. Reach out to the reserves. In the face of colonization we all need to get to know each other, regardless of where we came from / **Person with Lived Experience**

A film about the complexity of the problem to show this is not only a public health issue, but a social issue. People are born into families with substance use histories. Doctors are also oppressed by policies. People are afraid, we don't need police, we need each other. What are people avoiding? They are seeking relief from pain, possibly stemming from colonization. People don't want to talk about it, but they should. People get oppressed, then depressed, and then use drugs. / **Person with Lived Experience**

Working to create a public dialogue around First Nations directed approaches. Needs to be done in the proper context of culture and experience - this could be hugely impactful. / **Support Provider**

Research is needed about the current lived experience of First Nations people so that we aren't over generalizing. Interested in studies about resiliency. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers



1
7
= 0.3
%



Opportunity #2

Pain Awareness Campaign

Theme

Lowering stigma

Strategy

Campaign, public messaging on substance use

Audience

People with lived experience with chronic pain and people at risk of physical or emotional trauma

Description

A campaign to address notions of chronic pain in society. Chronic pain can start in many ways: a personal injury while bbq'ing on the weekend or a work injury while building someone's home. We have come to think that we don't have to live with (chronic) pain and we can treat our pain issues over the counter with a ready-made fix like a prescription. There are many other ways to live with chronic pain (mindfulness, yoga, physiotherapy). Target men, go to sporting events, work places. Target young people through social media.

Contributes to

- ▶ People start talking to each other
- ▶ People start finding and accessing the support service they need

Actions

1. Research what other countries have done
- 2.
- 3.

Challenges

1. What kind of format?
2. Which places?
- 3.

Stakeholders

1. General practitioners, NP's, RN's
2. WorkSafe BC
4. Pain BC

Stories

There's a whole notion about chronic pain. Why is it so big? Why are we paying so much attention to it? Why is it so different from 30 years ago? Our pendulum has swung so far over. People always have and always will live with chronic pain. / **Support Provider**

We need the public to understand the notion of pain better, through a public campaign we need to say: it's okay to have pain, you need to live with the pain and manage it. Doctors shouldn't overprescribe. / **Support Provider**

We need to change people's attitude towards struggling in life. It's ok to struggle. / **Support Provider**

For workers - show a hard working guy, it's not just a crazy wild stupid risk-taker. / **Support Provider**

For workers - you do a dangerous job because you're responsible and you're brave – but when you get hurt there's pain and that can undermine everything else – it can break any of us. Pain can kill the bravest hero. / **Support Provider**

For workers - the courageous and honourable thing to do is to reach out – connect it to the values. How did you get to this dark place? It started because you were being brave and doing this hard job. Then you sucked it up until you couldn't and now what. Reach out for help, that's the next brave thing to do. It's responsible. / **Support Provider**

Don't make it a mockery, don't say "yeah, men never reach out" because that's negative and no one wants to hear that. / **Support Provider**

It's managing expectations. People think the pain will be completely gone, but that's not true. That goal is to manage it and return to some of your functional activities. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers



GDX

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7
= 0.3
%



Opportunity #3

Humans of B.C. - Compassion Campaign

Theme

Lowering stigma

Strategy

Campaign, public messaging on substance use

Audience

General public, FN

Description

A Provincial anti-stigma campaign with human stories and multi-media on how people are affected by / connected to the overdose situation in BC. The aim is to stop judgement and create compassion and empathy, soften opinions. People need to know that people who use substances / overdose look just like you. People need to know that many choices (not only the person's own choice) of many people led up to why people eventually overdose and die in their homes. Show the human face of this crisis, make it less anonymous and also portray positive stories: ordinary people who champion in this crisis, neighbours who pick up syringes in parks, a person who helps another person. Start talking in schools, churches, temples, libraries, workplaces, busses, billboards. Also include the voices of people using drugs for pleasure. Also show survivor stories. Think of different languages, cultures and places (temples, churches). Demonstrate the values of taking care of each, acting as whole community. Positive focus. Use humour. Include public servant stories who are working around the clock. Think of online and offline campaign: a travelling art show with the stories, an art exhibition across the country to publicly engage folks.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start understanding the problem better

Actions

1. Learn from Northern Health
2. Study anti-stigma campaigns
- 3.

Challenges

1. Format
2. Collecting stories
3. Right tone

Stakeholders

1. MMHA
3. Social networks
4. Health Authorities

Stories

I'm just hurting, I have pain, so please have compassion. Use your humanity. People are dealing with a lot of pain. It's not the people you see, it's the drugs. Don't take it personal. That's somebody's daughter, you don't know what she's going through. She's just in a lost place right now. / **Person With Lived Experience**

We have to understand people as individuals. Everyone's story is different. There's a reason. There are many reasons, you got hurt, in an accident, or something traumatic happened. You don't know how to address that. You shut off and get addicted. It affects people in every part of society. This is a hard place., we are not happy. We need compassion.,that's so important. Show raw footage, of real people's stories and show how they are feeling. "This is what it's like" / **Person With Lived Experience**

Not every user is a down and out junkie. It's everyone, lawyers, doctors, trades people, mothers, sons, daughters. Show different type of people / **Person With Lived Experience**

Secrets kill. Portrayed leads to assumptions and more stigma. The stories need to be real. They need to be visual, non-verbal communications so they can travel across languages. For example in the ER room you can show that people are in there for different reasons: diabetes, substance use or Bulimia. It will help the public attitude towards 'the government wastes our money on drug users'. Provide information positively. We are all one trauma away from substance use'. Why do people use, what's underneath? Loss, trauma, poverty / **Person With Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers



1
7
= 0.3
%



Opportunity #3

Theme

Strategy

Audience

Humans of B.C. - Compassion Campaign

Lowering stigma

Campaign, public messaging on substance use

General public, FN

More stories

Reduce fear and intimidation by addressing judgement and creating empathy and reduce fear, intimidation. "Judgement doesn't just happen in the court room". People think: 'You can do better, why don't you quit? It's in your control to quit?'. Show the definition of empathy: the ability to understand and share the feelings of another. Explain what an addict faces, give the definition of addiction, more background information. IT could happen to anybody in all walks of life. There are everyday people, and there are people with an addiction, they can both look the same. BC people are: hippies, tree huggers, indigenous folks, business men, women, youth, doctors, people who shop in the grocery store. / **Person With Lived Experience**

There's AA and NA – but why is it anonymous? It's not cancer anonymous. There is diversity in this world. There's lesbian, trans, colour blind, and addicts. We have pride parades. Addiction has to come out of the closet. We are punishing people for being different. Who planted those ideas in our heads? / **Person With Lived Experience**

People equate drug use to failure, rather than the correlation to people not having a choice. People are dealing with the cards that they were dealt. / **Support Provider**

Campaign on who does an overdose victim look like: broad demographic, people who use look like you.- use this info in communities to help build understanding, specifically what's unique and applicable in their communities. / **Support Provider**

People would be up in arms about giving free heroin to addicts with tax money - religious, moral, financial issues - but we could show people that people who use drugs are just like you. / **Support Provider**

Show people that it's possible and what steps are needed to be better equipped. There seems to be an appetite and willingness to show the survivor stories. / **Support Provider**

There is shame and embarrassment with new Canadians, new immigrants. People think: 'our son our daughter doesn't do that [heroin]' / **Support Provider**

"There are many other unsafe activities in society that we don't judge over. Correlate it to other things that are unsafe, that we think are ok: roofing, scuba diving, climbing. Then ask: would you help keep me safe? Will you watch over me? / **Person With Lived Experience**

People should say "yes in my back yard" to helping fellow human beings / **Support Provider**



Opportunity #4

Media Training

Theme

Lowering stigma

Strategy

Campaign, public messaging on substance use

Audience

Media partners in B.C.

