WALK WITH ME

MAYA'XALA

CULTIVATING COMMUNITY RESPECT IN THE MIDST OF THE TOXIC DRUG, TRAUMA, AND HOUSING CRISES; MOVING FORWARD IN A GOOD WAY

Campbell River - Policy Report

FEBRUARY 2024

Maya'xala: *the value of all things; the truest respect*

With Gratitude to Our Partners

And Funders

LAND ACKNOWLEDGEMENT

We respectfully acknowledge the unceded traditional territory of the Ligwiłda'xw people: the We Wai Kai, Wei Wai Kum, Kwiakah First Nations—traditional keepers of these lands. We thank you for allowing us to live, work, and play on your lands.

DEDICATION

This piece is dedicated to those who shared their stories and insights with courage and to those whose lives have been lost. We honour all whose names have been spoken in memory—whose stories continue to compel us forward in pursuit of transformation. We honour you and think about you often—especially when we walk.

ETHICS STATEMENT

The Research Ethics Boards of Thompson Rivers University, North Island College, and Vancouver Island University provided ethics review and approval for the research presented in this report.

ABSTRACT

As with many communities in BC, Campbell River is being hit with a series of compounding crises including (but not limited to): a toxic drug supply that causes fatalities at unprecedented rates, a housing affordability/income disparity crisis that leaves many underhoused and living in poverty, and a trauma crisis, brought about by the ravages of colonization and Residential School. In the midst of these crises, substance use-related harms are increasing. This report investigates the state of these crises in Campbell River through community engaged research sessions held with Peers, family members and front-line workers, and it asks what wellness looks like for those at the heart of these crises. It calls on stakeholders (Service Providers, Peers, Local Government, Community Members) to come together to build on strengths, create new understandings of and potentials for community wellness, address service gaps, and create a strong support network for those facing these crises first-hand.

Keywords

RECOMMENDATIONS

LIST OF KEY TERMS

AVI: AVI Health and Community Services—Harm Reduction Agency.

Benzodiazepines: A class of depressant drugs sometimes used for treatment of anxiety; when combined with other drugs, they can increase toxicity and propensity for fatality.

Fentanyl: A synthetic opiate, approximately 100 times more potent than morphine and 50 times more potent than heroin.

Naloxone: A medication that rapidly reverses the effects of a drug poisoning by opioids, often referred to by the brand name "Narcan."

OAT: Opioid Agonist Therapy: treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone, fentanyl, and percocet. The therapy often involves taking opioid agonists like methadone (Methadose) or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs.

OPS: Overdose Prevention Site: designated sites where drug consumption is witnessed, leading to immediate response in the event of a toxic drug poisoning.

Peer(s): In this report: people located in Campbell River who currently use (or have used) substances.

Safe(r) Supply: A practice that allows prescribers to give access to maintenance doses of pharmaceutical alternatives to unregulated toxic substances within a Harm Reduction paradigm.

Service Provider: Agency providing support to Peers.

Support Worker: Individual providing support to Peers, often through a Service Provider.

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1 ABOUT "WALK WITH ME"

Walk with Me is a community engaged research initiative developed by research and community teams in Comox Valley, Campbell River, and Kamloops, BC, in partnership with Thompson Rivers University, Vancouver Island University, and North Island College. The research project addresses a toxic drug poisoning crisis that has blindsided municipal governments and communities, large and small, across the country. This crisis is having a heavy impact in BC. Since it was labeled a provincial emergency in 2016, illicit drug toxicity deaths have totaled over 14,000.[1] For governments, communities, front-line workers, families, and People With Lived and Living Experience (PWLLE), the crisis can feel insurmountable. In response, the Walk With Me team (which includes Researchers, Peers, Elders/ Knowledge Keepers, and Outreach Workers) collaborates with AVI Health and Community Services, Campbell River Community Action Team (CAT), Laichwiltach Family Life Society (Kwesa Place), and Campbell River Art Gallery, to bring together diverse stakeholders to re-frame the crisis through a process of cultural mapping and to imagine new ways forward. Adhering to the practice of "nothing about us without us," our team's Peer researchers and Elder are involved in every stage of data collection, analysis, production, and delivery of Walk With Me's work.

The project asks, as its central research question: **How can community based cultural mapping help save lives, reduce harm, improve social cohesion, and create systems change for populations facing the toxic drug poisoning and related crises first-hand in small and rural communities?** We want to understand how this crisis is playing out uniquely in B.C.'s small communities and shine light on the stories of human loss and resilience emerging through them. By bearing witness to these stories and asking others to do the same, and by advancing policy recommendations emerging from those at the heart of these crises, we aim to foster and create conditions for lasting change.

1.1 Examining Crises in Small Communities

Despite differences in their history, geography, and economy, small communities share the common challenge of addressing the health and social welfare needs of their most vulnerable citizens.

Such communities are hard pressed to provide accessible social, health, and economic supports found more easily in large urban centres. Those who are socially and economically marginalized, or otherwise require different considerations than the general population, are disproportionately underserved, unheard, and unsupported. Within small communities, vulnerable populations often exist as physically removed from centralized support services in downtown cores. Service Providers are challenged to reach people in nimble and strategic ways. Frequently small communities also lack key elements within a "spectrum" of care—there may be significant gaps in local care provision services necessitating substantial travel and hardship for those seeking essential help. When crises arise, for instance as related to pandemics, forest fires, floods, etc. the resident vulnerable population becomes further affected, displaced, and dispersed—leading to even more profound issues of care.

1.2 Cultural Mapping as a Core Methodology

Our research practice uses "cultural mapping" as its core methodology. Cultural mapping is a community engaged research methodology that can help small communities understand the lived and living experience of people facing crises first-hand. Cultural mapping is particularly useful as it can reveal connections between Peers, family members, and frontline social Service Providers; and between these groups and police, government,

policymakers, and the broader public. Having documented and uncovered previously unrecognizable connection, we can articulate new possibilities for response and change. Indigenous communities and community development proponents in the 90's and early 2000's advanced these research methods, and throughout the last 30 years, the phenomenon of cultural mapping has gained international currency as an instrument of collective knowledge building, communal expression, empowerment, and community identity formation. [2, 3] Cultural mapping combines verbal story and insight sharing with artistic sharing to foster understanding about lived realities.

Our primary method of mapping for this report involved a draw-talk protocol, wherein participants drew about their lived experience, and spoke to their drawings, while engaging with researchers in semi-structured interviews. This method adapted to and foregrounded the communication preferences of participants who at times used other mediums than drawing, including music and photography, to communicate elements of their lived experience.

1.3 The Role of Art

In recent years arts-based investigative frameworks have been embraced by health researchers especially those looking at the social determinants of health, for example, using techniques such as photovoice. Yet despite these developments, arts-based, humanities-oriented research initiatives

that address multi-faceted issues like the toxic drug poisoning crisis remain rare. Recent work on "journey mapping" of the BC drug poisoning crisis is producing powerful results and provides a kind of "proof of concept" for our work.[4] But where journey mapping approaches work well in soliciting community input, they can neglect and pass over individual voices and experiences. Instead of foregrounding unique stories and maps from locals, journey mapping might consolidate the viewpoints of a single graphic facilitator, reflecting the work of skilled note-takers and artists who condense oral exchanges into broad strokes visuals, typically in workshop and seminar settings. Individual voices, records, and layers are often lost: the very "mappings" of lived experience. By bringing Peers and their representations of experience into a community-wide dialogue, we believe meaningful solutions to crisis will emerge.

1.4 Project Structure

This project was developed by Dr. Sharon Karsten, Dr. Will Garrett Petts, and Dr. Kathleen Haggith as Co-Investigators. Thompson Rivers University (TRU), North Island College (NIC), Vancouver Island University (VIU), and the Comox Valley Art Gallery (CVAG) host this project. Our work in Campbell River occurred in collaboration with the Campbell River Community Action Team, Campbell River Art Gallery, AVI Health and Community Services and Laichwiltach Family Life Society's Kwesa Place. The project includes a core Advisory Team with participants from the Comox

Valley, Campbell River, Kamloops, B.C., as well as representatives from provincially and/or regionally-based service and research groups. This Team, consisting of municipal managers, health/Service Providers, researchers, and Peers, has worked to develop this project alongside actors in these small communities. While each community adapts the project in response to its own unique needs and opportunities, the communities together benefit from cross-community analysis, sharing, and learning.

1.5 Project Objectives

Key objectives include:

1) To facilitate new ways of thinking about the toxic drug poisoning crisis as it plays out within small B.C. cities generally, and Campbell River specifically;

2) To explore the lived and felt reality of the crisis alongside statistical/empirical data and in relation to representations of place—honouring the humanity of those at the heart of the crisis;

3) To develop insights leading to the design of progressive, systemic local change and transformation of the crisis; and

4) To create innovative, participatory, arts-based research models that address the toxic drug poisoning crisis produced through activities happening at multiple levels in the community.

1.6 Campbell River: Research Trajectory

Walk With Me conducted research in Campbell River between 2021 and 2023, hosting research sessions with Peers (People With Lived and Living Experience of the toxic drug and related crises), their family members, and front-line workers. Sessions were hosted by the Walk With Me research team. Each session was hosted with food and involved an ethics presentation (including the completion of informed consent protocols). Participants were invited to draw and/or speak to the lived experience of the crisis, responding to the core research questions: **"How has the toxic drug crisis impacted you and your community?";** and**: "How do you envision community wellness?"** Participants engaged in dialogue with the research team and were asked to elaborate on parts of their drawings, stories, or insights. The research team held these sessions with a firm commitment to principles of deep respect for those at the heart of this crisis, trauma-informed practice, and Cultural Safety.

