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 British Columbia” (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 not tell 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.”*

Public service gaps

*“No services came during my youth, not even after bad abuse. My dad pulled me out 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.”*

*“People are getting prescription drugs from their doctor, and then they get them taken off. 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.”*

Overprescription of opioids

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

*“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 peoples so that we aren’t over-generalizing.”*

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.”*

Criminalization and prohibition of illegal drugs

*“There’s a silent looming problem of physicians prescribing too much. There’s a pressure from the 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.”*

Healthcare system barriers (stigma, waitlists, payment structures)

*“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.”*

Lack of drug use education in schools and workplaces

*“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

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

*“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.”*

Stereotypes of masculinity, pride, honour, social isolation

*“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 abscess 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.”*

*“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 the lunch table.”*

*“In the health system, 90% of the folks who work there are females. The guys come 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.”*

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.”*

Lack of affordable housing

*“We used to have rituals for teaching. We covered up pain, hide substances in B.C. How do we address this? It’s not the whole picture, but it’s a piece of the puzzle.”*

Toxic illegal drug supply

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