Description

"No Junkie says: I want to be an addict when I grow up." Mainstream media can play a role in changing and challenging societies main assumptions on substance use. Using images of piles of cocaine, needles, people shooting up and only numbers of people dying does not help in creating compassion or empathy or start conversations. Develop a short course or training for media companies (media networks, newspapers, online outlets) to educate people on non-stigmatizing language and imagery.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better

Actions

1. Think of format: online training, video?
- 2.
- 3.

Challenges

1. Format: how do people learn?
2. Budget
3. What are appropriate images / words?

Stakeholders

1. Media networks
2. Local Newspapers - outlets
4. MMHA

Stories

The vicious cycle is 'shaming the addict, feeling bad, using more, shaming the addict'. If you remove the shame, you'd almost solve the problem. Enable conversations that are more authentic. We are everyday people, not just a user. Avoid media stereotypes (needles, lines of cocaine). It all has to be genuine, no actors / **Person with Lived Experience**

Public sector has lost a lot of credibility as a spoke person by lying about cannabis and other things that aren't actually dangerous. / **Support Provider**

We have now created an expectation to media that we regularly provide data... there's a level of media fatigue. Media people are frustrated that they can't get access to reporting on families that had a loved one survive. We need to show some positive reinforcement, rather than only scaring people. / **Support Provider**

The comments in response to the 16-yr-old that revived someone the other day are all full of hate speech. People saying things like "junkies and addicts"... we don't talk about people of colour or other minority groups this way. Those comments should not be there to foster that mindset. It isn't harmless trolling, it contributes to a general attitude. People are giving opinions as facts. Media should have a conversation about how to stop hateful discourse, lead by the province or Health Authority / **Support Provider**

When people leave hateful comments, media engagement can step in there. You can say it's not acceptable to talk like that / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers



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Opportunity #5

Theme

Strategy

Audience

Peer speakers and research bureau

Lowering stigma

Campaign, public messaging on substance use

People with lived experience, partners who need peer speakers/researchers

Description

Set up a provincial database with names of parents, folks who use or have used substances, people who'd like to be in campaigns. Set up guidelines for how to work with people with lived experience (safe practices, language, stipends etc.) These folks will get paid to participate in story telling exercises, stakeholder groups, story telling campaigns to lower stigma around substance use.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better

Actions

1. Prototype with a peer researcher what this could look like
- 2.
- 3.

Challenges

1. Finding right budget structure
2. Recruitment
- 3.

Stakeholders

1. MMHA
2. Peers
3. Community based action group

Stories

I was ashamed when Dylan had died. It was a tiny part of who he was. I wanted to write, to a mother who had lost a child that way. But it's traumatic. People think less of them. I was at a dinner party. This person knew and they said: they asked about the drug problem. This person said: they should just all die. This person is a friend who thinks that. Ignorance, the more we talk about it. / **Person with Lived Experience**

Let's get on a soapbox on Government Street, with a sign that says "acceptance"! / **Person with Lived Experience**

We need to learn from people who use alone, we need to develop services with them, not for them. People. Need to tell us what's valuable for them / **Support Provider**

People who use want to be part of the solution, they want to help. They want to help change policies and make things better. It's an opportunity to bring communities together. / **Support Provider**

Relationship building is key - working with peers, people with lived experience. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers



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= 0
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%



Opportunity #6

Theme

Strategy

Audience

Talk Overdose in the Classroom

Heightening overdose awareness

Education and information on substance use

School children, parents, teachers

Description

Develop a short curriculum for each school in BC that involves first responders and people who have experience using substances (peers, parents, siblings, friends). They come into schools (or develop video material) and educate kids about substance use in an open manner.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other
- ▶ People start treating each other better

Actions

1. Talk to school boards
2. Think budget
3. Research what's been done
4. Prototype curriculum

Challenges

1. Parents could protest this, conversations with parents might be first?
- 2.

Stakeholders

1. School boards
2. Parents, peers, youth
3. Moms Stop The Harm

Stories

"The Ministry of Mental Health and Addictions and the Ministry of Education should connect. Schools haven't been given much guidance on how to respond to the crisis. / **Support Provider** Ignorance comes from a lack of education. Open up the conversation like about sex education, but then about substance use / **Person with Lived Experience** / Kids need to experience things for themselves, accept them for who they are. Be supportive even if you don't understand / **Person with Lived Experience** / Parents judge over each other. They want everyone to be successful. They ask: how are you, how are the kids, in one breath. You don't have to measure up. Your daughter graduates. My daughter uses substances. / **Person with Lived Experience** / Law enforcement needs to stop doing drug education in schools... showing a baggie of cocaine, etc... it's incredibly inappropriate. Bring in people with lived experience to present. Be truthful. / **Support Provider** / Dispel myths around drug use. / **Support Provider** / For young people - Restore credibility - let's not do this "all drugs are bad, do you want another drink?" - end the hypocrisy. / **Support Provider** / Show them the reality. Start in school, bring in The Coroners. Pictures are worth a thousand words. / **Support Provider** / Mom went back to work and talked to the grade 7s at her school. People smoke, they try to quit. We can't make judgement about what people like and do. Everyone has their vice. **Person with Lived Experience** / Hammer education about stigmatization right from the beginning. When kids are 5, that's when they form their minds. Canada is a liberal country, but we are behind on the drug stuff. We need more acceptance of people in general. Kids learn all that acceptance in school. / **Person with Lived Experience** / There needs to be better education around anxiety. When you suffer anxiety you are more susceptible for addiction. / **Person with Lived Experience** / You have to reach out to schools, students. They have stress. How to handle stress? How to handle depression without drugs? We need to put this into the curriculum. / **Person with Lived Experience** / Schools can't have naloxone but they should / **Support Provider** / Bring people who use or have used, or have lost someone to schools and learn from them first hand / **Support Provider** / Schools are not engaging youth around substance use. Teachers should be supported in a substantial way to get substance use education in their curriculum as well as anti-stigma education / **Support Provider** / Make it like DARE / **Support Provider** / I don't suggest doing it [referring to using drugs], but if you're going to do it, I'll show you how you should do it... it's important to know how to do it properly, how to be clean, how to be aware of your surroundings and the people in them... The more education you can give somebody, the better / **Person with Lived Experience** / We need to educate people on what's in the drugs... young people don't even know what they're using, they just know what it does for them / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #7

Hard Heart Talk

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

Friend, family of people who use substances

Description

Do you think your friend, partner or family member is suffering from substance use, or are they grieving over a lost loved one? This campaign gives you words and ways to start conversations with your loved ones about hard topics like substance use, emotional/physical pain. Picture families talking to each other, promoted in doctors offices. At the same time, educate people on the signs of an overdose/problematic substance use.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better

Actions

1. Research into format
2. Consult First Nations Health Authority
- 3.

Challenges

1. Promotion: where is this most effective? Words to use?
2. Format: digital or analogue postcard?
- 3.

Stakeholders

1. MMHA
2. First Nations Health Authority

Stories

I want their empathy, I don't want them to feel sorry for me / **Person with Lived Experience**

Send a message to support family, friends, peers to have a conversation with someone who is struggling. / **Support Provider**

Teach parents what to look for - signs of addiction and overdose. / **Support Provider**

Use words like: I am here for you, I care for you, I hear you, I will not think or treat you different, I will love you just as much / **Person with Lived Experience**

Family members of people using drugs can be a very important part of keeping people safe. Sometimes people don't know how to help, or don't find out until it's too late. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

1
7
= 0
3
%





Opportunity #8

Friend Care

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

People with lived experience using substances, especially 'weekend warriors'

Description

A campaign for people who use substances (either recreationally or addiction) that encourages people to use substances together, be careful with the dose (use a little, then use more), educate about the unsafe supply chain (show the bullet mixers where the cocaine gets mixed up with fentanyl). Appeal to emotions of taking care of each other, pride, honour, brotherhood. Messaging such as, "Trust you friends more than you trust your dealer."