The audio interviews were recorded, transcribed, coded, and analyzed using NVivo data analysis software. They were also converted into a series of "Story Walks"—composite audio journeys that form the basis of community engagement events and sharing circles, knowledge mobilization, and the finding of this report.

1.7 Campbell River Community – Engagement With the Project

Between September 2021 and November 2021, the research team, working with cultural safety teachings shared by Cultural Leader Shawn DeCaire, and with Campbell River collaborators the Community Action Team, AVI Health and Community Services and the Campbell River Art Gallery, hosted community engagement forums from downtown Campbell River, in Spirit Square—a public space located just outside the Campbell River Art Gallery. These forums included "Story Walks" a platform that took groups of up to 25 participants on 40-minute walking journeys that left from and returned to the Spirit Square plaza. Participants walked through parks, through alley ways, along the waterway, etc., while listening to the audio stories and insights gifted to the project by Peers, family members, and front-line workers. Upon returning to the Square, participants were provided food and invited to participate in a Sharing Circle hosted by Elder/Traditional Knowledge Keeper Barb Whyte, Cultural Leader Shawn Decaire, and the research team. Outreach support and community resources were made available throughout the entirety of the project. Throughout this period, the Walk With Me team hosted over 18 sharing circles with members of the public, engaging with over 500 participants—including local government, community, and health authority stakeholders, as well as Peers and members of the general public.

1.8 Report Development and Structure

This report draws primarily upon the insights that have emerged from the research with Peers, family members, and front-line workers who have engaged with Walk With Me in Campbell River. The report includes a Literature Review (Chapter 2), Findings (Chapter 3), Recommendations (Chapter 4), and Conclusion (Chapter 5). Together, these chapters present a snapshot of the crises' impact in Campbell River, and shine light on potential pathways forward in reducing the deaths, stigma, trauma, and harm.

1.9 Summary

Walk With Me is a multi-sectoral community engaged research project designed to create systems change in small B.C. communities as related to the toxic drug poisoning crisis. The Walk With Me team invites readers to receive this report with an open mind and open heart—to work together with us towards the catalyzation of long-term meaningful change.

Photo by: Gordon Ross

2 TOXIC DRUG POISONING CRISIS – CONTEXT

2.1 History

In April of 2016 the province's Health Officer, responding to rising numbers of drug poisoning deaths within British Columbia, declared a public health emergency under the Public Health Act—a designation that continues into the present.[5] In recent years BC has consistently shown the highest per-capita rates of apparent illicit drug toxicity deaths in comparison with other provinces.[6] Between 2016 and 2022, over 11,000 people died in BC as a result of the drug poisoning crisis and deaths for this period were substantially higher than unnatural deaths from other common causes, including suicide, motor vehicle incident, and homicide.[1(p4)] Over the course of the COVID-19 pandemic (2020–2022), the number of deaths in BC resulting from drug poisoning (6,352) was substantially higher than the number of deaths resulting from COVID-19 (4,806).[1,7]

The move to label the drug poisoning crisis a provincial emergency was a first in BC and Canada, and it triggered a multi-faceted intervention that aimed to save lives and reduce harm for people who use drugs. Elements of this intervention have included:

public education, targeted information campaigns, connection with People With Lived and Living Experience, increased access to treatment for Substance Use Disorder, distribution of naloxone to reverse drug poisonings, legislative changes, increased toxicological testing of drugs, expansion of harm reduction services (for example, establishing drug poisoning prevention services and expanding supervised consumption sites), the development of a ministry focused on mental health and addictions, and more. In 2019, the province claimed that such interventions had "averted 60 per cent of all possible drug poisoning deaths since the declaration of the public health emergency," and indeed that same year the province's illicit drug toxicity death number dropped significantly for the first time since 2012.[1,5(p3)] The 2019 death toll in B.C. showed a 37% reduction in comparison to the previous year—with total illicit toxicity deaths falling to 987 (2019) from 1,562 (2018).[1(p4)]

Yet despite these significant reductions in deaths, the onslaught of the COVID-19 pandemic appeared to counteract this reversal, with deaths nearly doubling in 2020 over 2019 and failing to decrease

substantially since.[1(p4)] Numerous experts, including BC's chief coroner Lisa Lapointe and the Public Health Agency of Canada, identify the pandemic as having significantly exacerbated this provincial and national crisis.[8,9]

2.2 Impact

Our knowledge of this ongoing crisis is informed by the data collected by the Province, Vancouver Island Health Authority, First Nations Health Authority, the BC Coroners Service, BC Centre for Disease Control, and other health, government, and community service agencies. In what follows, we review key statistics that have emerged since the crisis was labeled a provincial emergency, placing emphasis on the most recent numbers.

2.2.1 Who Does This Crisis Impact the Most?

Knowledge of who the crisis impacts most is important as it helps to shape public policy, systems change strategies, and community action.

- **The crisis disproportionately impacts middle-aged men**. In 2022, 70% of those dying of drug poisoning in BC were between ages 30 and 59. Males accounted for 79% of deaths. Similar figures are reported for 2016 – 2021.[1,10–12]

- **The crisis disproportionately impacts Indigenous People.** 16% of drug poisoning deaths in BC in 2022 were First Nations people. This number was less than 10% in 2019. Both numbers

are significant, as First Nations represent 3.3% of the province's population.[13(p3),14]

- **Recognizing the crisis' disproportionate impact on men, Indigenous women are significantly represented in drug poisoning statistics.** While the crisis at-large in B.C. disproportionately affects men, 40.5% of toxic drug poisoning events among First Nations affected women, compared to 23.1% of women among other residents in B.C.[13(pp4-5)]

- **The crisis disproportionately impacts people who are unemployed, as well as people in the trades and transportation industries**. A study of 872 drug poisoning deaths in BC from 2016 & 2017 shows that most people who experienced toxic events were unemployed (66%). Of those employed, 55% were employed in the trades and transport industry.[15(p5)]

- **The crisis disproportionately impacts people who are grappling with pain and mental health issues**. The same study shows 79% of drug poisoning death victims had contact with health services in the year preceding death (690/872). Over half (56%) had contact for pain-related issues (389/690). More than half of the cohort (455/872) (52%) were reported to have had a clinical diagnosis or anecdotal evidence of a mental health disorder.[15(p5)]

- **Most drug poisoning victims live in private residences**. The above-mentioned study from 2016 & 2017 shows 72% of drug poisoning victims as

having lived (and experienced poisoning events) in private residences, 13% as having lived in social/supportive/single room occupancy (SRO) housing, and 9% as having lived unhoused.[15(p5)]

- **Most drug poisoning victims are not married.** 65% percent of those who had experienced drug toxicity in the study had never been married.[15(p5)]

- **Most drug poisoning victims use drugs alone, rather than with other people.** The majority of those who experienced a fatal drug poisoning event (69%) had used their drugs alone.[15(p5)]

- **Fatal drug poisoning events increase during income assistance payment week**. A BC Coroners Service Report analyzing data in 2021 and 2022 shows the daily average of drug poisoning deaths in the province as having risen from 5.7 to 8.7 in the four days following income assistance payment day (Wed – Sun).[1]

These statistics help form a demographic profile of people victimized by drug poisoning that, though limited, helps to inform our understanding. From them we understand this crisis as most severely impacting middle-aged men and Indigenous peoples, especially Indigenous women. We also see the crisis' inordinate impact on those with pain management and mental health issues. We observe an inverse correlation between drug poisoning rates and income, recognizing a higher rate of drug poisoning amongst those who are unemployed and accessing income assistance.

Importantly, however, these statistics do not adequately portray the full picture. We know that people from all walks of life have been impacted by this crisis— including people from high- and middle-income backgrounds, women, people in a wide range of professions including doctors, police officers, etc. Recognizing this fact, readers should be aware that these statistics only tell part of the story.

2.2.2 Where is this Crisis Unfolding?

Understanding where this crisis is unfolding is important to inform our knowledge of its "on the ground" impacts. While many see the drug poisoning crisis as predominantly confined to large urban areas due to its high visibility in these centres, this is not actually the case. Opioid use and drug poisoning rates in rural areas and small cities and towns are growing, and in some cases surpassing rates in large urban centres. For example, per capita, BC's highest rates of fatal drug poisonings in 2022 were found in the Northern Health Authority.[1(p12)]

According to a national study by Canadian Institute for Health Information with data from 2017, "opioid poisoning hospitalization rates in smaller communities were more than double those in Canada's largest cities."[16] Another report, produced as part of the BC Rural and Indigenous Overdose Action Exchange shows that between 2016 and 2019, small and mid-sized BC communities "made up between 23-27% of all paramedic attended drug poisoning events."[17(p8)] And a recent study by BC

Emergency Health Services shows that although urban centres in BC witnessed the deadliest effects of the crisis in 2020, rural and remote areas also witnessed significant spikes in drug poisoning calls to 911. Some of the highest increases in drug poisoning calls were found on the BC coast and in small cities on Vancouver Island.[18,19] These statistics challenge the view that the crisis is restricted to large urban centres.

2.2.3 How is the Drug Poisoning Crisis Unfolding in Vancouver Island Health Authority and in the North Island Service Delivery Area?

Between 2016 and 2022, Island Health recorded 1,819 illicit toxicity deaths.[1(p12)] This figure represents the fourth-highest death rate recorded amongst BC's Health Authorities, following Fraser Health Authority (3,741), Vancouver Coastal Health Authority (3,225), and just behind Interior Health (1,846).[1(p12)]

Drilling down to the regional level to look at the number of deaths in the individual Service Delivery Areas (SDA) of Island Health for 2016-2022, the majority of drug poisoning deaths have occurred in South Vancouver Island SDA (824) followed by Central Vancouver Island (706), and North Vancouver Island (289).[1(p15),20] While these raw numbers suggest that large urban centres on Vancouver Island are experiencing the worst of the crisis, when examining drug toxicity deaths per-capita (per 100,000 people), and when we average out drug toxicity death rates by SDA for the same period, we see the highest illicit

drug toxicity death rates occurring within Central Vancouver Island (34.1), followed by North Vancouver Island (30.7), and then South Vancouver Island (27.9).[1(p17)] In this snapshot, Central Vancouver Island is seen as the SDA most affected by the crisis—with North Vancouver Island now surpassing South Vancouver Island.

