On October 1-2, 2019 we gathered on the traditional lands of the Tk'emlups te Secwepemc within Secwepemc'ulucw, the traditional and unceded territory of the Secwepemc people. We were honoured to be guests on the land.
This event would not have been possible without many partners.

We gratefully acknowledge that the Rural and Indigenous Overdose Action Exchange was hosted on Tk’emlúps te Secwépemc territory within the unceded traditional lands of the Secwépemcůl’ecw.

We thank the honorable Minister Judy Darcy and the Ministry for Mental Health and Addictions through the Overdose Emergency Response Centre for their funding commitment to bring communities together for this day of knowledge exchange.

We would also like to thank our local community partners for providing the convening space and supports throughout the two days.

We would also like to recognize the contributions made by our Planning Committee members:

Planning Committee
Lived Experience Advocates
Charlene Burmeister
Katt Cadieux
BC Centre for Disease Control
First Nations Health Authority
Fraser Health
Interior Health
Northern Health
Overdose Emergency Response Centre
Vancouver Coastal Health
Vancouver Island Health

Urban Matters CCC was honoured to support the organizing and work with a diverse group of professionals, Indigenous communities and people with lived and living experience of drug use. We gratefully value the time, commitment, and journeys people made to engage in an important discussion about the overdose crisis to elevate knowledge and develop actions.

www.urbanmatters.ca
Substance use continues in my family. The only thing I can do is love them. I can support them but I can’t carry them. I believe that teaching our traditional practices and cultural beliefs will change things. It’s what was missing in the generations that suffered from residential abuse. I know substance abuse in my family will become less and less. Forgiveness is the most important part of moving forward.
Secwépemculecw

The Land of the People
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The following Foreword was written in partnership with Indigenous participants who shared their knowledge on the impact of the overdose crisis on communities, the influence of the legacy of colonialism and systemic racism in the crisis, as well as ideas on how to address these consequences from traditional healing practices. We thank them for their time, thoughts, and experience.

The impact of the overdose crisis in Indigenous communities is devastating and is impacting the ability for communities to heal in a culturally safe way. There are many dimensions to this crisis. An important place to start is the data. Most of the data collected comes from the populations of First Nations registered as status ‘Indians’ and excludes non-status First Nations, Métis and Inuit peoples. For a variety of reasons, there are thousands of Indigenous peoples that are unregistered and therefore not captured within the data. The number of Indigenous peoples impacted by the overdose crisis is likely higher than the statistics reported by the First Nations Health Authority (FNHA) due to the lack of available data on all Indigenous groups.

With the data that is available in BC, First Nations people experienced a 21% increase in overdose deaths between 2017 and 2018. In 2018, 12.8% of all overdose deaths were among First Nations people, 4.2x higher than the rate observed among other residents who experience overdose deaths. This is having an impact on individuals and communities alike, particularly on First Nations women, who compared to non-Indigenous women are at higher risk of an overdose death (39% for First Nations women and 17% for non-First Nations women). The widening of this overdose death gap can be attributed largely to four main areas: racism and stigma, access to treatment, social determinants of health, and intergenerational trauma.

When exploring the impact on First Nation communities, it is important to reflect on the knowledge and understanding of Elders who come from a place of abstinence rather than harm reduction. As the knowledge keepers in First Nations communities, solutions and tackling stigma need to focus on working with them to help change their perspectives and support a new approach to end the overdose crisis in their communities.

Part of the change in perspective will emerge through understanding how addiction relates to trauma. Indigenous peoples and communities have lived through centuries of trauma from colonialism and racist legislation that was designed to ensure the oppression of Indigenous peoples.
such as making it illegal for Indigenous people to practice cultural ceremonies. Throughout history, the vicious cycles of residential schools, the Sixty’s Scoop, the disproportionate number of childhood apprehensions and family separations, and systemic racism continue to impact Indigenous people.

While many of these events happened in the past the trauma continues today. The National Inquiry into Missing and Murdered Indigenous Women and Girls Report, released in 2019, revealed that there continues to be “persistent and deliberate human and Indigenous rights violations and that these abuses are the root cause behind Canada’s staggering rates of violence against Indigenous women, girls and 2SLGBTQQIA people.”

There is a lack of understanding around trauma, as well as how these expressions of colonialism and systemic racism have deeply impacted the Indigenous population’s experiences with poverty and how they have influenced higher numbers of overdose events and deaths. It will take seven generations for Indigenous people to see the impact of changes made today. All people need to be cared for in a holistic way focused on the continuous interaction of the physical, emotional, mental, and spiritual realities. Only at that point, will we start to see progress on the health inequalities experienced today.

At the same time, Indigenous peoples are reclaiming their identities and reaffirming their rights to claim through language and culture revitalization. The adoption of the Declaration on the Rights of Indigenous Peoples Act in November 2019 by the provincial government is a step forward in making a commitment to implement the United Nations Declaration on the Rights of Indigenous Peoples as an accepted framework toward truth and reconciliation in Canada. This commitment by the BC provincial government acknowledges the importance of creating a path forward that “emphasizes Indigenous peoples’ rights to live in dignity, to maintain and strengthen Indigenous institutions, cultures, and traditions and to pursue self-determined development, in keeping with Indigenous needs and aspirations.”

Addressing the consequences of the overdose crisis from a culturally safe perspective requires a collective effort to learn about Indigenous people while being mindful and respectful of culture and protocols. Canadians need to recognize and acknowledge the harms to Indigenous people to truly support healing in a meaningful way. One place to start is to allow Indigenous people to lead the healing process and support embedding cultural values and traditions within the overdose response supports offered throughout the province to address this overdose crisis and more. “Nothing about us without us.”

Kukwstésémc (Thank you)

In April 2016, the Provincial Health Officer declared a public health emergency in response to sharply increasing overdose mortality rates driven by the introduction of fentanyl into the drug supply. Fatal and non-fatal overdose events had reached unprecedented levels in urban and suburban areas with concentration of substance use, such as the Downtown Eastside and Surrey, but also throughout BC, including small and medium sized communities in health authority regions (Interior Health, Northern Health, Fraser Health, Vancouver Coastal Health, and Vancouver Island Health). By the end of 2017, there was no part of BC untouched by overdose, confirming that substance use occurs in all communities in BC and, due to a highly toxic drug supply throughout the province, this had simply become more visible. In 2017 – 2018, some of the hardest hit communities were small and mid-sized: Kelowna, Kamloops, Vernon, Grand Forks, Prince George, Quesnel, Nanaimo, Campbell River, Central Cowichan, Courtenay, Chilliwack, Princeton, Merritt, Hope, among others.

While it is often stated that the majority of deaths are in urban centres of Vancouver Coastal Health and Fraser Health, small and mid-sized communities have made up between 23 – 27% of all paramedic attended overdose events occurring each year from 2016 – mid-2019, including 30 – 34% of all illicit drug toxicity deaths.