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other

Actions

1. Prototype with young folks
2. Use images
3. Use social media

Challenges

1. Hitting the right tone
2. Critique

Stakeholders

1. MMHA

Stories

This isn't all that is you. It's not the only aspect of you. Make sure you are safe every day. Look out for others, I know my friends wouldn't want me to ... (die) / **Person with Lived Experience**

How much is safe? Oh well I've been using half a gram for years. Pay attention to the amount you are using, less of an amount is better / **Person with Lived Experience**

Those that are deeply addiction often have deep emotional issues... they are worried and have a paranoia about the rest of society. They believe we hate them. From that perspective, they become a community themselves. They act like a community, they have their own values and beliefs and physical and emotional problems. They are a society. They come together because that's what we do. We all do the same thing - we create that social value belief system with our peers. / **Support Provider**

For young people - The image of, there's a table, it's kinda dirty... someone is cutting ecstasy on it. There's some fentanyl on that table, follow it through and show the impact - you're getting that pill from someone who doesn't really have standards. It's an untrustworthy chain. / **Support Provider**

Being safe and looking out for your friends is a very cool thing. People need to be more aware of that. / **Person with Lived Experience**

Have a survivor tell a story about how a treatment centre or supervised consumption site saved their life. Something like, "It's okay to use, but don't be a dumb ass. Use safely." Use conversational language. It's important to use drug users to deliver the message. / **Support Provider**

When I use, I use with my boyfriend of 17 years. We know how much we can have a still be okay. We have high tolerances. I've come close to OD-ing... but I can tell if something is wrong. I feel different, so I just tell my boyfriend I feel funny and him and his friends will sit around / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #9

Overdose Free Party Sticker

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

People with lived experience using substances, especially 'weekend warriors'

Description

"This is not a drugs-free party, this is an overdose-free party." Think of a cool sticker that can be distributed at clubs, festivals that contains a slogan and some extra information on overdose/naloxone. Or think of an option Facebook prompts when posting an event. People host parties in clubs and homes where people use drugs. Encourage people to not use alone in bathrooms, but encourage them to use more openly and together, have conversations.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other

Actions

1. Prototype with young folks
- 2.
- 3.

Challenges

1. Will it be used?
2. Risk?

Stakeholders

1. MMHA

Stories

Being safe and looking out for your friends is a very cool thing. People need to be more aware of that. / **Person with Lived Experience**

I think we should be pretty graphic. Let's have two photos. One where everyone is having fun on Thanksgiving, while someone OD's in the bathroom. The next photo is a coffin / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

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Opportunity #10

Best Call 911

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

General Public

Description

Educate people about first responders services, and how the law can protect them (e.g. The Good Samaritan Act). There is still a lot of fear that if people call 911, the police will put people in jail.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other

Actions

1. Talk to 911 dispatcher and first responders to further investigate
- 2.
- 3.

Challenges

1. How to get this across? When?
- 2.
- 3.

Stakeholders

1. 911 dispatcher
2. First Responders
- 3.

Stories

A lot of people won't call an ambulance for an overdose... they say things like, "I don't want to call them because I have drugs on me" or "I have a warrant" they put people out on the street and then call from another phone... do you know how long that takes? You should make it known that people shouldn't be afraid to call 9-1-1, and when the ambulance arrives, all they care about is the person in need. People don't know about the Good Samaritan Act here... people think it's just for Vancouver. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

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Opportunity #11

Talk Overdose at Work

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

People in dangerous jobs (e.g. trades work)

Description

Develop a program for workplaces where there's a significant risk on a work injury and open up conversations about injury risks, about substance use, overdose risks and naloxone. Install a 'buddy', a confidante, who people can turn to talk. Reinforce positive values like honour to do this job, pride, respect. Provide naloxone training at work places.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other

Actions

1. Research
2. Prototype
- 3.

Challenges

1. Funding
2. Finding right format
- 3.

Stakeholders

1. WorkSafeBC
2. Unions in Trades etc.
3. MMHA

Stories

We need to help employers better with more information, for example the Trades industry / **Support Provider**

The dry waller who just got hurt before they get addicted, they are still connected, have a family, friends. It's going to be more successful / **Support Provider**

Go to construction sites and train workers to be peer supporters. They find guy who are already trusted, people already go to them to talk about their problems and then provide special training to them about providing support. / **Support Provider**

Distribute literature in the workplace safety. Mention every day that there are tools available to avoid OD'ing on a confidential basis. / **Person with Lived Experience**

One time my boss [trades industry] pulled me aside and said that maybe I should slow down a bit. He wasn't just being a boss, but a friend. He didn't make it too serious. Being a friend is a true help. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

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Opportunity #12

Mix It Right

Theme

Heightening overdose awareness

Strategy

Education and information on substance use

Audience

Dealers, friends of dealers

Description

Train dealers how to cut / mix fentanyl properly. Video?

Contributes to

▶ People start being safer alone / together

Actions

1. Talk to dealer and RCMP to test idea
- 2.
- 3.

Challenges

1. Controversial, illegal
2. Can it ever be mixed "properly"? Explore further.
- 3.

Stakeholders

1. RCMP
2. Community action groups
- 3.

Stories

When women use, quite often they're with someone else. Women are more likely to hide drug use from friends and family so they'll be with someone like a guy or dealer or whatever so if she ODs they'll be around to help her. / **Person with Lived Experience**

I trust my dealer because he's one of my best friends. I take him being honest, he's my safety net. I always feel comfortable because he tries it before giving it to my friends. / **Person with Lived Experience**

I just take my dealer's word for it. They say they take the fentanyl out of it. I have to take his word for it. It's scary. I won't buy off anyone else though. I hurt all the time, so I have to do this. / **Person with Lived Experience**

If you are buying the same stuff from the same person all the time, you know what you're gonna get. But if you're buying from someone new you wanna do a bit in front of them first and ask them to keep an eye on you at first / **Person with Lived Experience**

Dealers will warn you if they don't know the supply chain "be careful with this." They're not just dicks, they're normal people like us / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

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Opportunity #13

Theme

Strategy

Audience

Compassionate Care Training

Lowering stigma

Education and training on substance use

Health authorities staff,
Hospital staff

Description

Training for health care staff across the province to educate on how to provide compassionate care for people who use substances. People who use substances have expressed they would like to have different interactions with care providers, showing care, interest, love and compassion instead of frustration, tiredness and judgement. There are important windows of opportunity when people first come into care. The Province can provide direction with clear requirements and success measures. Include executive leadership, managers and all levels of staff. Work with and learn from community-based action groups. Could be digital, in-person or a combination.