This data shows that the small urban areas of Nanaimo, Duncan, Campbell River, and the Comox Valley are significantly impacted by the crisis and are witnessing drug poisoning rates greater than the large city of Victoria and its surrounding areas. While North Vancouver Island SDA has to date escaped the worst of the toxic drug poisoning crisis compared to some areas of the province, as measured in both numbers and rates of illicit toxicity deaths, it has nonetheless suffered a substantial blow, and the effects appear to be getting worse.[1(p17)]

2.2.4 How is the Crisis Unfolding in Campbell River?

Within North Vancouver Island SDA, drug poisonings are concentrated in the Greater Campbell River Local Health Area (Campbell River) and Comox Valley Local Health Area (Comox Valley). Of the 289 illicit drug toxicity deaths that occurred in the North Island SDA between 2016 and 2022, 153 occurred within Campbell River, and 117 in the Comox Valley. In 2022, 31 illicit drug toxicity deaths occurred within Campbell River, and 37 in the Comox Valley. In terms of total number of deaths, we see the two communities as having similar numbers of

drug poisoning events, and these numbers have remained relatively consistent in both areas over the 2016-2022 period.[21]

When examined in *rates* (in contrast with total numbers), the average rate (per 100,000 people) of fatal drug poisonings in Campbell River between the years 2016 and 2022 (40.9) is significantly higher than the Comox Valley for the same period (29.7). The fact that Campbell River has a lower population than the Comox Valley reveals a significant difference between the communities in their per-capita drug poisoning rates. From this vantage-point, Campbell River can be seen in recent years to have been more severely impacted by the crisis than the Comox Valley.[22]

We also know from data provided by Island Health that a higher percentage of drug poisoning events in the Campbell River between 2016 and 2020 happened *outside* of private residences (38% versus 26% in the Comox Valley and 39% in Island Health at-large). It is difficult to know the reason for this difference. It could represent a stronger culture of use amongst people who are unhoused in Campbell River versus those who reside in homes, or it might signify a stronger culture of shame and "closed door" use of drugs in the Comox Valley.[22]

Such analysis should recognize the dangers of conceiving of drug poisoning rates and substance use diagnoses as indicative of the full scope of the crisis. It is common for people with opioid use disorder to

have multiple morbidity factors, and their deaths can be classified in ways other than as "illicit drug toxicity." Furthermore, while these numbers help to inform our understanding, we recognize that the drug poisoning crisis cannot be fully understood through numeric representation. This is a human crisis that cannot be adequately expressed or understood through statistics alone.

2.3 Key Contributing Factors

A "perfect storm" has fueled the toxic drug poisoning crisis: an increasingly toxic, novel, and unpredictable supply of unregulated drugs, over-prescription of opioid-based pain medication, increased criminalization of drugs, the COVID-19 Pandemic, and the rise, throughout Western Society and globally, in social dissonance factors such as unemployment, housing unaffordability, and income disparity. These factors, coupled with ongoing stigma, racism, erosion of mental health supports, and loss of education supports create a landscape that fosters the drug poisoning crisis. The following outlines the context for how this crisis has emerged and why it is flourishing.

2.3.1 Increase In Toxic Supply

Fentanyl holds the lead role in driving the crisis. Fentanyl is a synthetic opioid that is roughly 100 times more potent than Morphine and 50 times more potent than heroin. It is legally used and distributed in pharmaceutical practice.[23] It is also made and distributed illegally through various supply channels. Illegal dealers

order highly concentrated fentanyl online, and they receive packages from outside the country through mail or courier. Packages contain hyper-concentrated small quantities that can evade detection by the Canada Border Services Agency (CBSA) since the CBSA requires a supplier's permission to open packages weighing less than 30 grams.[24] Fentanyl traffickers range from organized crime operations to lone operators. Once the drug is in the country, it is diluted in clandestine labs, cut with fillers (such as powdered sugar, baby powder, or antihistamines), and mixed with other drugs such as heroin, or packed into pills which are often made to look like OxyContin.[25] According to Edmonton physician Hakique Virani: "A kilogram of pure fentanyl powder costs $12,500. A kilo is enough to make 1,000,000 tablets. Each tab sells for $20 in major cities, for total proceeds of $20 million. In smaller markets, the street price is as high as $80."[25(para16)]

Toxicity in the supply of fentanyl stems from its frequent manufacture in unregulated sub-standard labs, its mixture with other toxic substances, and its high level of potency. Drug Toxicity Alerts issued by Health Authorities have become common in B.C.[26] It is often the case that a "bad batch" of fentanyl-containing drugs will move from a large urban centre outward into neighbouring small centres and beyond.[27,28] Over the past 11 years in BC, fentanyl has been detected in increasing numbers of apparent illicit drug toxicity deaths. While this rate stood at 5% in 2012, by 2022 it had increased

to a staggering 86%.[1(p6)] Notably, when the US border was closed during the COVID-19 pandemic, drug supply chains were interrupted; this event resulted in an increase in drug toxicity.[29]

While more fentanyl is crossing into Canada and is linked to the rise in fatal drug poisoning events, new and even more dangerous illicit street drugs are also entering the scene including carfentanil and W18, both of which are more powerful than fentanyl and carry a high risk of initiating a toxic drug event.[30] Methamphetamine use is also on the rise in B.C.'s supply—a stimulant that is regularly cut with fentanyl and other toxic substances.[1,31] At the same time, benzodiazepines (commonly prescribed to treat anxiety and depression) are also being added to fentanyl and other illicit drugs and are associated with increasing numbers of toxic drug deaths.[31]

2.3.2 Provision of Safe(r) Supply

In March 2020, BC's then-Minister of Mental Health and Addictions, Judy Darcy, announced new guidelines for prescribers aimed to support drug users with "safe supply." [32] These guidelines, which allow certain eligible populations of drug users to access prescription drugs from limited classes of health professionals, were designed in part to help stem the consequences of an increasingly toxic supply reaching the public during the pandemic.[33] In September 2020 these guidelines expanded under a public health order from provincial health officer Dr. Bonnie Henry to provide safe supply access

to nearly all people who access the street drug supply.[34,35] The new guidelines also allow for registered nurses and psychiatric nurses to prescribe controlled substances. The roll out of this landmark initiative has encountered various "bottlenecks," namely under-resourcing and the challenge of construction of new protocols and systems, though delays were not unexpected as "B.C. [is] the first province or territory in Canada to pursue safer supply so aggressively."[34] BC's new Ministry of Mental Health and Addictions has committed publicly to creating safe supply programs across the province—but the realization is taking time. The public is impatient to see real change and experts are challenging the government's claims of progress to date.[36] At the same time, critics of safe supply have raised concerns around "diversion" of drugs by drug users and claimed that the program is making the problem worse, not better.[37] Such critiques have been soundly rebuffed by BC government officials, and there is no evidence that safe supply programs have contributed to deaths from illicit drugs.[1,37]

2.3.3 Opioid Agonist Therapy

Safe supply is in part an extension of Opioid Agonist Therapy (OAT)—a treatment strategy that has been in-place within B.C. for many years (since 1959). OAT involves prescription of opioid agonists such as methadone (Methadose) and buprenorphine (Suboxone) which are long-acting opioid drugs provided in daily doses used to replace shorter-acting opioids such as heroin, oxycodone, and fentanyl.[38(p444)]

OAT is often considered the first line of treatment for Opioid Use Disorder. In BC, the College of Physicians and Surgeons of British Columbia (CPSBC) oversees OAT guidelines, tracks and monitors patients and physicians, and mandates the concurrent treatment of mental health and addictions.[38(p448)]

OAT reduces opioid-related morbidity and mortality, and this is increasingly so as synthetic opioids such as fentanyl become more dominant in the illicit drug supply.[39(p1)] A recent meta-analysis demonstrated that retention in OAT is associated with two to three times lower all-cause and toxic drug-related mortality in people with Opioid Use Disorder.[40(p2)] However, low quality OAT service provision prevents or slows uptake and retention.[41,42] Recognizing the role OAT plays in preventing drug poisonings, the province needs to continue to systemically upgrade service delivery.

OAT—and by extension safe supply—roll-out happens differently in large urban centres than in small cities and rural locales. Best practice guidelines for OAT advocate for "continuity of care" between multidisciplinary teams of Service Providers, including "physicians, nurses, substance use counselors (with specific Methodone expertise), social workers, probation officers, community mental health liaison workers, etc."[43(pp81-82)] Providing such "wrap-around" support services in small communities that face shortages of health services and professionals is far more challenging than in large urban centres.[38(p446)]

Furthermore, OAT delivery in Canada is tied to contingency management strategies that allow patients to take their doses home with them as they stabilize. "Carry privileges" are increased "based on appointment attendance and consistently negative urine screens for opioids, stimulants, and other substances".[38(p447)]

For OAT clients in rural and/or remote locations, transportation barriers disrupt regular access to OAT clinics and physicians, as well as to the wrap-around services identified above. These same challenges facing systems of OAT provision are present in the roll-out of safe supply. While leaders champion OAT and safe supply as strategies to counterbalance the rising toxicity of the street drug supply, their effectiveness is limited by numerous barriers, especially in rural and remote communities.