Small and medium sized communities experience the crisis in different ways than larger centres. Overdose events and deaths are highly visible events in these areas, with a profound impact on the social fabric of the community, families, and peer groups. Public focus on easily identifiable issues such as discarded needles can take over important narratives of people experiencing the crisis firsthand and contribute to stigma. In rural and remote communities, or the surrounding areas of mid-sized cities, there are additional barriers related to distance and transportation to support services. Using substances alone in a private residence is strongly correlated with overdose death; in fact, up to
70% of deaths in small and mid-sized communities occurred in private residences while about half of deaths in urban areas were in private residences.

It has been shown that the combined interventions of sites offering witnessed consumption, drug checking, low barrier access to opioid agonist therapy (OAT) or other appropriate treatment modalities on demand, and distribution of naloxone and harm reduction have been successful in averting overdose deaths; however, we know these services are largely concentrated in urban areas. Further, the provision of effective prevention services in small and mid-sized communities is not simply a matter of transplanting what has worked in urban centres but, rather, requires understanding the unique issues faced by people who use substances in smaller communities and creating tailored solutions driven by peer consultation. Further work is needed to understand the unique issues faced by people in small and mid-sized communities in regard to preventing overdose, particularly for women and Indigenous peoples.


People living in rural and remote communities do not have access to the life saving services they need.
THE OVERDOSE CRISIS IN FIRST NATIONS COMMUNITIES

(Adapted from information shared through the First Nations’ Health Authority on “First Nations Opioid Overdose Deaths Rise in 2018”)

In 2018, First Nations opioid overdose deaths saw a 21 percent increase from a year earlier with 193 First Nations men and women dying of an overdose in British Columbia. In 2018, First Nations accounted for 13 percent of overdose deaths, which was an increase from 11 percent in 2017.

The data has revealed that this crisis has a unique impact on First Nations women. “In 2018, 39% of all fatal overdoses for First Nations are among women, compared with a rate of 17% for non-First Nations deaths.” Chief Coroner Lisa Lapointe has previously explained that “Our data tells us that, overall, substantially more men than women are dying as a result of illicit substance use; primarily due to fentanyl. Data specific to First Nations people tells a different story. In the First Nations population, women are significantly over-represented, demonstrating a far more significant impact of the overdose crisis on this specific group. Information like this supports important evidence-based prevention efforts.”

At the same time, there continues to be a gap between First Nations and non-First Nations when it comes to access to treatment and care. Throughout the research, the need for culturally appropriate services is a recurring theme. First Nations people have shared that there is a lack of access to treatment that is culturally safe and appropriate in mental health and addiction services. Systemic racism and stigma continue to emerge as key barriers to accessing care. At the same time, unresolved intergenerational trauma resulting from these systems of oppression are associated with increased vulnerability and higher risk for substance use.
In my 40's I attended an aboriginal training college. I met a man there that I had known as a violent drunk in my childhood. He was sober. He would shake my hand and look me in the eye and just hold me there.

The training college was the first time I saw my cultural history as something positive. It was the first time I started to believe I could be more than a drunken Indian. I began to understand that being an Indian was something to be proud of.

I slowly started to care more about living than dying. I found sobriety by connecting to the culture and history of my people.
In years past, the Overdose Action Exchange (ODAX) events have taken place in Vancouver, BC, and have primarily centred on the needs of larger centres. Last year’s report indicated that future events should commit to understanding the unique perspectives of rural and Indigenous communities.

Recommendations from last year’s event also included:

- A need for increased support for Indigenous-led initiatives and better engagement with Indigenous communities and leaders
- Peers (people with lived and living experience of using opioids) need to be included, paid fairly for their expertise, and valued as both experts and leaders
- More dialogue and opportunities for collaboration and networking are needed.

In response to these recommendations, this year’s Exchange aimed to elevate the stories and voices of rural and Indigenous communities and the peers and service professionals living and working in these regions. The gathering offered an important opportunity for people to share with one another the work already being done in these contexts.

ODAX was designed in a way that encouraged people to connect through stories and dialogue. The emphasis on dialogue and exchange is one way to acknowledge that sharing stories in a way that values every voice equally is not easy but can be a powerful way to exchange information. It was also designed to create space for peer voices, acknowledging that their experience and expertise are foundational to moving forward together effectively.

We recognize that it was uncomfortable for many as it challenged world views and perceptions around how gatherings like this should be convened and structured not recognizing that many of those are colonial in design and do not respect the traditional ways of sharing and learning among Indigenous people.
OUR GUESTS

We were pleased to welcome guests from [or representing] fifty-five communities. Approximately 38% of guests were invited specifically to provide a peer perspective and 48% of guests self-identify as peers. We had guests working across sectors, regions, and First Nations. Needless to say, the depth of experience in the room was extensive and the conversations were generative.

This event was meant to serve as a space for shared learning and knowledge exchange and was an opportunity to build and practice modes of conversation and actions that are collaborative, effective, and relevant. We are thankful to Thompson Rivers University Research and Graduate Studies for hosting everyone by providing space, equipment, and key logistical support. They were essential to helping us build this event.

APPROACH

As mentioned, the creation and design of ODAX 2019 was a response to last year’s recommendations. As such, planning the event was a collaborative process from the outset. To define the purpose and determine possible outcomes, we (Urban Matters CCC) worked with a planning committee consisting of representatives from the First Nations Health Authority (FNHA), Interior Health Authority (IHA), Northern Health, Fraser Health, Vancouver Island Health (VIHA), Vancouver Coastal Health (VCH), the BC Centre for Disease Control (BCCDC), the Overdose Emergency Response Centre (OERC), and peers. These collaborators also contributed to identifying and inviting guests from across the province.

The points of focus for this event emerged from engagements with the core planning committee and through engagement with their networks. Members of the committee sent out a survey to their regional networks—including key partners and peers—to determine questions and primary objectives for the day’s conversation. We received 50 responses and the results of the survey shaped the topics of conversation and design of the day.

We worked closely with peers, peer coordinators, harm reduction coordinators, and community partners to develop the event in a way that was as inclusive as possible. This included developing a peer safety protocol, hiring peer navigators and peers, providing travel subsidies, hourly stipends, and per diems for peers to participate, and ensuring that peers had an opportunity to connect with other peers from around the province the day before the event. Not only was the day of conversation planned in a way that aimed to bring peer experiences to the forefront, but the event as a whole was planned with significant input from peers who have lived and living experience using substances.

Additionally, we did our best to honour Indigenous ways of knowing and being. Support from Secwépemc Health Caucus ensured that guests had access to cultural supports throughout the day. We invited two Elders to join us – Elder Rod and Elder Dianne. Throughout the day, David Archie (Secwépemc Health Caucus) and Dionne McGrath (Fraser Health) provided supports to help us take care of ourselves and one another. Additionally, the Thompson Rivers University’s Office of Indigenous Education helped us gain a better understanding of local protocols, language, and greetings. They were also very generous in connecting us with local community members who helped make this event possible.

‘Drunken Indian shot. Canine Dogs Survive. Indian dead.’