Contributes to

- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better
- ▶ People start finding and accessing the support service they need

Actions

1. Learn from other training modules
2. Consult with First Nations

Challenges

1. Coordinating the effort
2. Getting direction & mandate from the province

Stakeholders

1. Province
2. Health Authorities

Stories

I just need help, when you go for help, you are desperate. While you have to wait. So don't take aggression personal, because I'm on a my death bed. Please be respectful / **Person with Lived Experience**
Listen to the patient. Look at their history. Talk straight. We need more safe spaces with less prejudice. Be braver to your board of physicians / **Person with Lived Experience**
You need to create commitment, they need your shepherding, your guidance. / **Person with Lived Experience**. We can hear you is what professionals should say / **Person with Lived Experience**
We have challenges in expanding services to outside of downtown. A public health unit in [a more rural area] is not a welcoming place for someone who uses drugs – there's still a lot of shame. People working in those areas don't have a lot of experience, even with talking about drugs. There's a lot of work to do within the mainstream health system / **Support Provider**
We have to work on cultural competency in our own organization, in our own health authorities to de-stigmatize our own staff and challenge our own perceptions on drug use / **Support Provider**
It has to be a Ministerial order. If the Minister's says you have to do this, we'll do it. Then the Health Authorities will follow / **Support Provider**
We don't accept discrimination of people who are us a certain culture why do we accept this with people who use - mandate training for all staff / **Support Provider**
Need to find someone with the right level of authority who has dealt with this will help to motivate / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #14

A Loving Resolve: Conversational
Training Skills Building

Theme

Lowering
stigma

Strategy

Education and training on
substance use

Audience

Health authorities staff,
Hospital staff, Community
organizations

Description

Training and guidance on how to have
compassionate, comforting and respectful
conversations with people who use substances.
Include what kind of language to use, what kind
of conversational skills to learn, and how to have
a good outcome from the conversation. This
program will train and inform people on how to
best approach conversations in a medical setting.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Learn from other training
modules
2. Consult with First Nations

Challenges

1. Engaging people across
different sectors

Stakeholders

1. Health Authorities
2. Contractor to build training with
3. BC Centre on Substance Use

Stories

I would like people to think: Don't ignore me, listen to me. Take some time. I'm an individual. Don't write me off as just another /
Person with Lived Experience

When a person accesses a service, there should be trust, loving energy. The person coming in feels shame, and asks: please
don't be judgemental. I need help. A good outcome is when the person feels heard, and feels like they got the help they
needed. The support provider says things like: "Hi, welcome, how can I help you?" And gives the feeling of "the sky is the limit"
in terms of helping you. I have time for you, I have patience for you. / **Person with Lived Experience**

A family physician should give the idea that they are trying to understand you, they listen, explain about dailies, carries, urine
tests and dependance. They are willing to treat the cause and do not automatically assume you seek drugs" / **Person with Lived
Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #15

Pain Management Allies

Theme

Lowering
stigma

Strategy

Education and training on
substance use

Audience

Medical professionals

Description

Provide community and training for medical professionals about pain. Include content on society's notion of pain, living with pain and diverse options for treating pain. Engage with pain treatment allies and strategies like massage therapists, mindfulness, chiropractors, etc. Create a network of medical professionals that work together to understand and support pain management in B.C. Encourage leaders in the medical community to education and engage their peers with the goal to develop high quality health care for people who use substances.

Contributes to

- ▶ People start collaborating / working together
- ▶ People start understanding the problem better
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1. Find advocates & leaders who are well-connected
2. Collaborate with BC College of Physicians & Surgeons
3. Connect with WorkSafe BC

Challenges

1. Fostering collaboration across different sections
2. Resources
3. Time

Stakeholders

1. BC College of Physicians & Surgeons
2. Nurse Practitioners
3. Education institutions
4. Health Authorities

Stories

Focus on doctors and training them about how to ease people off of opioids and how to find alternatives. Training and supporting these groups, focusing on the known experts to becomes advocates. / **Support Provider**

We need better pain support teams. With doctors, nurses, nurse practitioners, to treat mind, body and soul. / **Support Provider**

Ten years ago we heard just treat pain with whatever you can throw at it. Now as people are inheriting patients, we're saying look at it and decide if there's risks or other alternatives. / **Support Provider**

Working with the college, and others, we've created an outreach pilot program where we go into communities, aimed at health practitioners who do prescribe, we bring in a module on the issue – why it's good drugs, what are the harms, what are the evidence about other options, what can you do for this entity called chronic non-cancer pain. We bring people into the module, and we introduce them to the community that can help. But we're only reaching small groups – we need to expand and reach all the people we want to reach / **Support Provider**

Looking into a mentoring program so they can help get things under control a lot earlier. / **Support Provider**

Doctors need to understand the disease of addiction. Really know their stuff no only on the medications prescribing, but also knowing drug addict behaviour with money, etc. / **Person with Lived Experience**

Educate family doctors on the availability of addictions doctors. Referrals to them, some know more about this than others. / **Person with Lived Experience**

focus on doctors and training them about how to ease people off of opioids and how to find alternatives. Training and supporting these groups, focusing on the known experts to becomes advocates. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #16

Anti-Stigma Walk

Theme

Lowering stigma

Strategy

Education and training on substance use

Audience

Health care professionals, Peers

Description

Engage diverse health care professionals to join the conversation on reducing stigma in their organizations. Organize an anti-stigma walk across different communities and organizations to bring together the people who provide the service and the people who access the services.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Connect with leaders at organizations
2. Learn from similar walks

Challenges

1. Resources
2. Coordination

Stakeholders

1. Hospitals
2. Health Authorities
3. Health care professionals

Stories

At UBC they organize walks at their campus to educate folks. We have to have an "anti-stigma walk" in our own organizations. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

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Behind The Numbers

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%

Opportunity #17

Theme

Strategy

Audience

First Nations Wellness

Lowering stigma

Education and training on substance use

First Nations, Health Authorities

Description

Work with First Nations to incorporate ceremony and cultural practices into the way hospitals, health authorities and other services are run on a day-to-day and big picture basis. Include: medicine wheel workshops, "the whole person" spirit, dialogue of cultural teachings, indigenous wellbeing drop-ins, support for pain and trauma.

Contributes to

- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of

Actions

1. Connect with leaders of First Nations to learn about what they are doing and how they want to collaborate.

Challenges

1. Resources
2. Space
3. Partnerships

Stakeholders

1. First Nations
2. Health Authorities
3. First Nations Health Authority

Stories

The blanketing ceremony at a newly opened hospital actually had positive results. People's hearts and minds need to change. / **Support Provider**

We cover up pain, hide pain by using substances. We used to have rituals for that. In this aboriginal well ness idea we won't work with academics but with cultural life experience folks, cultural facilitators who are healthy. It's low barrier, it has art, it's easy to come in. There is dialogue and cultural teachings. Ceremony, community are important to us, and we acknowledge the whole person spirit. We would learn about health, and would have medicine wheel workshops" / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #18

Compassion Champions

Theme

Lowering stigma

Strategy

Education and training on substance use

Audience

Health Care staff

Description

Engage leadership from within health care organizations to send out acknowledge and thank you's to people who are providing exemplary compassionate care for people who use substances. The goal is to increase empathy and compassionate work in health care settings.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Find champions
2. Find interested leadership

Challenges

1. Engaging leadership
2. Finding the right tone

Stakeholders

1. Hospitals
2. Health Authorities

Stories

Our CEO started to send out regular thank you and spiritual health team for their work /
Support Provider

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #19

Theme

Strategy

Audience

Mystery Health Care Shopper

Lowering stigma

Education and training on substance use

Health Care staff

Description

Health care services need better feedback mechanisms for their health care services related to folks who use substances. How did people experience the care that was offered to them, how were they treated? Something like a mystery shopper, a person who collects feedback could help create accountability.