2.3.4 Over-Prescription of Opioid-Based Pain Medication

Medical institutions feed opioid dependency through prescription. Canada ranks "second only to the US in per capita consumption of prescription opioids" as a nation.[44(para1)] This is in part due to a liberal approach to the prescription of pain medication.[38(p446)] National clinical practice guidelines published during the early days of the crisis, in 2010 (the *Canadian Guideline for Effective Use of Opioids for Chronic Non-Cancer Pain*), offered few parameters to prescribing physicians: "Many of the recommendations were nonspecific and almost all supported

the prescribing of opioids; the guideline provided few suggestions about when not to prescribe."[45(pE659),46] Between 2010 and 2014, Opioid prescribing across Canada increased steadily by 24%, with 21.7 million prescriptions dispensed nationally in 2014.[38(p446)]This increase in prescription rates resulted in a "massive swell" in opioid dependency.[38(p446)]

Regulatory bodies have been working to come to terms with the damage associated with rising opioid dependency to address the crisis. The 2017 update to Canada's national clinical practice guidelines (*Canadian Guideline for Effective Use of Opioids for Chronic Non-Cancer Pain*) differs from its 2010 counterpart by introducing restrictive opioid prescription guidelines, including recommendations to enter into "opioid prescription modalities slowly, with short durations of use and a maximum dose."[45,47,48(p7)] Other regulatory initiatives include reformulating long-lasting oxycodone into a "tamper-deterrent form" to address concerns related to misuse of OxyContin and developing and expanding provincial prescription monitoring programs with enhanced prescriber education.[48] The response has been fragmented as key elements of health regulations and policy are not provincially and nationally harmonized.[47(p1)]

Despite this fragmentation, government initiatives to restrict opioid prescription have been somewhat effective. From 2016 to 2017, the total quantity of opioids dispensed in Canada decreased by more

than 10%, and the number of prescriptions for opioids fell by more than 400,000: the first decline seen since 2012.[49(p1)] However, by adding deterrents to opioid prescription practices, the measures also increased demand for toxic street supply, as regular opioid users were in many cases compelled to seek illicit supply from the street when denied pharmaceutical supply.[50]

Research has revealed strong systemic factors that drive individuals towards dangerous substances. As we have shown, these factors include, for example, changes in illicit drug market production practices that result in increased toxicity of street supply; bottlenecks and inadequacies in government response mechanisms (OAT and safe supply) that are designed to provide pharmaceutical alternatives to illicit street supply; and a history of opioid over-prescription that, coupled with consequent efforts to restrict and regulate prescription, cultivate displaced opioid dependency and increase demand for (toxic) street supply.

2.3.5 Criminalization

Criminalization of people who use drugs—a product of attempted prohibition—compounds negative outcomes globally. Throughout history prohibition has stimulated unregulated drug innovation and the growth of associated crime and social ills.

The *Opium Act* of 1908 was developed as part of a nation-wide attempt to control non-British immigrant populations, and today it still informs the legal framework for

Canada's drug control policy, as well as alcohol, tobacco, and medicine regulations.[51,52] In 1911, the *Opium and Drug Act* added other opiates and Cocaine to an expanded list of prohibited substances, followed by cannabis in 1923.[51] Bans on alcohol and tobacco consumption were repealed by most provinces during the 1920's.

In 1969 Pierre Trudeau's government ordered an investigation into drug law reform. The resulting Commission of Inquiry into the Non-Medical Use of Drugs (also called the LeDain Commission) recommended the following in its final report to Cabinet in 1973: a repeal of the criminalization of cannabis, no increase in penalties for other drug offences, and in relation to those dependent on opioids, an emphasis on "treatment and medical management rather than criminal sanctions."[53(para3)] However, his government and those that followed into the first decade and a half of the 21st century advanced policies in direct opposition to this commission's recommendations.

The most recent and memorable government-led prohibitionist effort includes the War on Drugs. Shortly after U.S. President Ronald Reagan had popularized this call to arms and policy, in 1986 Canada's Prime Minister Brian Mulroney declared that "drug abuse has become an epidemic that undermines our economic as well as social fabric," a claim that was counter to both evidence and popular sentiment.[52(p123)] In 1987 the

government announced the *Action on Drug Abuse: Canada's Drug Strategy*—which injected $210 million into the nation's fight against drugs.[51] A substantial portion of these funds were earmarked for enforcement.[54(p2)] In 1996, the *Controlled Drugs and Substances Act* was passed—a significant piece of legislation that further expanded prohibition.[51] Finally, in 2007, the Harper government released the *National Anti-Drug Strategy*, which removed the harm reduction pillar from the nation's drug strategy and emphasized "busting drug users [rather] than helping them."[55,56] This framework of increasingly prohibitionist legislation led to a situation in which drug arrests in Canada totaled over 90,500 in 2017, over 72% of which were for drug possession.[57(p1)]

The lasting rhetoric and propaganda of the War on Drugs has exacerbated Canada's drug issues. Its punitive approach to people who use substances produced the most severe penalties in the country's criminal code "surpassed only by offences such as assault or murder."[58(p65)] It allowed police "far broader enforcement powers in even a minor drug case than they have in a murder, arson, rape, or other serious criminal investigation."[59(p263)] Amplified penalties for drug possession and trafficking, coupled with an expansion of police enforcement powers, have contributed to the erosion of civil liberties and human rights in Canada, while criminal justice costs associated with substance use have increased—rising in 2017 to over $9 billion.[51,60,61]

Drug enforcement policy has never been applied to all citizens equally. Professor Todd Gordon traces the federal government's evolving drug laws and legislative frameworks throughout the 20th century and into the 21st as aligned with attempts to control non-British immigrant and racialized communities.[58] For Gordon, "Drug enforcement became an excuse for the police [...] to intervene in and assert their control in communities, on the streets, and in public spaces—regardless of whether those being targeted were actually violating drug laws."[58(p68)] Moreover, federal drug laws developed throughout the 20th century were "often based on moral judgments about specific groups of people and the drugs they were using (e.g. Asian immigrants who consumed Opium)" rather than on "scientific assessments of their potential for harm."[62(p2)] Various studies since have demonstrated that these laws are still used to enforce systemic forms of anti-Black, anti-Indigenous and anti-immigrant racism.[63–65] While many factors influence the over-representation of visible minorities in the criminal justice system, Canada's punitive and the discriminatory application of drug laws play a substantial role.

Nations around the world began abandoning the War On Drugs in the 1990's as it contributed to human rights violations and the "spread of infections (e.g. HIV)..., damaged environments and prisons filled with drug offenders convicted of simple possession."[51(para1)] By contrast, up until 2016/2017, Canada continued to

develop and enforce prohibition-based drug laws; however, such laws were publicly, politically, and legally challenged during this time, and periodic allowances were granted. For example, in 2003 Health Canada granted a limited exemption from Canada's drug possession and trafficking laws under the *Controlled Substances Act* to the Vancouver Coastal Health Authority to allow it to open North America's first safe injection facility—InSite.[66] In 2016–17, Health Canada made subsequent efforts to allow for and streamline exemptions to the *Controlled Drugs and Substances Act* to permit overdose prevention sites (OPS).[67] These allowances, when positioned against the backdrop of over a century of prohibitionist legislation, appear as the first "trickles" in what has become a river of public and political pressure pushing towards decriminalization and legalization of personal possession of illicit substances.

The movement towards decriminalization began to pick up speed in 2016 when the Government of Canada announced a new *Canadian Drugs and Substances Strategy* in which harm reduction was re-instated as a major pillar of national drug policy.[55] In 2017 the *Good Samaritan Drug Overdose Act* became law, providing protection to people who witness drug poisoning events "so that they can seek help, and ultimately save lives."[68(para1)] In 2018 the Justin Trudeau government made cannabis legal for both recreational and medicinal purposes. Canada is the second country globally to accomplish this policy (after Uruguay) and the first G7 economy.[69]

The 2021 development of Bill C-22—an Act to Amend the Criminal Code and the *Controlled Drugs and Substances Act*—was submitted for First Reading to the House of Commons on February 18, 2021, and has not yet completed Second Reading. Among other things, this bill aims to "repeal certain mandatory minimum penalties, allow for a greater use of conditional sentences and establish diversion measures for simple drug possession offences."[70]

These moves by the federal government towards an anti-prohibitionist stance towards unregulated substances mark a stark contrast to the staunch prohibitionist position taken by previous governments and by governments throughout the 20th Century and into the 21st. Yet positioned as they are against the backdrop of a crisis that has ravaged the nation, taking over 30,000 lives through drug toxicity since 2016, these steps are seen by many as too little, and too late.[71]

2.3.6 Decriminalization

In this report we assume the most common understanding of decriminalization to mean "personal use and possession of drugs is allowed, but production and sale is illegal."[62(p1)] Multiple sectors have asked federal government to do more and move faster in pursuit of decriminalization since 2016. Decriminalization as a policy reframes what has been constructed as a criminal justice issue and positions it as a matter of public health. Decriminalization embodies harm reduction, where people with Substance Use Disorder can access

relevant services without encountering the criminal justice system and associated stigma. Under this framework, people found by police to be in possession of amounts of illicit substances for personal use are supported with community resources rather than prosecuted.[62]

A small group of nations have successfully decriminalized illicit substances. Portugal, through its "radical" 2001 decriminalization drug policy has seen "dramatic drops in overdoses, HIV infection and drug-related crime."[72(para7)] People with Substance Use Disorder in Portugal are understood in society as patients rather than criminals, and they are connected with a web of social rehabilitation and health services. Alongside Portugal, Czechia, the Netherlands, and Switzerland have also decriminalized drug possession for personal use and have invested in harm reduction strategies. The consensus arising from these models is that "decriminalization works."[62,72,73]
The following is a selected timeline of decriminalization initiatives in Canada:

2017 (November):   The Canadian Public Health Association report, *Decriminalization of Personal Use of Psychoactive Substances*, calls on the Federal Government to "Decriminalize the possession of small quantities of currently illegal psychoactive substances for personal use and provide summary conviction sentencing alternatives, including the use of absolute and conditional discharges."[74]

2019 (April):   BC's Medical Health Officer publishes the report, *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*, and again advocates for federal decriminalization of personal possession.[5]

2020 (July):   The Canadian Association of Chiefs of Police report, *Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing Special Purpose Committee on the Decriminalization of Illicit Drugs*, recognizes Substance Use Disorder as a public health issue, and identifies decriminalization for simple possession as an effective way to reduce the public health and safety harms associated with substance use.[75]

2020 (July):   BC's Premier John Horgan formally asked the federal government to decriminalize possession of illegal drugs for personal use.[76]

2020 (November):   Vancouver's City Council passed a motion to formally approach Health Canada in pursuit of a plan to municipally decriminalize the simple possession of drugs.[77,78]

2021 (October):   BC's Ministry of Mental Health and Addictions formally applied for a decriminalization exemption, meaning that adults can carry up to 2.5 grams of illicit substances on them without being criminalized.[63,79]

2023 (January):   Decriminalization of small amounts of unregulated substances takes effect for all of BC from January 31st, 2023 to January 31st, 2026.[79] While seen by many as progress, the quantity of allowable substances permitted to be carried by an individual is so restrictive, and the progress so slow, that the benefits of this move are seen by many as limited. Along with skyrocketing toxic drug poisoning fatalities, which contribute to a shift in public opinion, these voices are exerting a push against which governments are slowly responding.

Some advocating for steps beyond decriminalization, such as the Canadian Drug Policy Coalition does through its Regulation Project, are calling for legalization of illicit substances—a move that would see some currently illegal substances regulated by the federal government in a similar fashion to cannabis, alcohol, and tobacco, making them subject to federal production and distribution laws.[80] Proponents of legalization tout its capacity, beyond that of decriminalization, to establish a system of "regulated purity," enforce age restrictions for sales, "prevent large racial disparities because of the wide discretion in charging by prosecutors," and disrupt "the enormous profits being made from drugs by violent criminal gangs."[81] Some critique legalization for its potential to increase drug use and produce the harms associated with other regulated substances: "We know that currently legal drugs, such as alcohol and tobacco, are widely consumed and associated with an extensive economic burden to society."[82] The argument in favour of legalization is difficult to test as currently there are no countries that have legalized hard drugs.

As a policy initiative, decriminalization represents a proven first step to address the toxic drug poisoning crisis. While this process does little to address drug toxicity or ensure a safe supply of drugs for those who need them, it does free up significant resources in the law enforcement and court systems. Decriminalization treats substance use disorder as a health rather than a criminal justice issue and gives people pathways into the public health system where they might be able to access resources and supports.[75,83] Despite endorsements for decriminalization from the Canadian Association of Chiefs of Police among many other knowledgeable bodies, local governments in BC and notably the City of Campbell River are using municipal bylaws to take the issue out of the provincial public health realm and into the realm of nuisance. Such bylaws provide police and bylaw officers with prohibition-based "tool" that they can use against people who use drugs, essentially recriminalizing users at the local scale.

Public frustration with open drug use, and the conflation of harm reduction and safe supply with decriminalization among some city councilors is fueling a retaliatory response against evidence-based policy and governance. Moreover, this response both fuels, and is fueled by, actual physical violence that is happening against Peers on the street (see Section 3.2.1). This punitive municipal stance against decriminalization is placing some municipalities in direct conflict with provincial jurisdiction. The results of these recent maneuvers are unfolding presently.[75,84–86]

2.4 Upstream Services - Social Determinants of Health

Numerous "upstream services" also contribute to the crisis. Lack of affordable housing, and lack of access to quality mental health services: these are both exacerbating factors. These areas broadly

represent the wages of "hypercapitalism" and modern social alienation. The subjects we touch on in the following are by no means a definitive list but represent entry points for systems-based understandings of the crisis.

2.4.1 Housing

The correlation between the toxic drug poisoning crisis and lack of affordable housing is well established. In comparison to household income, house prices across Canada have grown rapidly in recent years—increasing 69.1% between 2007 and 2017, while median income increased by only 27.6% over the same period. Additionally, in the first quarter of 2019, Canada's house price-to-income ratio was among the highest across member nations of the Organization for Economic Co-operation and Development.[87] While Vancouver and Toronto, as global cities, were "the first to catch the bug of extreme housing speculation," the crisis spread quickly to smaller cities and towns. "In British Columbia...it is not only Victoria and Kelowna feeling the heat, but [also] places like Nelson [and] the Gulf Islands."[88] In the Comox Valley, the benchmark price of a single family home was $802,000 as of May 2023, while in May of 2018, the benchmark price was $500,200, an increase of 60% in 5 years.[89] In Campbell River, the benchmark price of a single family home was $646,500 as of May 2023, and was $412,400 in May of 2018, a 57% increase.[89] Housing unaffordability is directly contributing to the exacerbation of health determinates, including homelessness, poverty, and

addiction in North Vancouver Island.

"Housing First" is a policy approach that recognizes housing as the most important component in making progress on a multitude of social issues including those related to addiction. This approach has been successfully piloted in Helsinki, Finland, and in Medicine Hat, Canada (AB). As one of the key architects of the Helsinki program observes: "We decided to make the housing unconditional...to say, look, you don't need to solve your problems before you get a home. Instead, a home should be the secure foundation that makes it easier to solve your problems."[90] While the program may appear expensive up-front, it reduces costs related to emergency healthcare, social service, and the justice system, saving as much as €15,000 annually (approximately $22,000) for each person provided with housing in the long run.[90] A similar program in Medicine Hat, introduced in 2009, has helped 995 adults and 328 children and led to significant progress indicated by "reductions in shelter use, the number of homeless housed and maintaining housing, as well as a number of measures introduced to restructure the Homeless-Serving System."[91]

2.4.2 Mental Health Services

In 2006, Rural B.C. was acknowledged to suffer from a "severe shortage of mental health services"—a reality recognized again ten years later.[92,93] A 2019 BC Coroners Report and a report from the Office of the Provincial Health Officer also confirmed this lack.[94,95] The Province in its 2021 budget

committed to providing $500 million in new funding for "expanded mental health and substance use services," including $152 million for opioid addictions treatment—the largest increase in mental health in the Province's history.[96,97(para1)] In the 2023 budget, this funding is expanded, allocating approximately $1 billion for mental health and addictions, with over half of the funding slated to expand Indigenous treatment centres, innovate new treatment options, and provide more recovery beds throughout the province.[98] These increases in funding acknowledge both the Province growing gaps in mental health service provision and the link between mental health and the toxic drug crisis.

2.4.3 Hypercapitalism and "Poverty of the Spirit"

Vancouver-based psychologist Bruce Alexander made headlines with his 2008 book *The Globalization of Addiction: A Study in Poverty of the Spirit*.[99] Before the toxic drug poisoning crisis in BC gained official status, Alexander posited that the rising proliferation of addiction throughout the 20th century would continue into the 21st. He argued that capitalist forms of growth and accumulation would continue to erode the "social fabrics" that bind communities, families, and societies together. Using Vancouver as an example of an international city whose economic foundations rely upon global trade and the free-market, Alexander shows how the city's notorious struggle with addiction is a necessary part of *hypercapitalism*, where the free-market trumps social and

ecological health and wellbeing. He argues that the normalcy of hypercapitalism—ubiquitous in cities throughout the globe—is responsible for a mass "impoverishment of the spirit," including a loss of community and connections that bind individuals together. Alexander posits the importance of belonging and collectively defined purpose as a core human need, one that if left unfulfilled, can result in profound dislocation and attempts by individuals to "fill the gap" through alternate means. When market forces are left unchecked, they lead (in addition to ecological devastation) to widespread social dislocation, and to the proliferation of addiction as a coping mechanism. Alexander's response to this widespread social dilemma is not to eliminate the free-market altogether and engage in a socialist project. Rather, he asks for better regulation of the free market to ensure it serves, rather than dominates, the institutions and structures designed to foster human connectedness, belonging, and aspiration. Alexander sees such aims as foundational for addressing not only the root cause of addiction but also for bringing people together in profound and innovative ways to address other key crises endemic to our time.

Gabor Maté, a physician and well-known addictions specialist, makes a similar argument. Like Alexander, Maté argues that the roots of addiction lay in a wider societal context, stating that: "…illness in [a neoliberal, capitalist] society, […] is not an abnormality, but is actually a normal

response to an abnormal culture...in the sense of a culture that does not meet human needs."[100] Addiction, mental health struggles, and many forms of physical and emotional distress are in this view a normal response to our failure as a society to acknowledge the consequences of late capitalism. Through a wider perspective, addiction appears as a coping mechanism and response to the absence of cultures of connectedness, belonging, and collective aspiration.

These theorists do not question the role of human agency in the proliferation of addiction. Both acknowledge individuals as interacting differently within the social contexts they are allotted. Some can find connection within late capitalism and others can cope with it. But for a portion of the population, the response to the widespread erosion of the social fabric occurs in the form of addiction (including drugs and alcohol, but also addiction to shopping, gambling, working, exercising, power, money, perfection, others). When unchecked, these habits temporarily fill the void left by a society consumed with free-market logics at the expense of human connection.