That’s what the headlines read after my brother was murdered by the RCMP.

He was sober.

We had the biggest love for each other. He told me he loved me and he was proud of me no matter what.

I drank so heavily after he died. I was giving up. I found a feather where he used to carve. I realiyed that even though he was gone I was still here. I held on to his love for me and went into program after program. It became about forgiveness and breaking my silence.
would likely be a little bit different from the others. We relied on the diversity of life experience, professional experience, cultures, and training in the room to generate ideas.

The insights, experience, and networks of the planning committee have been invaluable in the creation of this event and we are grateful to have worked with everyone on the committee. We’re also grateful to the local organizations and individuals who have supported bringing this event to life. Thank you!

EMBRACING INDIGENOUS CULTURE AND WAYS OF KNOWING

David Archie, alongside Dionne McGrath and Gayle Frank, helped to incorporate the traditional and ceremonial elements that supported guests throughout the day. These included an opening and closing prayer and drumming ceremonies, a prayer at lunch, Elder supports throughout the day, brushing and smudging, and tobacco tying. We were privileged to have Elders Dianne and Rod support everyone throughout the day.

At the end of the day, David showed all the guests how to create a tobacco tie and explained its significance. He then invited people to join him in creating one. Many people gathered together to make a tie. This, in combination with Dionne’s drumming and Elder Dianne’s singing, recognized the importance of closure for everyone on the discussions and relationships formed throughout the day.

The general idea of a tobacco tie, as explained by Gayle and David, is that you bundle a small packet of medicine (the tobacco) in a cloth. While creating it, the person thinks of a special intention - for themselves or someone else. In creating the tie with a specific intention in mind, the tie becomes a physical manifestation of the intention. Tobacco is sacred medicine and the material it is wrapped in is usually a colour from the medicine wheel. For the Exchange, all the colours of the wheel were used. Purple was also incorporated as it is the colour for overdose awareness.

A few days after the ceremony, David took all the ties made and hosted a ceremony where they were burned as offerings to the Creator and the healers who are working to address the overdose crisis. The ceremony photos from the ceremonial fire can be found throughout the report. We thank David Archie for sharing this ceremony and the photos with us. We also thank Elder Dianne, Elder Rod, Dionne McGrath, and Gayle Frank for sharing their wisdom.
About This Report

This year’s Overdose Action Exchange provided an opportunity to focus in on Indigenous and Rural communities throughout British Columbia who are grappling with the impacts of the overdose crisis. The majority of attendees at the one-day event represented small cities, rural towns, and First Nations communities. The four main conversations guiding the day guide the structure of this report. The summaries, actions and key initiatives included in this report were pulled from the incredible discussion notes captured during the day.

At the conclusion of the event, a post event survey was distributed to gather feedback and additional information participants wanted to share. Forty-five responses were received, reviewed, and are captured throughout this report including key learnings to support future event planning efforts.

This year’s report highlights key themes, actions and interesting initiatives acting as a reference guide for communities to continue on their community-based response while continuing to reach out, share and learn from other communities.

Indigenous refers to First Nations, Métis and Inuit peoples of Canada.

DISCLAIMER

The intention of this meeting was to provide an open and safe environment to discuss the overdose crisis in BC. By design, the meeting included a wide range of perspectives, organizations, and disciplines. The recommendations in this report capture the ideas expressed by participants and range from practical to provocative.
Conversation 1
Tackling stigma and shame

THE CONVERSATION STRUCTURE

Each discussion, specifically the ice breaker and this first discussion, were meant to build trust, create safer spaces for people to interact, and to clarify that all forms of knowing and being are valuable. The discussions were set up so that people could communicate in a variety of ways. Throughout the pre-planning survey responses, stigma and shame came up as a recurring theme that deeply impacts people’s lives and as something that we needed to talk about more. It also came up as a pervasive piece that is interwoven throughout different aspects of the overdose crisis. The discussion was then meant to generate dialogue about the wide range of experiences related to shame and stigma and understand some of the ways in which shame/stigma might block access to services in small and Indigenous communities.

WHAT WAS SAID

- Institutionalized racism plays a role in the systemic discrimination and continued stigmatization of folks experiencing addiction and mental health issues
- There is a need to shift towards treating addiction as a mental health issue rather than a moral one
- Stigma leads to feelings of sadness, depression, powerlessness, confusion, anger, isolation, fear, hatred, invisibility, and anxiety
- Stigma is found throughout everyday life and in everyday spaces
- Human connection is vital in lessening stigma and shame

Knucwetsuts

We value personal care through individual strength and responsibility
KEY TAKE-AWAYS

“Stigma is the baseline. You have some safe spaces/beacons you have to attach to.” - Peer

Participants shared that stigma has a dehumanizing quality to it, which permeates through different aspects of everyday life. It tends to shape public discourse around addiction and mental health issues at a macro level and then present itself as a lack of eye contact at the micro level, for example. Stigma and shame also find their way into Emergency Rooms, health and mental health services, schools, workplaces, and ceremonies. Attendees also shared that stigma can then often be internalized, which perpetuates feelings of isolation, shame, and sadness. This in turn leaves people feeling even more vulnerable, which, as one participant shared, means that “stigma creates more work for the system.”

Participants explained that, from their perspective, happier and safer communities would be spaces where people are less likely to die alone. They also explored the importance of the link between self, sense of belonging, and community in creating these spaces. People are meant to be cared for as wholes rather than parts. From an Indigenous perspective, it was shared that using language focused on compassion can be used as a tool for a fundamental shift away from stigma and toward community building. This reframe around compassion and ‘compassionate care’ is more likely to resonate with Indigenous communities, which are over-represented in those impacted by this crisis. Compassionate language and care invite Indigenous and non-Indigenous folks to understand the individual as a whole person no matter what they are going through and to speak about the issue from this place of understanding. At the same time, it was emphasized that language alone is not a substitute for supporting peer involvement, as well as peer-led and peer-informed initiatives. The power of lived experience, the level of empathy peers share with each other, and the life-saving work that they do was a recurring theme throughout the conversation.

FOLLOW UP ACTIONS:

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| 1. Find ways to capture the diversity of experiences for people who use substances | a. Consolidate a list of community events, dialogues, videos, projects, etc., to support learning and sharing of information across communities (both web and print)  
   b. Gather Indigenous perspectives on the importance of storytelling as a form of knowledge sharing and distribute to communities to support hosting conversations on stigma and shame  
   c. Develop communication material and encourage conversations around safer dosing and active using |
| 2. Invest in a mentorship model to support the growth and empowerment of peer voice in communities | a. Connect with peer leaders in communities to identify what they need support on in order to develop and operate peer-driven organizations  
   b. Develop partnerships with local organizations to support mentorship and capacity building  
   c. Identify financial supports to enable mentorship model |
| 3. Language shift towards compassion and ‘compassionate care’ | a. Re-examine the language used to convey services and supports and breakdown stigma to a more compassionate lens (to look at people as a ‘whole’) (e.g. harm reduction viewed as enabling when it can be viewed as an act of compassion)  
   b. Create more spaces and gatherings in communities for Indigenous communities and local health authorities to work together and understand how a language of compassion resonates with Indigenous ways of knowing |
INNOVATIVE INITIATIVES

EXPOSED: A PHOTO VOICE PROJECT

The Addiction Matters Kamloops Coalition (AMK) presents a photography exhibit and a tool for community dialogue showcasing the experiences and perspectives of individuals and families impacted by substance use in Kamloops. The Addiction Matters Coalition supported individuals and families with lived and living experience of substance use and stigma in the community. Equipped with cameras, participants in the Photo Voice project were invited to share their personal stories of substance use and stigma through photos. The final project includes 60 individual photographs and captions from each participant. Since the project completion it has been used in a variety of ways to increase awareness, compassion and dialogue.