Contributes to

- ▶ People start treating each other better
- ▶ People start understanding the problem better

Actions

1. Talk to Health Authority about how feedback is gathered now and what could be improved

Challenges

1. May be hard to implement in a hospital setting

Stakeholders

1. Hospitals
2. Health Authorities

Stories

If you are getting reports that services are a certain way, then there should be better follow up and feedback mechanisms in place, for example with a mystery shopper in health care services you can create a certain pressure, accountability" / **Support Provider**

They should go into hospitals and do surveys and research. And then you'll find out that here's what people are saying about their experience in your hospital. Addictions: they don't want to ER's and people with chronic pain, they get treated like shit. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #20

Every Door is the Right Door

Theme

Improve health care experience

Strategy

Diversify and multiply substance use services

Audience

People who use substances

Description

A substance use and pain centre in every city, situated in a hospital, walk-in clinic or other health care facility. A one-stop-shop where doctors are not paid per patient but by the hour. Provide support to address the spectrum of needs that people have: housing, food, income, health. If individuals are met with services that are well-connected and thoughtful, they will be more successful. Guide people through the whole journey of harm reduction, treatment, recovery, relapses - keeping them connected, welcomed and cared for at all points. Employ more addiction counsellors, nurses, nurse practitioners, family doctors. Wait times for access to services are too long and people aren't finding help that their moment of need.

Contributes to

- ▶ Stop burn out of first responders
- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Connecting existing services
2. Working together across organizations & jurisdictions
3. Funding

Stakeholders

1.

Stories

"There's no social support structure in place for folks who come back from an overdose from the hospital or from treatment. I wish I could care more but I don't want to care anymore / **Support Provider**

There is a triage system of trained staff, who want to be there and provide care, a system of care that sees people's needs and beyond. There is a substance councillor, a house doctor, a substance use physician, a social worker, your family can visit and SAMI outreach. Staff are educated. / **Person with Lived Experience**

There has to be support in place for people to have their social issues addressed - all revolving around desperate people, bad health, no income, no housing, etc. / **Support Provider**

There's a medical component, which is a big part of it, but it's the whole psycho-social elements that need to come together. Have better housing, better nutrition. What are inspiring elements in other cultures regarding dealing with pain? Oh I sound like Miss America / **Support Provider**

There should be more treatment options and available beds. It works in other countries, why wouldn't it work here? / **Support Provider**

There are currently no GP's, it shouldn't be so challenging to find a family doctor / **Support Provider**

Need more nurse practitioner jobs, in more locations. / **Support Provider**

Need more addictions counsellors. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #21

Theme

Strategy

Audience

The Dot Connector

Improve health care experience

Diversify and multiply substance use services

Health care providers, Peers, Parents

Description

A person who connects the dots for people who are trying to navigate the system. The first place could be a website with all the options and services clearly articulated. The next step is to have a trained profession guide and support people through the process.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Connecting existing services
2. Working together across organizations & jurisdictions
3. Funding

Stakeholders

1.

Stories

Didn't know the options available for her son. Heard about things through friends and had to find out more information herself. / **Person with Lived Experience**

Unless you know what it's called, you can't find it. Should have been in the ministry offices, food banks, drop-in clinics. There needs to be more. Docs need to suggest it. City buses. You see it and you don't really know what it is. IT needs to be a service that's offered and then you feel comfortable enough to try it. You need someone to take your hand and like babysit you. / **Person with Lived Experience**

If somebody said "I'm the lead person, call me if you have any questions" that would have helped. / **Person with Lived Experience**

The Ministry should be more clear on what people are entitled to, what they can do for people... If information is kept from people, that's a downfall.. For example, a lot of people don't know that they can get a crisis grant - \$100/yr for clothing. / **Person with Lived Experience**

The person coming into care needs someone who helps to bridge the situation. They hold the space with curiosity, and try to see what other considerations there might be. Maybe the person doesn't want to be in the hospital because they have pets? Or housing things that are a priority. This person is successful has to be listening, with openness, with understanding, and consider what the different choices are, ask the care provider and not be too black and white "didactic" (it's this or its' that!). Obviously this should all be done with respect and transparency. If the care is not available, and the wait is 6 months then we have to be honest, and we have to figure out a plan around that." / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #22

Theme

Strategy

Audience

Diverse Supervised
Consumption Places

Improve health
care experience

Diversify and multiply
substance use services

People who use
substances

Description

Supervised consumption sites need to be open and staffed for longer hours. People use substances at all hours and are not always able or willing to wait for certain hours of operation. Provide options for supervised consumption sites that aren't only in downtown cores to encourage a diverse population to access the services - in hospitals, health authority buildings, clinics, diverse neighbourhoods.

Contributes to

- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need

Actions

1.

Challenges

1. Staffing
2. Funding
3. NIMBY perspectives

Stakeholders

1. Community organizations

Stories

Opening hours of safe consumption sites: we had a client, deeply connected and involved – died alone at home when the supervised consumption sites are closed because of tainted supply / **Support Provider**

All safe consumption/overdoses services come from outside of Island Health – some people wouldn't want to engage with those outside services for reasons of stigma, etc. We need to be more brave – have a space, train our staff – we're a trusted place and it's a missed opportunity. There are many barriers, but they could all be overcome with a will / **Support Provider**

Services are always associated with addicts. But we need diversity. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #23

Extend Mental Health Coverage

Theme

Improve health care experience

Strategy

Diversify and multiply substance use services

Audience

People who use substances

Description

Provide people with paid-for mental health care through MSP. Include regulations, standardizations of care. Employ more professionals to decrease wait times.

Contributes to

- ▶ People start talking to each other
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Funding
2. Resources

Stakeholders

1. MSP
2. Ministry of Health

Stories

Have Mental Health coverage. Not everyone can afford more than 5 visits to a psychologists. We need more treatment. Regulations, standardized. / **Person with Lived Experience**

Counselling works. When I get upset or depressed I cry, but all I have to do it call my counsellor and he's there as soon as he can. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

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Opportunity #24

Theme

Strategy

Audience

Supervised Consumption
Neighbourhood Network

Improve health
care experience

Diversify and multiply
substance use services

People who use
substances

Description

Supervised consumption sites are lacking in rural communities. Work with neighbourhoods to develop and sustain a community approach to supervised consumption through peer networks.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need

Actions

1. Learn from people who are already doing this off the radar

Challenges

1. Coordinating the effort
2. Legal & liability restrictions

Stakeholders

1. Health Authorities
2. Communities organizations

Stories

Block Watch where the local community takes care of one another / **Person with Lived Experience**

There are individuals and pocket of people out in those communities who are trying to connect and serve themselves and others, they do secondary distribution [of harm reduction materials]. There are networks all around the city, but how do you tap into them without stigma and shame? It's the consequences of the war on drugs, the shaming, our whole history / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #25