2.4.4 Summary

Our exploration thus far has walked through key dimensions of the toxic drug poisoning crisis beginning with when it was labeled a provincial emergency in BC in 2016. Since then, there has been a dramatic statistical increase in toxic drug deaths nationally, provincially, and locally

in Island Health, the North Island Health Services Area, and the Campbell River and Comox Valley Local Health Areas. This rise in fatal drug poisoning events has been shaped by the social determinants of health and processes of late capitalism, and has been fueled by several factors including: increased toxicity of supply brought about by a rise in fentanyl production and distribution, over-prescription of opioids followed by an absence of prescriptions which drove many to the illegal market, the rise of the COVID-19 pandemic, and a regulatory environment rooted in a firmly prohibitionist stance. In response, a slate of countermeasures has been developed within Canada and BC to combat fatal drug poisoning events, such as the regulation of safe supply, the use of opioid agonist therapy, the establishment of OPS's, and the relaxation of federal and provincial drug legislation, among others. In addition, there has been a growing movement advocating for a new federal regulatory approach to drug enforcement, championed by key advocates such as B.C.'s Premier and the Canadian Association of Chiefs of Police.

In what follows, we examine the drug poisoning crisis in Campbell River. We move beyond the statistics to look at human stories and the human impact, using this opportunity to look at how the community can work together towards supporting those at its heart while moving towards resolution.

3 FINDINGS

The findings outlined in this report emerge from cultural mapping research sessions with over 70 participants in Campbell River. Participants met together in group and individual sessions and shared together using a "cultural mapping" methodology (see sections 1.2-1.7). Groups of participants, including Peers, their family members, and front-line workers, were hosted by the research team with food, music and art supplies, taken through an ethics consent process and offered an honorarium for their time. Participants were provided multiple levels of support by members of the research team, including Cultural Leaders, Elder/Knowledge Keepers, Outreach Workers, Peers, Artists, and Community Engaged Researchers, as well as by our partnering social service organizations, AVI Health and Community Services and Laichwiltach Family Life Society/Kwesa Place. In the sessions, participants were asked to respond to the central research questions: "**How has the drug poisoning crisis impacted you and your community?**"; and **"How do you envision community wellness?"** The researchers then asked follow-up questions, where participants were asked to speak to the themes and concepts shared through their drawings, or stories.

The following chapter outlines key insights emerging from these recorded sessions.

While many aspects of drug poisoning crisis are felt broadly, across communities, each community also has its own unique experience. The following section references many of the concepts outlined in the literature review and speaks to how the toxic drug poisoning crisis is uniquely impacting Campbell River. The stories come from people located in this place.

The report's findings are presented within five major themes which emerged from our work in Campbell River. Each thematic section contains several sub-themes which reflect more specific aspects of participants' lived experiences of the drug poisoning crisis as it unfolds provincially and locally. **Section 3.1:** *Structural Dynamics of the Toxic Drug Poisoning Crisis,* contains participant reflections on structures and processes that originate both inside and outside Campbell River that affect local context in significant ways. These include the human toll of drug use, such as homelessness and poverty, grief, loss, trauma (particularly intergenerational trauma and that related to the legacy of Residential Schools),

exclusion, ostracization, frustration, desperation, loneliness, isolation, stigma, and fear. People also shared their experiences of the increased potency of drugs, drug poisoning, and dope sickness. Others reflected on experiences of Campbell River's health care, criminal justice, and education systems, as well as encounters with child and family services. **Section 3.2:** *Violence,* outlines participants lived experiences of physical, psychological, political, lateral, and architectural violence in Campbell River—violence which routinely disrupts people's ability to survive, let alone thrive. **Section 3.3:** *Gaps and Weaknesses in Local Services and Supports,* speaks to the flaws and challenges that participants identified in relation to hospital/health care, mental health/addictions, housing/ homelessness, harm reduction, and policing/enforcement services in Campbell River. **Section 3.4:** *Local Strengths: Solidarity and Community,* describes where local health care, addictions, housing, and harm reduction services and supports are succeeding, and the incredible resilience, care, mutual aid, support, and leadership that exists within and between those on the front lines of Campbell River's toxic drug poisoning crisis. **Section 3.5,** the final section, suggests *Solutions and Pathways to Wellness* for individuals and the community of Campbell River. On a practical and programmatic level, these include improvements to health care, mental health/addictions, and housing systems. Participants also cited a need to develop programs that empower individuals, build employment skills and capacity,

and promote community education and awareness of the housing and toxic drug poisoning crises. At the "heart" level, participants spoke of the importance of compassion, empathy, respect, mutual aid, and support, as well as a deep need to break cycles of trauma, reconnect to culture, and build community relationships that honour each other's lived experiences.

While this report can only offer a partial glimpse into the experience of the crisis, it offers a window based on the insights of our participants. We honour and acknowledge the participants who shared their stories and insights, which were given with immense courage and with intent to spur change. We ask those who read them to do so with respect—to acknowledge the impact of this crisis on individuals and families, and to witness the need to come together in ways that are creative, visionary, and compassionate, towards the formation of new paths forward. We also ask those reading to take care of themselves—the sheer volume and intensity of people's lived experiences can be overwhelming to read through all at once, and we encourage readers to pause and reflect on the living and lived experiences that our participants have so generously shared.

3.1 Structural Dynamics of the Opioid Crisis

People experiencing the drug poisoning crisis in Campbell River are affected by a host of processes and structures that exist both inside and outside of the immediate community. Some of these include the

daily physical and emotional toll of drug use, homelessness, and poverty; others are from various forms of personal trauma; some stem from the toxic drug poisoning crisis itself; and still others are consequences of provincial and federal government policies and systems. Whether such structures and processes originate in Campbell River or not, they affect the population and shape the community in significant ways.

3.1.1 The Human Toll of Drug Use, Homelessness, and Poverty

We begin by focusing on the overwhelming human toll of drug use, homelessness, and poverty. Every day, Peers navigate an emotional minefield shaped by experiences of grief and loss, exclusion and ostracization, frustration and desperation, loneliness and isolation, and stigma and fear. As we will show, such experiences are compounded by intergenerational trauma as well as the physical and health-related effects of drug use. They are also shaped by historical and ongoing interactions with government systems and structures. All these factors affect Peers' ability to survive and thrive as members of Campbell River's community. In the following, we outline the human experience of the toxic drug poisoning crisis, centring the voices of Peers, and highlighting the enormous cost of the crisis upon Campbell River.

3.1.1.1 Grief and Loss

The toxic drug poisoning crisis is marked by tremendous grief and loss, and in turn, these emotions and experiences shape the lives of Peers and their supporters. Whether such grief comes from past experiences, or whether it is a result of more recent losses (of family, community, loved ones), Peers in Campbell River navigate grief on an almost daily basis, often without access to support or the ability to find the time and environment they need to process or overcome such trauma. This, in turn, fuels further substance use and can lead to negative outcomes. Service Providers reflected on how this process has been playing out in Campbell River in recent years:

> The drug supply is so unbelievably toxic and poisonous that people are losing [...] their loved ones at such a rapid pace that they have no time to grieve before they lose somebody else. [...] People are literally hunched [over] with that weight of grief because their community is dying all around them.
>
> *(Sarah Delaney-Spindler)*

> People are dying at a crazy rate these days. [...] There's been so much death here in Campbell River. [...] Young kids are dying. Middle aged people are dying. Like, trades workers are dying. Old veterans are dying, you know?
>
> *(Andy Speck)*

Other Service Providers shared how they were seeing people that they had supported for years dying, and they were becoming frustrated and exhausted from dealing with grief:

I started to think back at the number of people that I've lost. [...] You know, I've got files in my cabinet, and I go through them, and I go "This guy's gone, that persons gone." It's just so sad. It really is. These are people.

(Deidentified Participant)

Staff are emotionally exhausted; they (staff) often will invest years into folks (clients) and build [...] really great relationships, [...] only to witness folks repeatedly overdose. It takes a toll on staffs wellbeing. The impacts on staff are not talked about enough. We are trying to change this through work with Dr. Tim Black and Walk With Me and we're witnessing folks repeatedly overdose. [...] It takes a toll.

(Arlene Hogan - Island Health Strategic Initiatives Overdose Coordinator)

Beyond the support staff, many Peers we spoke to shared how grief and loss were woven into their lives, and how the problem was only getting worse in recent years due to the seemingly unending stream of drug poisonings that people were experiencing:

I've lost so many friends. [...] I'll be talking about someone and, "oh yea, they're not here anymore." It's just incredible, [...] the amount of people I've lost.

(Deidentified Participant)

I just had a funeral for one of my friends that I grew up and went to school with. He just dropped and died, and nobody was there. I just got the news that somebody else had died last night.

(Deidentified Participant)

I lost four of my friends after my mom died in my arms. [...] So that's like five people just since the crisis started five years ago. [...] It's just really painful to lose all those people.

(Nick Holland)

I've been losing a whole bunch of people, left and right, ever since the beginning of this year pretty much.

(Deidentified Participant)

Yea, they're dropping like flies, people I know. [...] There's more homeless and more people using. And some of those people died too, just not being used to the dope nowadays. [...] It's different now. It's bad, and people are dying; I hate it.

(Deidentified Participant)

Others pointed to a disturbing trend of youth dying from toxic drugs; young people are being cut down before they have had a chance to live their lives:

I witnessed my grandniece and niece have overdoses in the old washrooms they used to have here. [...] When they got found they were blue in the face. [...] It was a real tough moment for me to see them, especially my grandniece. She's really young."

(Mark Michael)

I mean, just on my reserve in the last [five years] I believe there's somewhere between eight and twelve people who've passed away, and I think the youngest was 18 years old. [...] He was just a young fella."