Throughout this report a number of the Photo Voice photographs are shared. Thank you AMK for their hard work and consent to include these photos. Look for their logo next to Photo Voice photos.

For more information, please visit: www.facebook.com/addictionmatterskamloops/
To watch their recent project video, please visit: youtu.be/75zI2DaCp0w

MOMS STOP THE HARM (MSTH)

Moms Stop the Harm (MSTH) is a network of Canadian families whose loved ones died from drug related harms or who have struggled with substance use. It calls for an end to the failed war on drugs and embrace an approach that reduces harm and respects human rights. It argues that people who use drugs should not be criminalized and must be treated with compassion and respect. MSTH calls for and supports: families as partners in finding solutions; supporting instead of punishing and the decriminalization of personal possession of illicit substances; saving lives through harm reduction; redefining recovery; ending the harm caused by bad drug policy; knowing the drug and minimizing the risk; and bereavement support.

For more information, please visit: www.momsstoptheharm.com/

HEALTHY FSJ & FORT ST. JOHN COMMUNITY ACTION TEAM – ANTI-STIGMA VIDEO

In early 2018, in Fort St. John, Healthy FSJ began with five people from various organizations coming together with seed funding from the University of Victoria’s Canadian Institute of Substance Use Research (formerly the Centre of Addictions Research of BC) to create an impactful collaborative that could support a community-led response to the opioid crisis in Fort St. John through education, awareness and opportunity for dialogue.

Meanwhile, a group called the Fort St. John Overdose Response Committee had also been meeting out of the Fort St. John hospital monthly through 2017 and early 2018 to create a community-led response to the opioid challenges the community was experiencing. Through funding received in June 2018 from the Community Action Initiative via the BC Ministry of Mental Health and Addictions, this committee was able to formally become the Fort St. John Community Action Team. The FSJ Community Action Team is a large group of community organizations, health agencies, front-line service providers, and those with lived experience, all of whom are collectively committed to tackling the opioid crisis locally. The FSJ Community Action Team’s activities and initiatives include education, awareness, partnership development, working with Peers, resiliency training, and taking stock of existing overdose services. Healthy FSJ continues to be the vehicle for education, awareness and dialogue for this local opioid crisis response effort.

Healthy FSJ website - www.healthyfsj.ca
Anti-stigma video - youtu.be/_1tWpJr5ntk

PHOTOVOICE

When my son was most challenged by the substance use symptoms and behaviors, I had to make a conscious choice to practice courage and maintain my dignity in my neighborhood, community and health care system. At the time, I did not realize how much I was silenced by society’s stigma. I felt isolated, judged, overwhelmed and powerless.
YOU'RE NO GOOD
LOSER
FEAR
ANXIOUS
FREE
FORGIVEN
I HAVE CALLED YOU BY NAME, YOU ARE MINE.
MADE IN HIS IMAGE
GOD IS IN THE MIDST OF HER, SHE SHALL NOT BE MOVED.
HE DELIGHTS IN ME
CHOSEN, WANTED, BLESSED.
HE GAVE ME PEACE.
YOU CAN DO ALL THINGS THROUGH CHRIST WHO STRENGTHENS YOU.
SAVED BY GRACE, LOVED.
FOR I KNOW THE PLANS I HAVE FOR YOU;
PLANS TO GIVE YOU HOPE & A FUTURE.
BEFORE YOU WERE BORN I SET YOU APART.
I LOVED YOU AT YOUR DARKEST.
FEARFULLY & WONDROUSLY MADE.
SHE IS WITHIN HER, SHE WILL NOT FALL.
SHE IS WORTH FAR MORE THAN ROSES & PEARLS.
DAUGHTER OF THE KING, BELOVED CHILD OF GOD.
Conversation 2
Creative Solutions in Harm Reduction and Peer Involvement

THE CONVERSATION STRUCTURE
The discussion around Creative Solutions in Harm Reduction and Peer Involvement was set up to understand the range of opportunities and/or gaps in various communities as they relate to education and capacity building. It was as a key issue in the pre-planning survey. Some of the key questions explored included:

• Who holds knowledge about healing, overdose, and services in your community or organization?
• How do people connect to those knowledge keepers and organizations?
• How do the organizations/people connect to each other?
• What do people in your community or organization need to better understand? Could the people or organizations you’ve listed help them understand?
• Are there other supports in place to help build that understanding – why or why not?

Questions were framed broadly to open up the opportunity to talk about cultural ways of healing and connecting and also to understand the ways in which communities may be innovating with the resources they have in the absence of services they need.

WHAT WAS SAID

• Families, Elders, people with lived and living experience, and frontline workers were identified as vital knowledge keepers around healing, overdose, and treatment services in communities and organizations
• Peers and Outreach Teams were recognized as the main connections to those who hold knowledge
• Community Action Teams (CATs), Outreach Teams, Elders, user groups, and Councils were identified as bridges for organizations and people to connect with each other in different contexts
• Understanding and knowing about the supports available remains a challenge
• Community Action Teams (CATs) play a central role in building understanding around the overdose crisis
KEY TAKE-AWAYS

When asked about what is working well, participants focused on grassroots and local initiatives that involve peers in meaningful ways. Community Action Teams with peers at the table were a recurring example of an initiative that is working well in different contexts. At the same time, Mobile Outreach Teams and transition houses that are safe, and welcoming were also mentioned.

When it came to traditional ways of knowing and healing, participants highlighted that knowledge sharing through Elders, returning to the land, ceremony, and land-based healing are important practices. Throughout the discussion, participants kept coming back to the idea of understanding people as whole beings and recognizing that a holistic approach to care tends to be more effective.

In discussing what is not working well, the lack of resources and capacity in smaller centres was a recurring theme. From the participants’ point of view, this is expressed in a lack of aftercare and continued care, extensive waitlist times before accessing care, a fragmented continuum of care, and difficulty accessing transportation to reach care. Participants shared that communities can become polarized around the issue, which impacts people’s ability to be in community. This heightens a sense of isolation that increases people’s vulnerability and is compounded by a lack of understanding around trauma.