Theme

Strategy

Audience

Home Together

Improve health
care experience

Diversify and multiply
substance use services

People who use
substances

Description

Have a professional visit homes to provide private supervised consumption for individuals. A variety of services can be offered through professionals like nurse practitioners who visit homes.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start finding and accessing the support service they need

Actions

1. Engage with health care providers who already do home visits

Challenges

1. Logistics & timing
2. Legal & liability restrictions

Stakeholders

1. Health Authorities
2. Communities organizations

Stories

If someone were to come to my house twice a day to supervise my consumption that would make me quite happy. I struggle with this thought of OD'ing all the time. / **Person with Lived Experience**

Nurse practitioners go to people's homes. They can see and give insight into quality of life, cleanliness, connections to family, food. / **Support Provider**

Don't know how getting people out of their houses isn't going to work - it is about getting services to them. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #26

Theme

Strategy

Audience

After the 911 Call

Improve health
care experience

Diversify and multiply
substance use services

People who use
substances

Description

Develop a program of continuing service for people who call 911 for overdoses. Provide a replacement naloxone kit, information about support options. Offer an option to have follow-up care through home visits or in collaboration with other existing organizations.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Resources
2. Funding for programs

Stakeholders

1. Health Authorities
2. Communities organizations

Stories

Check-ups after emergency calls. / **Support Provider**

After an ambulance shows up for an overdose, they should be able to give people a new naloxone kit so the person doesn't have to find a new one... And maybe also a pamphlet with resources that can help them. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #27

Theme

Strategy

Audience

Fund Recovery Programs

Improve health care experience

Diversify and multiply substance use services

People who want to stop using substances

Description

There's a need for more spaces in recovery programs. Diverse locations across the province and diverse approach that include abstinence-based and harm reduction. Regulated programs that are well-connected to the system, including post-treatment services to prevent relapse.

Contributes to

- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Funding

Stakeholders

1. Health Authorities
2. Province

Stories

Medical expense deductions for support programs. He is a dependent on my tax returns so tax relief or credit for related expenses. / **Person with Lived Experience**

Treatment situation is not awesome – we have a narrow vision of it. The needs of people who are reducing need to be part of it. The programs available don't meet the needs of many people. Religious, abstinence based, punitive (when you get kicked out if you relapse). It's a friggin' miracle if we can get people into treatment, and then once they are in it we're tearing our hair out trying to find them a place to live after/ **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #28

Theme

Strategy

Audience

The Men's Shed

Improve health care experience

Diversify and multiply substance use services

General public, Men

Description

Men's community groups, a place for men to come together in support of each other and health living. All ages and backgrounds welcome. It provides a place to connect and learn about services to help with substance use problems while also doing good work together like building, creating art or working in the community.

Contributes to

- ▶ People start talking to each other
- ▶ People start treating each other better
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ o People start thriving in life independent of support services "

Actions

1.

Challenges

1. Funding for programs

Stakeholders

1. Health Authorities
2. Province
3. Community organizations

Stories

I want a service hub to capture and service men. The men go there to 'fix' things. You can be a 22 year old or a 70 year old, and it's run by only men. I want coffee there, and sit down, come in, and ask: what do you need? Even if we just need to sit... You don't have to be a counselor, its with peers, hey this is what I've done. It's a mens group. Dads with their kids, we have this place. We have the dads, and their kids. We can't exclude the dad, while system favours women to take care. It would be phenomenal. / **Support Provider**

There should be more opportunities for men to go out together and associate with each other and talk over coffee... Get them out so they're not sitting at home, stuck in a rut. Get them together and into their communities... I betcha a lot of good would come out of it. / **Person with Lived Experience**

97% of work place deaths are men - we push them and expect them to take these dangerous jobs. It's an honour thing, it's part of what you're doing for your family. These are positive, socially responsible values. Don't mock them for it, respect them. / **Support Provider**

I had a 'mountain experience'. I went to climb a mountain with a buddy of mine and talked about life. Then we got stuck there on that mountain for 5 days. After that I was ready for treatment. / **Person with Lived Experience**

Men have a fear of getting in trouble. They hide it. They are ashamed. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #29

Relapse Reality

Theme

Improve health care experience

Strategy

Diversify and multiply substance use services

Audience

People who want to stop using substances

Description

Develop support for people in moments of relapse or post-relapse. Provide a shame-free service experience to help people access treatment or support such as counsellors, addictions doctors. Could include an app to support people. Technology connects people to resources and human beings, similar to a crisis line. Person can speak or text with someone at any time.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start talking to each other
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1.

Challenges

1. Funding for programs
2. Reducing stigma around relapses

Stakeholders

1. Health Authorities
2. Province
3. Community organizations

Stories

People generally relapse 5-8 times. People need to know this. / **Support Provider**

We need more funding for peer support groups that can connect people with peers with lived experience. Peer support groups can operate by saying things like "if you're going to have a slip, talk to these guys... they can tell you if you're getting a fake oxy or whatever" and the relapsers' anonymity could be protected. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #30

Theme

Strategy

Audience

Hospital Visit Buddy

Improve health care experience

Diversify and multiply substance use services

People who use substances and need health care services

Description

A support program where a peer can accompany a person-in-need to health care services to the hospital or clinic to help create a safe space for people reluctant to access services due to past negative experiences. The peer is connected to both the person in need and the system through training and relationship building.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start treating each other better
- ▶ People start finding and accessing the support service they need

Actions

1. Small-scale pilot project - engage with a specific hospital and community org to try it out with a few people in need

Challenges

1. Coordinating between community orgs, peers and hospital staff

Stakeholders

1. Hospitals
2. Community organizations

Stories

Peer support and presence helps - they get it, they know how to give people what they need and treat them as individuals / **Person with Lived Experience**

We should have more peer to peer care providers / **Support Provider**

We need a model that also works well with people that don't have phones, laptops, etc. We need employees and a location. We need soft support, not JUST services. And that's the stuff we can't get funding for... we need peers involved. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #31

Theme

Strategy

Audience

Wearable Naloxone

Improve health
care experience

Diversify and multiply
substance use services

People who use
substances alone

Description

A self-administering wearable naloxone bracelet. Technology monitors your vital signs and automatically injects naloxone at the moment of overdose.

Contributes to

► People start being safer alone / together

Actions

1.

Challenges

1. Technology development
2. Rescue breaths would still be needed.

Stakeholders

1.

Stories

Fit bit that monitors your vital signs and then administers naloxone when needed. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #32

Theme

Strategy

Audience

Buddy System App

Improve health care experience

Diversify and multiply substance use services

People who use substances alone

Description

An app that connects you to a friend that you already know. People make arrangements beforehand and use the app to check-in and out with their contact when they are using drugs alone.

Contributes to

▶ People start being safer alone / together

Actions

1.

Challenges

- 1. Technology development
- 2. Reliability of app

Stakeholders

1.

Stories

I would use a check-in/check-out app. That's a great idea. But it would need to be discrete. / **Person with Lived Experience**

Panic button, with a person on the other end. As long as it's a well-known fact that there won't be ramifications. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Behind The Numbers

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Opportunity #33

Drug Test To Go

Theme

Improve health care experience

Strategy

Diversify and multiply substance use services

Audience

People who use substances alone

Description

Mobile van that can be called or booked to visit your home and test your drugs. Person in van is a trained professional who can offer connection to more information or services if desired.

Contributes to

► People start being safer alone / together

Actions

1.

Challenges

- 1. Resources
- 2. Reliability & timing

Stakeholders

1.