(Cory Cliffe)

26

Peers also shared how grief and loss drove them to use substances to ameliorate their pain. One shared how **"the love of my life, she died a little over two years ago, [...] and I've been lost ever since."** *(Deidentified Participant)*. Others spoke candidly:

> My son passed away four years ago. [...] He was 13 months old, and it just really numbed me for a really long time. [...] I couldn't hear anybody, [...] see anybody, I could just see the bottle. Just drinking, drinking, drinking, drinking. It didn't seem to be getting me anywhere, like it's not stopping the pain.
>
> *(Deidentified Participant)*

To be on the front lines of the drug poisoning crisis in Campbell River is to be immersed in grief. For Service Providers and Support Workers, it means dealing with the emotional toll of losing those you support and grieving the ones you have lost along the way. For Peers, it means witnessing the deaths of friends and family in an unending stream that for some, can be almost too much to bear, driving them to numb the pain through substances. As we will show next, these ongoing experiences of grief and loss are made worse by the trauma that Peers have dealt with throughout their lives and continue to deal with in the everyday.

3.1.1.2 Trauma

Trauma is an ever-present factor in the lives of Peers, complicating experiences of grief and loss. Such trauma occurs in the everyday, in people's encounters with the public, with Service Providers and government systems, and in interactions between Peers. Often it is intergenerational and carried over from childhood. The sheer amount of trauma among Peers in Campbell River is overwhelming. One shared that **"there's just so much. You know, grief and loss, trauma, everything"** *(Deidentified Participant)*], while another noted that **"we all had trauma in our lives at one time or a point"** *(Deidentified Participant)*. Peers live with that trauma every day, reflecting on **"not just the trauma that you went through, but the trauma and drama that you caused"** *(Cory Cliffe)*. Service Providers and Support Workers talked about the trauma that they had witnessed—with one even describing the drug poisoning crisis as a **"trauma crisis,"** stating that **"the deaths, the substance use, [...] a lot of folks are numb because what else are you supposed to do? Because it's just another trauma on top of the trauma"** *(Deidentified Participant)*.

Much of the trauma that affects the lives of Peers is intergenerational/historical and a product of childhood experiences, and for many Indigenous Peers is part of the legacy of the Residential School system. One Peer support worker shared how intergenerational trauma is, for many Indigenous Peers, all-consuming and ever-present, noting that **"Historical trauma [...] because we're on Indigenous land, it really hits to the Residential Schools, colonization, Potlatch bans"** *(Shawn Decaire - Cultural Leader)*.

> The historical trauma of what's happened in their families [...] since first contact hasn't changed. And they're forced to live upon it and expected to just forget about it. Or to just live with it, and deal with it, and grow up. But you can't. That pain is forever. That pain is something that can't be forgotten.
>
> *(Shawn Decaire - Cultural Leader)*

Peers also spoke out about the legacy of residential schools. As one highlighted: "**I grew up in a reserve. [...] So lots of exposure to a lot of generational trauma, Residential School**" *(Andy Speck)*. Another shared that "**I'm a descendant of Residential School survivors and stuff like that. And it's had so much impact on all of our kids and grandparents**" *(Deidentified Participant)*.

> **Both of my parents, well my dad was in residential, my mom was in day school. I grew up with my dad abusing my mom when he was drunk. I even ran away from home a couple of times.**
>
> *(Deidentified Participant)*

Many Peers and Service Providers described substance use as a way for people to "numb the pain" of childhood trauma:

> **The trauma that they're going through. [...] You kind of get numbed to it after a while as a child. [...] Man that was a big variable in my world of addiction. Just getting numbed to it, just drinking, forget about it.**
>
> *(Andy Speck)*

> Addiction, it takes everybody right? It doesn't matter if you're a lawyer or a cop or who you are. [...] From childhood trauma, that's what they tell us. I was youngest of four boys, and I suffered a little bit of trauma.
>
> *(Deidentified Participant)*

> But how does someone cope through those traumas? How does someone cope through those crises? [When you don't have] care and community, [then it's] someone going "Hey, well I'll just bring over a bottle of wine." Or you're a kid and you're alone. [...] Well what are you gonna do?
>
> *(Deidentified Participant)*
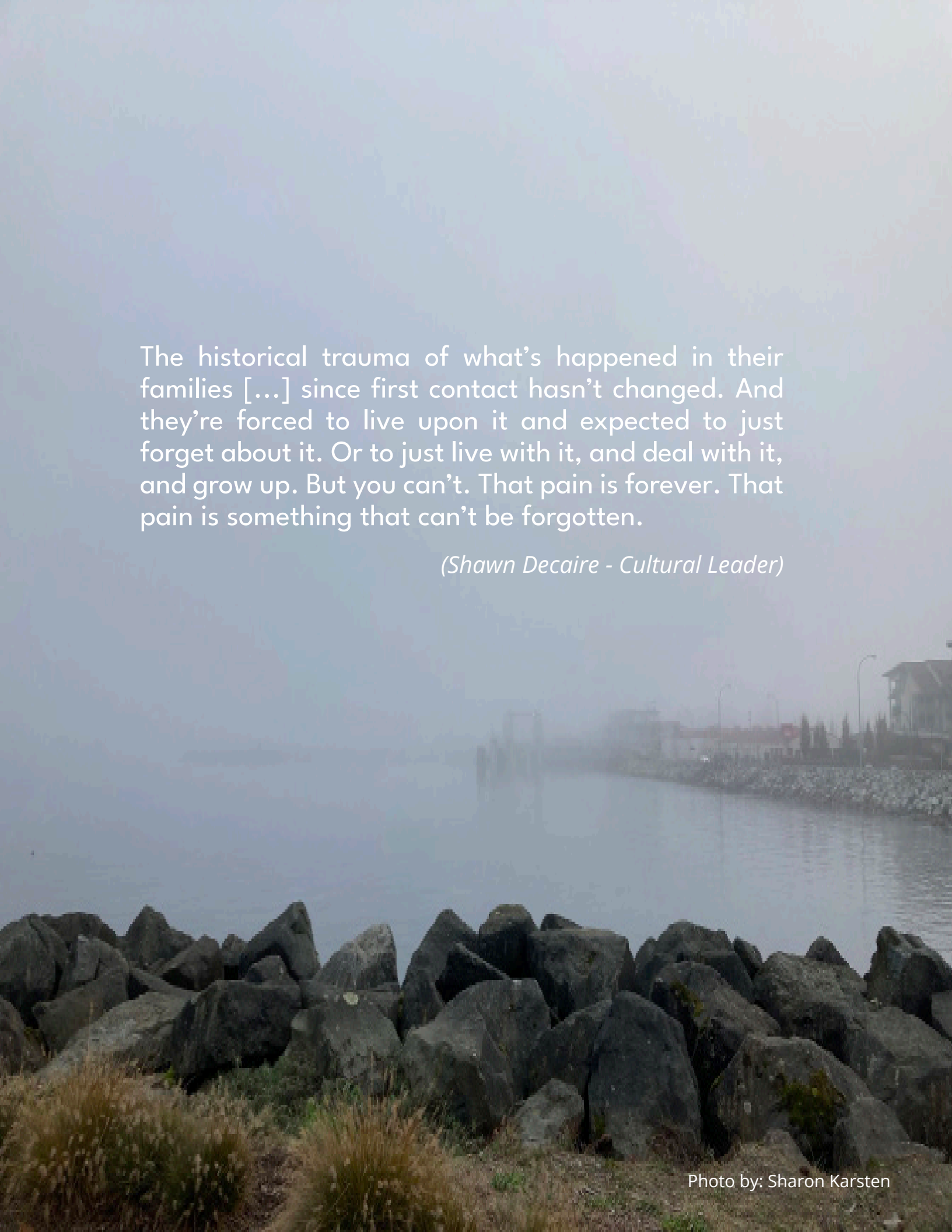
Peers and Service Providers alike described the tremendous amount of trauma affecting people's lives. Such trauma—while not always originating in Campbell River—shapes how people exist in the community and affects physical and social conditions "on the ground" in the city. Community, compassion, and empathy—human networks and connections—are desperately needed to support those whose lives have been upended by trauma, grief, and loss. However, such networks are often difficult to access for Peers, as many are excluded from spaces of care or are ostracized by their communities. It is to these stories which we turn next.

3.1.1.3 Exclusion and Ostracization

Beyond the trauma and the grief of losing loved ones, some Peers told stories of how their lives were affected by a different type of loss: ostracization from their

The historical trauma of what's happened in their families [...] since first contact hasn't changed. And they're forced to live upon it and expected to just forget about it. Or to just live with it, and deal with it, and grow up. But you can't. That pain is forever. That pain is something that can't be forgotten.