Participants shared that, should this crisis continue, it will have consequences for future generations and that there will be continued suffering. Attendees also highlighted a sense of frustration around discussing similar topics repeatedly, as well as a sense of urgency to invest in action. At the same time, while participants recognized that peers need to be at the center of addressing this issue, it was also clearly stated that those most impacted by the crisis cannot be the sole ones responsible for changing it.

When people refer to people like my son as a Junkie or Addict, it affects their family. It casts a dark ugly shadow that can make you feel ashamed and alone. This implied shameful dirtiness is the stigma that separates people and their families from community and support services.

I was hated, loathed and despised because of my skin colour, not because of who I was as a person. Residential school abuse was horrific. Fear has become so embedded in some of us that we can’t move forward. When others stopped hurting us many of took over - hurting ourselves.
# FOLLOW UP ACTIONS:

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| 1. Create a contact list of peer leaders and organizations involved in creating harm reduction programs and services that is publicly available (web and print based) for people to establish relationships, connections and knowledge | a. Connect with peer coordinators and harm reduction coordinators across communities to gather information and put it all into one document available online and in print  

b. Identify pathways to dissemination of information that is accessible by all (e.g. OPS sites, Emergency Departments, support groups) |
| 2. Recognize, invest in, and better understand Indigenous, culturally-based recovery initiatives and Indigenous forms of healing as part of non-Indigenous services | a. Support Indigenous people and organizations to host a series of webinars to increase knowledge surrounding land-based healing practices throughout the province  
b. Provide financial investment for the increase in capacity and growth of land-based healing practices throughout the province  
c. Find opportunities for communities to provide culturally based supports within non-Indigenous services and supports (e.g. Elder in-residence programs, cultural representations (prayer rocks, sage pouches) in harm reduction supplies – contact the Social Planning Council of the North Okanagan for some examples) |
| 4. Create and offer sensitivity-training (peer practices and approaches) that is peer-led to deliver to organizations involved in working with peers | a. Identify peers to support the development of a training module that can be delivered throughout the province |
| 5. Invest in successful initiatives that wrap around well-being supports (e.g. physical, mental, emotional, and spiritual) | a. Identify programs and initiatives that incorporate the Indigenous medicine wheel or other forms of well-being healing that focus on the ‘whole’ person and share the models across the province |
| 6. Support Community Action Teams to ensure that there are diverse experiences at the table including peers, Indigenous peoples and family members | a. Provide funding to involve both peers and Indigenous voices based on peer practices and local Indigenous protocols  
b. Include family voices through support groups or organizations such as Moms Stop the Harm |
| 7. Continued support for the convening of Community Action Teams as central actor in building awareness and generating community responses | a. Increase the number of Community Action Teams throughout the province  
b. Develop an outcome tracking process related to CAT projects and activities  
c. Connect CATs regionally and provincially on a regular basis (e.g. monthly calls, quarterly or annual meetings) |
| 8. Invest in mental health and substance use education within the school system that humanizes the language around the experience (e.g. move away from language specific to criminalization to language that provides an understanding of the role of depression, anxiety, and trauma and the use of substances to cope) | a. Develop partnerships with the Ministry of Education to support curriculum development related to mental health and substance use education (e.g. emotional well-being and mindfulness)  
b. Deliver mental health and substance education within the school system (public and private) through professional development for educators and specialized workshops or classroom discussions led by peers and health professionals  
c. Develop and increase the availability of tools to reduce bullying given the long-term effects on physical and mental well-being |
PEOPLE EMPLOYMENT SERVICES

PEOPLE was initially outlined in the Journey Home Strategy and has been brought to life through a collective community effort. The initiative from the Kelowna Community Action Team (CAT) and the Lived Experience Circle on Homelessness was launched by Urban Matters CCC with funding from Interior Health and the City of Kelowna. At its core, PEOPLE is a social enterprise that establishes contracts with employers and hires people with lived experience to fulfill those contracts.

PEOPLE Employment Services imagines a future where people with lived experience have opportunities to meaningfully contribute to increased inclusion in both community and business settings. PEOPLE is a social enterprise that designs learning modules that meet people with lived experience in homelessness and/or substance use where they are at on their journey into employment. For each learning cohort, PEOPLE establishes contracts with employers and hires individuals with lived experience to fulfill those contracts.

For more information, visit www.peopleemploymentservices.com and read a story we published earlier this year.

Photo Credit: PEOPLE Employment Services
The Powell River Overdose Prevention Site (PROPS) opened in 2019 as the first rural overdose prevention service in the Vancouver Coastal Health (VCH) region. PROPS is a partnership between the Powell River Community Action Team (representing 67 organizations including municipal government, Tla’amin Nation, first responders, frontline community agencies, experts, residents, and families with lived experience), VCH, LIFT Community Services (formerly PREP Community Services), and the SUSTAIN Peer Network.

It offers a safe place for people at risk of overdose to use substances under the supervision of program staff and peers. The site operates daily from 3:30-8:00pm, and offers a range of additional services, including:

* Access to treatment and social supports through VCH’s Overdose Outreach and Intensive Case Management teams;
* Connections to peer supports, training, and employment opportunities through SUSTAIN Peer Network, PREP Society, and VCH’s Street Degree Program; and
* Harm reduction supplies and naloxone training.

The PROPS emerged from community efforts to collaboratively respond to the local overdose emergency. Powell River is a rural community in the Quathet Regional District, which has a population of approximately 19,000 residents and one of the highest rates of overdose deaths in the VCH region since 2016. A number of important steps were taken to make the PROPS happen, including:

* **Peer leadership.** The SUSTAIN peer network was a driving force, meeting regularly to push for action and co-create the project plan. Peers from SUSTAIN were trained in VCH’s Street Degree, and work in paid positions at the PROPS. SUSTAIN plays a critical role in spreading the word about the service, doing needle sweeps in the surrounding neighbourhood, and responding to overdoses at the site;

* **Using local data to determine best location.** Local BCEHS data was used to anonymously identify geographic overdose clusters. Peers then validated the clusters based off their knowledge of the community;

* **Leveraging partnerships.** Once ideal locations were established, the CAT worked with the City of Powell River to identify City-owned lots that might be used. The City identified an appropriate lot, and council granted PREP Society a free temporary lease; and

* **Developing a strong communications plan.** The OPS implementation was guided by a CAT subcommittee, which crafted a communications plan that emphasized that the service was a joint-initiative of many community partners. This ‘we’re all in this together’ approach helped to turn the service launch into an overwhelmingly positive story, attracting national media attention. PREP Society and VCH also established a Good Neighbour Agreement, which outlined clear pathways for resolving neighbourhood complaints should they arise.