Stories

If there was some sort of way to test my drugs, I would use that. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #34

Theme

Strategy

Audience

The Real Cost

Decriminalization

Calculate & communicate costs,
medicalize supply

Politicians,
Policy makers

Description

Find out the costs over the next ten years when:
a) the situation stays the same (thousands of lives lost, families with grief, cost of enforcement, justice system, cost of running Ministry, hospitalization) compared to b) the cost of decriminalization and redirection of funds to programs (regulating supply, employing service workers, heroin assisted treatment). After finding out the costs, communicate the costs to the public.

Contributes to

► People start understanding the
problem better

Actions

1. Connect with data analysts
2. Connect & coordinate with organizations currently investigating these questions

Challenges

1. Calculations & projections are complicated and time-consuming

Stakeholders

1. Integrated Data Office
2. BC Coroners
3. Academics & researchers

Stories

Like Portugal - take all the money being spent on enforcement and move it to support. If you're not ready, carry on. If you are ready, we have resources ready for you right now. / **Support Provider**

Political will - it's currently softening due to studies about costs, showing how it reduces it. / **Support Provider**

We should know better about the costs of this crisis. We are all paying for it right now, we just don't know how much. / **Support Provider**

When talking to executives you have to have both the human stories, direct quotes but also the numbers. Evidence should lead practice / **Support Provider**

Tell the public: We're spending so much money here now, let's take a little bit of it and try something else / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
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Opportunity #35

Theme

Strategy

Audience

The Ripple Effect

Decriminalization

Calculate & communicate costs,
medicalize supply

Politicians,
Policy makers

Description

Understand the impacts of illegal possession as it affects individuals and the system through research, story work and collaboration (i.e., How does enforcement impact public health, provision of services, communities, individuals' lives?). Research on this topic exists, but can be strengthened and can travel to the public and policy and decision makers.

Contributes to

► People start understanding the problem better

Actions

1. Collaborate with researchers
2. Strategize communication to leadership

Challenges

1. Coordinating previous efforts and work
2. Enabling the information to travel and lead to understanding and action

Stakeholders

1. Integrated Data Office
2. BC Coroners
3. Academics & researchers

Stories

It's hard to ignore the negative impacts of illegal possession. There's a fair amount of evidence about decriminalizing in other countries. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
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Opportunity #36

Theme

Strategy

Audience

Safe Supply Pilot

Decriminalization

Calculate & communicate costs,
medicalize supply

People who
use substances

Description

Implement pilot programs of medicalized supply in a variety of locations in B.C., including urban and rural. Move towards regulation and provide substances to establish untainted and standardized supply to people who use drugs. Provide support options to people who need them.

Contributes to

- ▶ People start being safer alone / together
- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1. Learn from existing programs to model services (e.g. Crosstown Clinic)
2. Engage towards policy changes

Challenges

1. Setting up
2. Resources
3. Legal & policy restrictions

Stakeholders

1. Health Authorities
2. MMHA
3. Community organizations

Stories

You're better off getting a safe supply. It's cheap. It's ridiculously cheap. It's better than having them die. With opioids, there will be a certain group of people that we are just supplying to. But it's better than them dying. But with some others, probably more, they will be interested in the other treatment options. / **Support Provider**

If you met their need, whatever it is, so they know they have it and will get it, this would give them the time, maybe not right away, to think through this. / **Support Provider**

You can't help people once they're dead. So what's the alternative? Helping people to do the best they can with what they have through medicalized supply is reasonable. / **Support Provider**

You want to give people alternative pathways into some form of appropriate care. You can include this as the place they get your drugs. We'll safely provide you with these drugs and offer you other options, like peer support, treatment. / **Support Provider**

There is a rationale to this. Some of them you'll rescue and get off the addiction. The others, you'll at least keep alive. It's a good outcome. / **Support Provider**

Regulations of supply enables quality control - like alcohol, you know how one standard drink affects you. You can then make informed decisions about your use. / **Support Provider**

What I'd really like to see is drugs clean drugs available. Prohibition doesn't work, it didn't work in the 30's and it doesn't work now. Drugs are not going away, they are here. Can we learn from Portugal? Here kids die because they are experimenting. / **Person with Lived Experience**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
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Opportunity #37

Theme

Strategy

Audience

Safe use in low-income and transitional housing

People who use substances,
Policy makers, owners of
transitional housing

Description

There needs to be more low-income and transitional housing. That is a long-term solution. In the meantime we have to look into how to promote safe use in and around low-income, transitional and private basement housing as people are stuck between a rock and a hard place. They need housing, and if they find housing they often can't have visitors. Therefore they use alone. The communal space that's available is often underused as people don't like to go there (it's uncomfortable) or don't want to be seen there.

Contributes to

► People start being safer
alone / together

Actions

1. Is this already in the works?
2. Learn from good practices
- 3.

Challenges

1. NIMBY
- 2.
- 3.

Stakeholders

- 1.Ministry of Municipal Affairs and Housing
- 2.Community-based housing organizations
3. Homeowners

Stories

When you're homeless, you have to numb out... Homelessness and drugs go hand-in-hand. / **Person with Lived Experience**
If my landlord found out I was using, I'd get evicted. That's so wrong. You can have a glass of wine, but I can't do this. / **Person with Lived Experience**
Housing – gives you a root somewhere. Safer there. In your house, you're fine. But as soon as you're in poverty and you need to move, you're screwed. Low income housing is pretty important to avoid that societal ill. Somewhat connected to the opioid crisis but there are a lot of people with homes dying alone. / **Person with Lived Experience**
We have an overdose outreach team that provide support to housing. There's a variety of policies in these units in term of guest and drug use. No guest policy means people have to use alone. People can lose their housing in a place with an abstinence policy, so they don't tell their staff / **Support Provider**
There was a request for proposal by the health authority, to organize shelter. I wanted it to be more than a drunk trunk. You need First Nations in. It needs to be culturally relevant and correct and reflective of the community. I wanted a First Nations room, a service hub. AVI could come in there, mental health and addictions. It didn't happen. A doctor won the bid, because he was a doctor. They opened it, then the doctor quit. And they had to close the doors. It's a total failure. / **Support Provider**
We also respond to folks living in transition homes very frequently. There are a lot of transient people living in basements. Its because the way the mortgages are these days. Do you know who lives in your basement? / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #38

Theme

Strategy

Audience

Provincial Overdose Collaboration Hub

The support provider community around overdose response

Description

Take an example on earthquake and wildfire response: organize a physical and online hub like when responding to an earthquake.
Collaboration needs to be formally organized and financially supported with a budget. Tasks could be: knowledge sharing, a digital collaboration platform, sharing information about resources and services. There should a digital space.

