



Systems Map

Understanding the Complexity of the Overdose Crisis in B.C. and Leverage Points for Change

In 2017, 1,451 people died of a drug overdose in B.C. The B.C. Coroners' report (published August 2, 2018) shows that about 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 are disproportionately affected by the crisis, with research from the First Nations Health Authority showing that First Nations people are five times more likely to experience an overdose event.

Behind these numbers, there are stories about people's lives and ideas for change. Through conversations with more than 100 people who use drugs (like heroin, cocaine, meth) and people in support provider roles, we found connections between parts of this complex problem, revealing root causes. Reframing the overdose crisis from these root causes shows the most significant leverage points for lowering overdose deaths in B.C. Collaboration among all stakeholders at these leverage points is an essential part of action and change.

How to use this map

This map shows connections between problems. Some problems have more connections than others and can be viewed as root causes.

Think about how your initiative could influence the overdose crisis in B.C. How is it connected to other problems and what impact could it have?

- 7 or more connections**
Pink circles show problems with the most connections to other problems. Initiatives focused here could influence multiple problems at once.
- 4 to 6 connections**
Blue circles show problems with connections to several other problems.
- 1 to 3 connections**
Yellow circles show problems with the least connections to other problems.

The systems map was created in the project "Behind the Numbers: Connecting stories and ideas on Overdose and Drug Use in Private Residences in B.C." (August 2017 – March 2018, Ministry of Mental Health and Addictions). The Systems Map is part of a set of tools for understanding why people use drugs alone in Private Residences. The other artefacts are: 'Journey Map' and 'Stories Booklet'. See: www.stopoverdose.gov.bc.ca

Society’s negative beliefs and attitudes (stigma) towards drug use

“People feel the need to keep their use private because there’s fear of being judged. They may lose custody of their children or lose their job.”

“People still think that people deserve to die. They say things like, “I don’t want my tax dollars going to people that choose to use drugs.” But addiction is not a choice.”

Criminalization and prohibition of illegal drugs

“People don’t want to call the ambulance because they’re worried about the police finding their dope.”

“What we’re dealing with is a human being in the most fragile part of their lives. Someone who needs instant access to services. But right now the only door that opens is the backdoor to jail. You reinforce the stigma when you send people to jail.”

Cultural notions around chronic pain and pain treatment

“I’m in pain for all sorts of reasons. I need opioids to fix my pain.”

“There’s a silent looming problem of physicians prescribing too much. There’s a pressure from society on physicians to prescribe. It’s a very medical model. There’s pain somewhere, we x-ray it. If there’s nothing there, people still want a prescription. But opioids are rarely the answer. We’re harming people.”

Public service gaps

“No services came during my youth, not even after bad abuse. My dad pulled the skin off my eyes. I went to the [school] principal’s office and they asked: “how bad is it?” No one called any services. They sent me back to my mom.”

“Sometimes there isn’t always an option for people. For example, a person with lower back pain goes to the hospital. They’re given a quick opioid and told to have a follow up with their GP, but they don’t have one. There are no services for them to follow up with. No access to physical therapists because they don’t have a health care plan.”

Healthcare system barriers (stigma, waitlists, payment structures)

“If I ever need to go to the hospital, even for something small, I’ll refuse to go or put it off for a long time until it becomes something bigger. One time I had an abcess on my arm. I put it off, didn’t know what it was. Eventually I had to go in because it was so painful. But they treated me like garbage because I’m an addict. They just wanted me out of there.”

“I have a patient with neurological pain, back issues. Waiting for surgery in B.C. can take a year or longer. The alternative is using an opioid for that period of time, but they become dependent. The medical system is failing them, it can’t provide good medical care. If they could have surgery in a good time they wouldn’t need to be using opioids.”

Overprescription of opioids

“It’s the influence of big pharmaceutical companies.”

“People are getting prescription drugs from their doctor, and then they get taken off it. And then what do you do? You go to the street, to the tight-knit heroin community, and you start asking around. That’s how desperate people are to treat their pain. This is real pain, real physical pain.”

Stereotypes of masculinity: pride, honour, social isolation

“A lot of guys have big egos, some guys are hurting upstairs. They had too much pride to go and ask for help. That’s why people use alone, they don’t want people to find that out about them. They just keep it to themselves, use alone and to hell with it. Unless you find a buddy at work, but that’s not something you bring up at the lunch table.”

“In the health system, 90% of the folks who work there are females. The guy comes in for help, and he’s coming to a female. Most males won’t want that. We’re not meant to be seen as weak or inadequate. It’s difficult for men to ask for help, and it’s even more difficult if they have to ask that help from women.”

Lack of indigenous cultural safety

“People are born into families with substance use histories. Doctors are also oppressed by policies. People are afraid. They say: we don’t need police, we need each other. They are seeking relief from pain, possibly stemming from colonialization. People don’t want to talk about it, but they should. People get oppressed, then depressed, and then use drugs.”

“We need to work to create a public dialogue around First Nations directed approaches. This work needs to be done in the proper context of culture and experience. It could be hugely impactful. Research is needed about the current lived experience of First Nations people so that we aren’t over-generalizing.”

Risk averse, short term, silo-ed politics and policies

“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.”

“How can anyone live a life where the cost of maintaining an addiction requires a life of crime, dealing, prostitution and theft? I don’t know why politicians are dragging their feet. Everybody wants it go away, but no one wants to take responsibility for making political changes.”

Lack of drug use education in schools and workplaces

“Law enforcement needs to stop doing drug education in schools, like showing a baggie of cocaine. It’s incredibly inappropriate. Bring in people with lived experience to present. Be truthful.”

Toxic illegal drug supply

“I can use the same amount but it’s never really the same. There’s 25 different chemicals in these bags now. The golden rule used to be: you don’t fuck with the drugs. Now it’s like Russian roulette, you never know.”

Work injuries in high-risk jobs

“I was prescribed morphine after I chopped some fingers off at work. My doctor had me on morphine for a long time and then out of the blue cut my prescription off. He accused me of misusing, but I wasn’t. My tolerance was just increasing. I was in a lot of pain. I had to self-medicate, so I turned to street drugs.”

War on Drugs

“It’s the consequence of the war on drugs, the shaming, our whole history with it.”

Lack of affordable housing

“Housing gives you roots. In your house you’re fine. But as soon as you’re in poverty and you need to move, you’re screwed. There’s no low income housing available.”

Poverty and social inequality

“There’s a class divide. Not everyone can afford recovery programs. And there aren’t enough available through publicly funded programs.”

Challenging geography

“I live on Quadra Island. I’m going to treatment, but it’s in Vancouver. I hope my father will help take care of the kids.”

History of abstinence-based policies

“Collectively, we haven’t had the harm reduction conversation we need in B.C. The past 30 years have been about an abstinence-based approach and policy.”

History of colonization

“We cover up pain, hide pain by using substances. We used to have rituals for that. We need more Aboriginal wellness and knowledge in the healthcare system. Ceremony, community are important to us, and we acknowledge the whole person spirit. We would learn about health, and would have medicine wheel workshops.”

Knowledge gaps

“The bigger picture is unknown, we don’t know how many people use substances in B.C. How do we address this? It’s not the whole picture, but it’s a piece of the puzzle.”