For more information, please visit: www.wellbriety.com/circles.html


For more information and to connect with LIFT, please visit: liftcollectionservices.org/

Contact Stuart Clark, Executive Director, LIFT Community Services at stuart@prepsociety.org
It's like doing a 24-hour famine. Then sitting down in front of a plate of food. But not being able to eat. That's what addiction in recovery feels like. Every day you are that hungry.
Conversation 3
Generating Creative & Innovative Solutions

THE CONVERSATION STRUCTURE

After a morning of knowledge sharing among peers and colleagues from different regions, participants were invited to come back to their regional groups to connect with those facing similar issues in similar contexts. This discussion was centered around bringing forward different conceptions and practices in harm reduction. It was an effort to visualize assets and gaps, which is an important step to understanding what solutions look like. Part of the discussion invited participants to identify the resources needed for solutions-based thinking and action. This served as an opportunity for people to talk about support, treatment, and harm reduction in their communities recognizing that each communities access to services and coordinated response looks different.

WHAT WAS SAID

- Social connections are crucial in reducing harm
- Peer-run groups offer a strong sense of community
- Outreach Workers play a vital role in harm reduction
- Healing looks different for everyone
- Safer spaces depend on environments that are free from judgement
- People have different relationships with substance use

KEY TAKE-AWAYS

Harm reduction looks different in communities depending on the resources available and the community’s receptivity and knowledge around the issue. Some shared that it “Feels fragile right now. We are building these services, but they are vulnerable to being shut down/blocked.” These services can include youth community groups, Elder community groups, Naloxone kit training, access to injection and smoking supplies, cultural practices, drug checking, supervised consumption, creating safer spaces, and generating conversation among people who do not agree with each other, for example.

Participants shared that harm reduction tends to exist at community outreach centers, in peer groups, and through Outreach workers. The need to understand mental health and increase access to housing were also recurring themes and were viewed as integral parts of harm reduction. From a participant’s point of view, it is through our personal connection to the spiritual world that we recognize the value of our gifts.
When asked when healing starts, people shared:

“\textit{What does ‘healing’ mean? It depends on the context and the person}”

“When service providers provide a holistic approach”

“When we stop criminalizing substance use disorders, which legitimize the stigma and isolate the person”

“Healing through sharing our experience/journey”

“Within selves: mentally, emotionally, physically, spiritually”

“Sometimes you have to leave your culture to survive”
INNOVATIVE INITIATIVES

STREET DEGREE IN OVERDOSE PREVENTION

The Street Degree Program was co-founded by Sally Kupp, clinical educator on the Overdose Emergency Response Team at Vancouver Coastal Health (VCH), and Jonathan Orr, manager of the Portland Hotel Society (PHS) Overdose Prevention Sites, in 2017. An estimated 350 peers with lived and living experience in substance use have taken Street Degree courses. The program consists of 22 courses that address different knowledge gaps. Peers who complete 10 courses earn a Street Degree. These courses include overdose prevention training, as well as conflict de-escalation, communication, and confidence-building exercises. This formalized training can help peers secure employment in the future.


ANKORS HARM REDUCTION PROJECT

ANKORS (AIDS Network Kootenay Outreach and Support Society) provides a multitude of services, with offices in Nelson and Cranbrook BC as well as rural outreach and education throughout the Kootenay region. ANKORS serves those living with and at the greatest risk of acquiring HIV / AIDS and/or HCV, who have difficulty obtaining services elsewhere, especially due to substance use, mental illness, sexual orientation, gender identity, race and ethnicity, and/or other social barriers.

Provides individuals and various agencies in the West Kootenay Boundary region with harm reduction supplies including clean needles, safer inhalation supplies, heroin foil kits, naloxone (Narcan) and vitamins. The Harm Reduction Coordinator does street outreach work that includes visiting people’s homes, talking to individuals on the street, attending raves and other events and actively working to find new pockets of substance use within various populations. Within the IV drug using population the program works to foster a sense of responsibility and to facilitate peer education. It reaches out to, and networks with, those affected by substance use, including those who use substances, their families, and the broader community. This program is part of a comprehensive approach by ANKORS to the prevention of HIV / AIDS, Hepatitis B and C and other harms associated with the use of substances.

For more information, please visit: kb.fetchbc.ca/service.html?i=445 and ankors.bc.ca/
Harm Reduction Coordinator: (250) 777-0733
ANKORS Office: (250) 505-5506

ROUND LAKE ALCOHOL AND DRUG TREATMENT SOCIETY

Round Lake approaches healing holistically through the medicine wheel and its balance of the physical, mental, spiritual and emotional aspects of our lives to all cultures and nationalities.

“Culture Is Treatment” is philosophy. The programs are grounded in cultural teachings and practices facilitated by elders and staff. Out of respect for all belief systems, the spirituality components of the program will not interfere with but enhance all of clients’ spiritual beliefs. They provide a welcoming and open environment of nonviolence, learning, and collaboration. Every emphasis is placed on the clients’ need for physical and emotional safety while experiencing treatment.

Round Lake is committed to providing trauma informed services from the core principles of trauma awareness; safety, trustworthiness, choice, collaboration and building of strengths and skills. Round Lake believes in the power of the circle to heal the impact of trauma.

For more information, please visit: roundlaketreatmentcentre.ca/
You have to understand that communicating has always been hard for me. Booze smoothed it out and helped me connect with people. I didn’t feel alone.

When you quit, you have to quit everything. Your friends. The places you hang out. You don’t fit anymore.
KEY TAKE-AWAYS

“Don’t keep trying harder. Try differently.”

Participants shared that there are different factors impacting this issue and that these need to be part of the conversation. Some of the recurring themes throughout the different regions included a lack of affordable housing, lack of detox and treatment facilities, and lack of political will in different government contexts. There was also a concern about the focus around harm reduction rather than around overdose itself. There was a sense that these barriers are well-understood, and that the crisis requires an urgent response. At the same time, it was expressed that it is stigmatizing to reduce complex issues to simple solutions. A participant explained that “We cannot police or treat ourselves out of this crisis”.

THE CONVERSATION STRUCTURE

During this portion of the day, the focus was on action and how to move forward together. Groups were divided in regions with the idea of strengthening connections among participants that are more likely to be able to collaborate more directly with each other. It was meant to offer regional groups some time to debrief and synthesize the day, as well as identify tangible actions to follow up on.