Contributes to

- ▶ People start talking to each other
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better
- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1. Explore what it could look like prototype it for a week and see how it runs.
2. Learn from EMBC - earthquake response / other countries

Challenges

1. Funding
2. Defining mandate
- 3.

Stakeholders

1. MMHA
2. BC Centre on Substance Use
- 3.

Stories

I would be on the phone with 15-20 people, and I would be the only person not being paid... they're not listening to me, they're all involved in their own little things... they meet and meet and meet and nothing happens. I mean, I guess there's naloxone now, but I say follow the action and follow where things are happening rather than being a name on an email. / **Support Provider**

About a year ago, established 2 overdose working groups – multi-sector and jurisdictional: RCMP, emergency service, NGOs, health care. All there for the sole purpose to ensure we're working together to maximize the effort and ability to respond. No people with lived experience – it's not a safe space for them, reality is a lot of stigma is still present. / **Support Provider**

Health authorities don't have a structure to support collaboration, with funding attached to it. Therefore there is no incentive to collaborate. Where is the incentive to make meaningful change? Collaboration should be valued in this problem. Right now collaboration is in your own time / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #39

Theme

Strategy

Audience

Redesign community funding procurement

Health Authorities, MMHA, community groups

Description

Community action groups find it hard to access funding from health authorities and municipalities. The rules are arbitrary and rarely cover actual costs. However there's lots to learn from community action groups and the way they engage with communities. Health authorities and community action groups could collaborate more closely.

Contributes to

- ▶ People start collaborating / working together
- ▶ People start finding and accessing the support service they need

Actions

1. Start a conversation between a community based action group and a health authority
2. study the procurement procedures and look to redesign certain elements

Challenges

1. Cultural differences
2. Long history of mistrust, conflict
- 3.

Stakeholders

1. Ministry MMHA
2. Community action groups
- 3.

Stories

Awarding of a community action initiate grant, engaging with community and recruiting different participation. Diverse representation is key. / **Support Provider**

Bringing community together should happen through community organizations, peer run organization, intimate stories are freely shared here / **Support Provider**

Solutions come from people and communities directly affected. There's a gap in the way community funding happens. How to re-design community funding? / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #40

Theme

Strategy

Audience

Share Behind the Numbers methodology

Description

Make the way we worked in Behind the Numbers publicly available as learning material. What was unique about our approach (ie. folks with LE, peer researcher, working closely with stakeholders in the field, feeding back during the project etc.) We can share good practices about our work that can inspire other parties to take the same approach. Video or report format.

Contributes to

- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Test with Health Authorities
- 2.
- 3.

Challenges

1. Time consuming, be complete
2. Service design team involvement
3. What's best format?

Stakeholders

1. Health Authorities
2. MMHA
3. Service Design Team

Stories

Emails to MMHA and Service Design Team:

"How did you work? Where did you find people with lived experience? How did you work with your peer researcher? We want you to present... we want your presentation, how can we share materials? How can we work that way?"

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #41

Theme

Strategy

Audience

Share outcomes 'Behind the Numbers'

The support provider community around overdose response provincially, nation wide, possibly internationally.

Description

Make the outcomes of Behind the Numbers publicly available. We have developed artefacts like a stories booklet, journey map, opportunity book, and systems map. This should not live in email boxes but could be made publicly available.

Contributes to

- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Finalize artefacts
2. Look for format / places to share
3. Ask network for advice

Challenges

Stakeholders

1. MMHA
2. Service Design Team
- 3.

Stories

Emails to MMHA and Service Design Team:

"How did you work? Where did you find people with lived experience? How did you work with your peer researcher? We want you to present... we want your presentation, how can we share materials? How can we work that way?"

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #42

Theme

Strategy

Audience

Substance Use Ombudsperson

Description

Install an ombudsperson and connect it to the Provincial Response Hub. People with lived experience often don't have a public spokesperson who stands up for their rights. Every person in BC and in Canada has the right to access and receive healthcare. People who use substances experience stigma in health care services. They are being turned down and told to wait or come back, sometimes it's too late. The ombudsperson could represent these people legally and fight bureaucracy at high levels.

Contributes to

- ▶ People start finding and accessing the support service they need
- ▶ People start thriving in life independent of support services

Actions

1. What is the role of ombudsperson?
2. Investigate
- 3.

Challenges

1. Risk averse
- 3.

Stakeholders

1. Province
2. MMHA
3. Health Authorities

Stories

We need an ombudsperson in this field. People don't trust drug-users. It wouldn't be to start fights, but to solve problems. We would need to examine the model carefully and monkey around with it until we have the right balance. But it would be great if someone could go to an ombudsperson and say, "something's going on, can you look into this for me?" We need to have oversight, but saved for special cases. /

Support Provider

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort





Opportunity #43

Theme

Strategy

Audience

Human Letters Campaign

People with lived experience, politicians, public servants

Description

Politicians, policy makers, public servants write back in a personal letter to a person who has lost someone, it creates human connection, it shows the government is working on it, it explains why it is slow, it lowers stigma. Start simple by posting an invitation online, asking people to show a gesture of compassion.

Contributes to

- ▶ Improve trust in government
- ▶ Improve relationships with constituency

Actions

1. Prototype
- 2.
- 3.

Challenges

1. Time consuming
2. How to coordinate?
- 3.

Stakeholders

1. PSA
2. Moms stop the harm
3. MP's

Stories

[My husband] has sent letters to John Horgan, Judy Darcy, MLAs asking them to talk to him and meet, but no response – “What numbers do we have to reach?” / **Person with Lived Experience**

I'm going to be honest with you: the government, the decision-makers, they need to come off their high-horses. They need to understand that these are real people. / **Support Provider**

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort



Opportunity #44

Theme

Strategy

Audience

Opioid App Hackathon

Description

Many (mobile) applications are being built as a 'solution' for the opioid crisis (for example to prevent relapse, to find naloxone kits nearby, to check-in/out with a buddy before using). There is a lack of user experience research in this field, and a lack of connection between app builders. Therefore we could organize a learning event for app builders to connect, and possibly get funding to build the 'winning' app.

Contributes to

- ▶ People start talking to each other
- ▶ People start collaborating / working together
- ▶ People start understanding the problem better

Actions

1. Test appetite with app builders
2. Find funding for an event
3. Define programme and themes

Challenges

1. Some organizations are 'competing' to be the 'first' to build a successful app
- 2.
- 3.

Stakeholders

1. App builders
2. City of Vancouver
3. Ministry

Stories

Our research has raised the following issues and questions, which would be important to consider and answer before launching any kind of technology to address the overdose crisis:

- * Concerns around privacy and security - People are nervous to engage with the technology because of potential repercussions.
- * Ability of the person experiencing the overdose to use the app - If you are alone and experiencing an overdose, interacting with the app would not be possible.
- * Access & effective of technology - Some people have flip phones or no phone, or no service in rural areas. Apps can increase a digital divide.
- * Reliability of technology - How sure are you that it will work when it needs to? The worst case scenario is that it doesn't work, other help isn't sought out and someone dies.
- * Reliability of the person responding - Will they go if they say they will? Are they properly trained and informed about providing care, naloxone, etc?
- * Safety of the person responding - Are they entering a private residence?
- * Is the app connecting properly to emergency services? Do they have the capacity, channels and ability to respond to the increased calls?
- * Stigmatizing language - Lots of the existing apps use words like "users" and "drug users"
- * Problem with the existence of multiple different apps - How will people choose or know which one to use?
- * Distraction from other important work - Focusing on app solutions can be bandaid solutions and take energy and resources away from addressing the root issues of the problem.

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Opportunity #45

Theme

Strategy

Audience

Your Opportunity

Description

Contributes to

▶
▶
▶

Actions

- 1.
- 2.
- 3.

Challenges

1.
2.
3.

Stakeholders

1.
2.
3.

Stories

Design values

- ☐ hope
- ☐ self-worth
- ☐ connection
- ☐ pride
- ☐ trust
- ☐ culture
- ☐ compassion
- ☐ courage
- ☐ pleasure
- ☐ belonging
- ☐ comfort

Other Services



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