WHAT WAS SAID

• Culture-based programming is important and necessary
• More focus and resources can be dedicated to supporting peer engagement/organizations
• There is a need to understand the impact of social isolation
**FOLLOW UP ACTIONS:**

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| 1. Convene (e.g. webinars, online discussion forums, meet ups, etc.) local governments to exchange knowledge and promising practices related to the overdose crisis and social policy | a. Partner with local government associations to access local government network and convening opportunities  
   b. Involve peer leaders, Indigenous peoples and organizations to share their knowledge and experience related to promising practices in their communities  
   c. Identify programs that can be replicated in different parts of the region and throughout the province |
| 2. Support the development of a province wide delivery model of cultural safety training for diverse community partners with the ability to tailor the delivery to local relationships and cultural traditions | a. FNHA and OERC to create cultural safety training and delivery model that is low cost or free leveraging partnerships in communities  
   b. FNHA and OERC to work with regional teams (e.g. Health Authority Mental Health and Substance Use teams and FNHA regional coordinators and community engagement coordinators) to enhance with local context and support delivery of training in communities |
| 3. Increase the availability and remove cost barriers to accessing treatment and recovery supports | a. Create a map that shows provincial treatment and recovery services (both private and public) to identify where there are gaps in service delivery  
   b. Disseminate map of treatment and recovery services to communities throughout the province  
   c. OERC and Health Authorities to conduct a service review on the delivery of publicly funded treatment and recovery programs – this should identify capacity barriers (e.g. human resources, physical space, geographic location, lack of transportation, etc.), under funded programs (e.g. high caseload volumes) for population or community in need, opportunities for increased availability of spaces and reduction in costs to access the service |
| 4. Develop an Ombudsperson to receive and investigate complaints related to administrative fairness and treatment among peers working with or accessing community programs funded by public agencies | a. OERC to work with the Office of the Ombudsperson and develop a program to support fielding complaints from peers |
| 5. Increase effort on creating a movement toward access to a safe regulated supply and decriminalization | a. Initiate a letter writing campaign to local Members of Parliament encouraging a federal response to creating a safe regulated supply elevating the public agenda on the issue  
   b. Community organizations and peers present to City Councils and Band Councils sharing why safe supply and decriminalization are important to consider in their community and encourage Council resolutions to support the movement (e.g. City of Vancouver Safe Supply Statement - [https://vancouver.ca/people-programs/safe-supply-statement.aspx](https://vancouver.ca/people-programs/safe-supply-statement.aspx)) |
| 6. Develop and support implementation of trauma-sensitive and sensitivity training within social service agencies, health authorities (including hospitals), and organizations to regularly interact with people with lived and living experience of mental health and substance use disorders | a. Identify industry training standard and develop a mechanism to make it available throughout the province  
   b. Consider reducing costs (e.g. online training, group workshops, etc.) to ensure all organizations have access including all staff teams where appropriate |
BC SCHIZOPHRENIA SOCIETY

British Columbia Schizophrenia Society (BCSS) is a non-profit organization founded in 1982 by families and friends of people with schizophrenia. Since then, BCSS has grown into a province-wide family support system. BCSS is dedicated to supporting each other, educating the public, raising funds for research and advocating for better services for people with schizophrenia and other serious and persistent mental illness.

For more information, please visit: www.bcss.org/

‘STRENGTHENING FAMILIES TOGETHER’ (SFT) PROGRAM

Strengthening Families Together helps participants build the skills to live with serious mental illness day to day. Sessions cover communication tactics, stress management tools, self-care planning, crisis planning, and advocacy. Through discussion and group exercises, families build supportive connections with others who share similar experiences. Through the program, participants also develop support groups within their communities. The 10-session program is available free of charge to participants.

For more information, please visit: www.bcss.org/support/bcss-programs/strengthening-families-together/

STRENGTHENING FAMILIES TOGETHER - FIRST NATIONS PROGRAM

Strengthening Families Together – First Nations is based on the core Strengthening Families Together program, adapted to honor and include First Nations culture and traditions. It was developed by the BC Schizophrenia Society in partnership with leaders from the Stó:lō Nation. The program is facilitated by a trained community member and incorporates traditional cultural practices, creating a culturally safe environment. Participating families support each other by sharing their experiences and learn skills to be effective personal advocates for their loved ones. Strengthening Families Together – First Nations is available to First Nations communities across British Columbia and is free of charge to participants and facilitators.

For more information, please visit: www.bcss.org/support/bcss-programs/strengthening-families-together/

STRENGTHEN TEENS AND KIDS IN CONTROL’ PROGRAM

Kids in Control and Teens in Control are free education and support programs offered and created by BC Schizophrenia Society. They target children and youth (8-18 years) who have a family member with a mental illness (e.g., bipolar disorder, schizophrenia, major depression).

The programs are prevention-focused and aim to foster resilience. They provide children and youth with opportunities to practice healthy coping strategies, provide knowledge about mental illness and connect with peers who have similar experiences. A key goal of the group is to let the children and youth know that they are not the only ones experiencing these challenges. Another primary goal is to increase knowledge and understanding of mental illness. When there is a clearer understanding of mental illness, children and youth are able to express more compassion for their parent or sibling. It also gives them the necessary language to talk about mental illness, which creates opportunities for them to articulate their needs, access resources and process their experiences. This all helps provide a greater sense of security for children and youth.

For more information, please visit: www.bcss.org/support/bcss-programs/kidsincontrol/ or contact Rachel Phillips - Manager, Kids/Teens in Control at kidsincontrol@bcss.org and 778-903-2752

This is where I felt at peace with myself. In my acceptance of sobriety I learned to enjoy what little calmness and serenity I could during difficult times.
We need to stop talking about addiction as a moral issue. Using the word 'choice' oversimplifies the complexities of addiction. Obsessive and compulsive behaviors are symptoms of mental health problems. Our community is in the midst of a health crisis but we can't move forward with productive, helpful conversation until we all recognize it as one.
Appendices

APPENDIX A – PARTICIPATING FIRST NATIONS AND ORGANIZATIONS

The following is a list of all the participating First Nations, Health Authorities, and organizations who participated in ODAX. In total, there were nearly 200 participants from 55 communities throughout British Columbia.

First Nations
- Nlaka’pamux First Nation
- Fort St. John Metis Association
- Oolakane Friendship Centre
- Gitsegukla First Nation
- Tsilhqot’in Nation
- St’at’imc Outreach Health Services
- Nenqayni Wellness Centre Society
- Sts’ailes First Nation
- Ktunaxa Nation
- Yale First Nation
- Skeetchestn Indian Band
- Skwah First Nation
- Nadleh Whut’en First Nation
- Syilx / Okanagan Nation Alliance
- Metis Nation British Columbia
- Wilp Si’Satxw Community Healing Centre
- Lytton First Nation

Health Authorities
- Interior Health
- First Nations Health Authority
- Northern Health
- Fraser Health
- Vancouver Island Health
- Vancouver Coastal Health

Non-profits
- One Sky Community Resources
- BC Schizophrenia Society
- Opening Doors to Harm Reduction
- PREP Community Programs
- Turning Points
- AVI Health and Community Services
- Vernon Native Housing
- Positive Living North
- Carrier Sekani Family Services
- Penticton and District Society for Community Living
- ASK Wellness Society
- Pacific AIDS Network
- New Leaf Nanaimo

Other
- Ministry of Mental Health and Addictions
- Thomson Rivers University
- BC Centre for Disease Control
- City of Kamloops
- Independent Living: Vernon
- Simon Fraser University
- Correctional Service Canada
- Addiction Matters Kamloops Coalition
APPENDIX B – DISCUSSION QUESTIONS

The following questions supported the day of conversation and encouraged participants to diver deeper on their understanding and experiences of the overdose crisis in order support collective understanding and support for developing shared action. Depending on the conversation among individual groups participants may have addressed all the questions or only some.

INTRODUCTIONS:
1. Using a word, phrase, image, quote, describe the place you come from (think about the landscape and/or the physical place). You could also draw something first and explain it.
2. Using a few words, a short phrase, an image, a symbol, describe or draw the community or communities you are part of (this could be the town you live in; a close community of friends, colleagues; a sports team; etc). Describe your relationship to that community.

DISCUSSION #1: STIGMA & SHAME
1. What do stigmatizing behaviour and shame look like/feel like to you? Could be shapes, body language, an image, a colour, an object, a place.
2. Have you experienced it/witnessed it? Where have you experienced/witnessed it?
3. (Initiating scenario map) Identify 2-3 places or scenarios in which bias, stigma, and shame are prevalent in your community. (Examples: grocery store, public park, a family gathering, emergency room, gas station, walk-in clinic, pharmacy, etc.)
4. What are the beliefs, opinions, mindsets, protocols (organizational, family, cultural) and rules that contribute to stigma in the situation you’ve chosen?
5. Who is involved in this scenario? What might their/your role be in changing the behaviour?
6. What does this scenario look like without stigma or shame? What are the actors doing and saying differently?
7. Who would you need to talk to? Do you know how to get in touch with them? Would you go alone? Who would you bring?
8. What would you ask the person you get in touch with to do?
9. What are some of the key messages you want to get across?
10. How can we create opportunities to have these conversations?

DISCUSSION #2: EDUCATIONAL & CAPACITY-BUILDING OPPORTUNITIES
1. Who holds knowledge about healing, about overdose, about services in your community or organization?
2. How do people connect to those knowledge keepers and organizations?
3. How do the organizations/people connect to each other?
4. What do people in your community or organization need to better understand? Could the people or organizations you’ve listed help them understand?
5. Are there other supports in place to help build that understanding – why or why not?
6. What’s working well in terms of knowledge sharing opportunities?
7. What’s not working as well? Why?
8. In thinking about the things that aren’t working well, who is being impacted now?
9. Who will be impacted in the future?

DISCUSSION #3: GENERATING CREATIVE & INNOVATIVE SOLUTIONS
1. What does harm reduction look like in your community?
2. In which places does harm reduction exist?
3. Who is central to harm reduction?
4. When does harm reduction start?
5. When does healing start?
6. What does peer support look like?
7. Who is central to peer support?
8. Where does treatment occur?
9. What is the role of prevention?

DISCUSSION #4: REGIONAL REFLECTIONS
Fill in the Action Plans:
1. List actions moving forward
2. Who do we need to connect with?
3. What additional support do we need to get going?
4. What are the first steps?
APPENDIX C – KEY EVENT LEARNINGS

As the first ever Rural and Indigenous Overdose Action Exchange, this year’s ODAX offered a valuable opportunity to share what was implemented and to learn about what worked well and what are areas of opportunities for future events of this nature. Some of the key learnings gathered include:

RELATIONSHIP WITH STEERING COMMITTEE / PLANNING COMMITTEE:
- Outline the roles, responsibilities, and capacity to respond for the organizing team and Steering Committee. Revisit and adjust these as necessary.
- Invite partners to share what expertise they can bring to the table. Understand how different sets of expertise connect and support each other.
- When working with partners in different geographical areas of the province, develop a communication protocol for how information will be relayed back to the teams in the different regions and identify the person who will lead this process.
- Involve peers, Indigenous partners, and partners from rural contexts in the organizing team at the beginning.

EXCHANGE DESIGN:
- Map out risks and opportunities from the outset. Revisit this as the organizing process evolves and keep checking in with how these are being addressed.
- Recognize the unique characteristics of an Exchange that includes rural and Indigenous voices at its core.
- Design the day to centre on co-creation and collaboration activities to generate networking and creative thinking.
- Engage with partners and their networks when deciding on the topics that will be covered during the Exchange.

PEER INVOLVEMENT:
- Build additional time into the project plan to account for the ways in which meaningful co-creation with peers can take more time than co-creation with other professional organizations.
- Peers need to be at the center of event design from the outset and throughout the planning process.
- Having a Peer Meeting before the Exchange is a good opportunity for peers to learn about what to expect during the day and to understand the supports available to them.
- Having a Peer Debrief meeting that is for peers only during the Exchange gives peers the opportunity to connect with each other, network, and process any triggers they may have experienced during the day.
- The Exchange budget must incorporate the financial investment necessary to meaningfully include peers throughout the entire process.
- Developing a Peer Safety Protocol is a top priority that needs to be addressed from the beginning of the Exchange design. Securing Overdose Prevention services for the duration of the event is an important aspect of this plan.
- There should be a smaller team within the organizing team that is responsible for designing this Protocol. The Protocol must clearly outline the roles and responsibilities of each of the partners.
- A communication strategy on sharing this Protocol needs to be created. This way, everyone on the organizing team will know about the resources offered on the day of the Exchange.
- A system for peer payment is to be co-designed with peers to ensure that this process runs smoothly on the day of the Exchange. Part of this system must account for the fact that peers are to be paid in cash for their time and expertise on the day.
- Provide timely peer payment to peers involved in the organizing team and ask about the type of payment that people prefer.

EVENT LENGTH:
- One of the key recommendations shared in the post-Exchange feedback was to turn the Exchange into a two-day event and keep each day to a max of 4 hours of dialogue.
- The first day can be a half day that starts with a grounding, traditional ceremony and dives into some of the key concerns and ideas around addressing the overdose crisis. This day can be used as an opportunity for trust-building and grounding.
- The second day is then geared towards designing actions and how they can be implemented moving forward. This day ends in ceremony.
- Shorter days acknowledge that people can participate more effectively when they have time to rest and process information.

INDIGENOUS CEREMONY AND TRADITIONAL SUPPORTS:
- Begin and end the Exchange with traditional ceremonies that honour the land and the local Indigenous community.
- Connect with Elders who can provide guidance on the day and support those who may need more grounding.
- Offer traditional forms of healing such as smudging for attendees who may need support.
- Do research on local protocols and connect with people from the local community when navigating this partnership. This includes working with FNHA regional teams and Indigenous health centres in the area.
- Provide gifts and honourariums per local protocols.

LOCATION:
- A rural location requires finding a venue and location early on while acknowledging the limitations of the resources available.
- Proximity to an airport is an important factor to consider.
- Connecting with the local community is a useful way of accessing local supports and learning about what is available.
- The Peer Safety Protocol will be impacted by the venue chosen and the local resources available. As such, it is of utmost importance to choose a venue as early as possible and to connect with the host community when designing the Protocol.
- Provide a space where people can go recharge if they feel overwhelmed or triggered or in case, they need to feel more grounded.
I've come a long way from that little Indian boy hiding under a bed afraid to speak. One of the most powerful things I learned was to forgive. My niece asked me to join her tough mudder team in June. I did a Triathlon in May and then I raced the Grand Fondo. I am so grateful to those who made it possible for me to believe in myself. I have a voice. I made a choice one day at a time. It's my turn.

Standing tall and always smiling from the heart.