(Shawn Decaire - Cultural Leader)

Photo by: Sharon Karsten

families/communities and exclusion from spaces that were important to them. The experience of being excluded and shunned was common among Peers. Some were ostracized because of their addiction, others shared how exclusion made their addiction worse, but for all, these experiences negatively affected their personal well-being. Peers shared how they had been kicked out of homes, which cut off relationships to family:

> When I was 18, I moved to Calgary cause my mom couldn't handle me anymore, and my dad didn't know what to do with me. I was using too much drugs for my dad, and he kicked me out with no shoes, literally he said "get out of my house."
>
> *(Nick Holland)*

> I was 11 when I moved out. My dad got home from work, and I was scrapping with his girlfriend because she was beating up my brother, and he's only four years old. [...] He told me to pack my stuff and go. I said, "Where am I supposed to go?" And he said, "I don't know, just get out."
>
> *(Deidentified Participant)*

> My mother-in-law fucking kicked me out. [...] I think "man this is just fucking time you're taking away from me and my son"
>
> *(Deidentified Participant)*

Indigenous Peers spoke of being alienated from their community and how this experience had compounded their existing addictions issues:

> They shooed me away from my village. I got escorted out, told the only way I could go back is if I attend a treatment program, [...] just basically threw me in a boat and pushed me out, no paddle.
>
> *(Charles Jules)*

> I reached out for help. I went right to my nation's office. [...] I was like "Are any of you guys going to help me here? Can't you see I'm grieving? I need help." [...] Nobody answered. [...] I walked away, and I just went and got drunk, drank it away. And I did a five-day binge, just drinking.
>
> *(Charles Jules)*

An Indigenous Peer support worker and cultural leader confirmed that such rejection was common but was also incompatible with Indigenous ways of being in the world:

> Unfortunately some [people are] not welcome back to their own lands. [...] We're shunning our own people away [as] opposed to just find ways to keep working with them to help them. [...] [Elected chiefs and councils] are saying "Nope, you're banned. Go away." And that's not the way of our people.
>
> *(Shawn Decaire - Cultural Leader)*

When people are kicked out of their homes and communities, they often arrive in places like Campbell River where they need to navigate new systems of exclusion. For examples Peers living unhoused shared how they were confined to live at Nunns Creek and spoke to the trauma of

having to move when the community was dismantled:

> Last year, they assigned us to go stay [at Nunns Creek] [...] for the homeless people. And then they suddenly just said that it's not for that anymore. [...] And then [...] all of us got kicked out of there. [...] So, it's just a flattened-out area for nothing.
>
> *(Deidentified Participant)*

Some Peers also found themselves excluded from the formal housing system in the city. As one shared, **"Because I was a drug addict: [...] have fun trying to get a place to live"** *(Deidentified Participant)*.

As we see, ostracization and exclusion shape Peers' lives, and these processes frequently exacerbate issues of drug use, homelessness, and poverty, making daily existence more difficult. As one Peer stated succinctly: **"shoving people away, putting it on the back burner, putting them aside, that's not help"** *(Deidentified Participant)*. Indeed, the inability to meet basic needs or access essential services only makes Peers more desperate and frustrated.

3.1.1.4 Frustration and Desperation

Ongoing exclusion makes people frustrated, and Peers and their advocates described a sense of growing desperation "on the streets" in Campbell River as the housing and drug poisoning crises have escalated. As one Peer shared:

> When I first came here it was almost normal, and then five years after, just everything changed. You would see kids that were hanging around [...] using dope and all that stuff. And there's a big change in them. [...] They got no ambition: [...] all they want to do is get the next fix.
>
> *(Deidentified Participant)*

Support Workers also spoke about the changes they had witnessed in the community and the increasing desperation among Peers:

> Feels like it's gotten worse. [...] It just feels like more and more people are just in survival mode without housing. [...] Yeah, so, my perception is that things have gotten worse, [and] that the supply has gotten more toxic.
>
> *(Deidentified Participant)*

This desperation—fueled by homelessness, addiction, and a need to find the next "fix"—often removes people's agency and their ability to make "good" decisions:

> I want choices; I want to have a good life. [...] People can't have it being a drug addict. [...] And you have no decisions [...] 'cause you're just going to do the drug and tell yourself "It's okay, I'm high, I'll make it for now." [...] It just doesn't work like that. That's not real life; it's just a fake way to live.
>
> *(Nick Holland)*

I want choices; I want to have a good life. […] People can't have it being a drug addict. [...] And you have no decisions [...] 'cause you're just going to do the drug and tell yourself "It's okay, I'm high, I'll make it for now." […] It just doesn't work like that. That's not real life; it's just a fake way to live.

(Deidentified Participant)

Moreover, Peers' struggles with addiction drive them to act in ways that they would not if they were included and supported mentally, emotionally, physically, and economically:

> **I got a big family, [...] and I've been trying to support three of us. [...] I have to go out there sometimes and work my ass off. [...] I think there's gotta be some kind of help for our type of people out there that need more places to try to get some more money somehow, instead of going out there stealing.**
>
> *(Deidentified Participant)*

> **It tears me apart every single day. My whole life I never stole really any money until my addiction started. First it was smoking [then] my fentanyl addiction. [...] I'd have to [have] at least have 50 bucks a day, just to not be sick.**
>
> *(Deidentified Participant)*

One Peer shared how their ability to access OAT allowed them to avoid feelings of desperation and offered them some stability:

> **I thank God I'm on methadone, so I don't feel the desperation. [...] I don't have the need to go and steal. [...] But I can understand how taxing that would be, every day having to go through that kind of thing.**
>
> *(Nick Holland)*

There is an overarching recognition among Peers and allies that something needs to change—that this path of frustration and desperation cannot continue indefinitely. Peers, Service Providers, and community members alike are seeking a resolution. Yet beyond the desperation associated with being unable to meet daily needs, processes of grief, loss, trauma, exclusion, and ostracization also generate loneliness and isolation among Peers, processes to which we turn next.

3.1.1.5 Loneliness and Isolation

Many of those we spoke to shared stories of loneliness: alienation from community, the isolation of using, and the tendency of some Peers to "use alone." Such loneliness can produce anxiety, depression, and can

lead to death. As one Peer shared, **"If you don't have people to do things with, you become lonely. If you're lonely, man that's a trigger."** *(Deidentified Participant)*. Another spoke of how for some Peers **"the escape is just so necessary, the escape from the loneliness, the pain, the abuse, the total isolation from community in all aspects"** *(Deidentified Participant)*. Others confirmed this—stating how addiction had driven them away from their support network, leading them to feel incredibly alone:

> **[Addiction has] torn me apart from my [family], [...] and if they don't want to spend time with you anymore, what do you do? You feel lonely, you don't have anybody to turn to. [...] You see people on the street, and you think "Oh, they do it to themselves." [...] But drugs take away your free will.**
>
> *(Deidentified Participant)*

Another Peer shared how isolation from their community led to feelings of loneliness, leading them to use alone, and subsequently driving them into further depression:

> **Drugs take your choices away, and they make you feel so lost and lonely and empty inside. [...] So I start to recluse, and then I start to try to do the drugs by myself, and that [...] puts me in an even worse state of depression and a worse state of mind.**
>
> *(Nick Holland)*

Peers and their allies shared how many who use drugs isolate themselves and use alone, leading to their death:

> **A lot of people [use by themselves, and] end up dropping, and there's nobody there to bring you back. It's a huge thing.**
>
> *(Deidentified Participant)*

> **Everybody that's been dying so far—that I can really see—is they die alone. [...] You know? And that's really; makes me quite sad. To die alone. Unnecessarily.**
>
> *(Andy Speck)*

For many Peers, loneliness went together with addiction. For some this meant that their addictions issues fueled loneliness, and for others it was vice versa, but in all cases, loneliness led to negative outcomes for Peers. As one Peer support worker shared: **"people using behind closed doors [...] I think that is where the issue is…"** *(Deidentified Participant)*. Such processes signal a need for a rebuilding of community and support networks to ensure that people are no longer alone. Yet unfortunately, as we demonstrate next, loneliness is difficult to counteract—particularly as Peers act to protect themselves from the stigma and fear around drug use and homelessness within the Campbell River community.

3.1.1.6 Stigma and Fear

Fear and stigma shape Peers' lives in dramatic ways, and there are two primary sites where stigma occurs in Campbell River: in health care and in the community at large. Relative to health care, many shared their visceral experiences with stigma within the system. A Service

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Provider shared how **"even in our health care system, people in addiction are so stigmatized, and considered less of a human than those that aren't"** *(Deidentified Participant)*. A Peer reflected **"[there's a lot of stigma] at the hospitals. I was just speaking with someone who was treated just horribly"** *(Danielle)*. Indeed, many stigmatizing experiences were specific to the Campbell River Hospital. As one stated, **"the hospital's kind of judgemental"** *(Deidentified Participant)*, while another shared how hospital workers **"...say 'we want to be on your side, and we want to help you' [...] but for the most part I think they just want us to go away."** *(Deidentified Participant).*

One of the most striking observations that Peers shared is how in seeking medical care, hospital staff would treat them differently if they found out that they struggled with addictions, particularly in the emergency room:

> **The way people get treated in emergency room. [...] As soon as they hear [...] you're coming there as an addict, they completely change the way they look at you, talk to you, treat you.**
>
> *(Deidentified Participant)*

> You go in [to the hospital...] everything is all fine and dandy; they'll ask my name and they'll punch it in, [...] and I can see the change in the face. [...Before] it was [...] "how are you doing?" and all that. And now they figure "we don't have a human here anymore." [...] Like that's how they look at you.
>
> *(Deidentified Participant)*

> "When I was in [the hospital], they wanted me to be honest with them. So, when I'm honest with them that I've used, [...] then they treat me like a piece of garbage. Or they don't give me pain meds. [...] It says a lot [...] about the system.
>
> *(Deidentified Participant)*

Many Peers shared stories of differential treatment at the hands of health care workers and talked about how this caused them to limit their interactions with the system, even to the point where their overall physical health suffered.

Not all of the stories we collected were negative: Peers and others also described some of the positive developments and improvements that are occurring within the primary health care system in Campbell River, which we outline later in Section 3.4.1.1.

Another site where Peers experience stigma is in relation to the community at large. Service Providers reflected on the stigma and fear that Peers had to endure from the community, and how such attitudes were dehumanizing for those trying to survive on the streets. One Peer service worker shared

You go in [to the hospital...] everything is all fine and dandy; they'll ask my name and they'll punch it in, [...] and I can see the change in the face. [...Before] it was [...] "how are you doing?" and all that. And now they figure "we don't have a human here anymore." [...] Like that's how they look at you.

(Deidentified Participant)

Photo by: Gordon Ross

that **"Campbell River specifically has felt really hard in that vein. The community dialogue, and the level of judgment and criticism and harshness to folks is very hard, it's challenging"**—**"And it is so hard to hear [...] negative rhetoric [...] whether by city council, neighbours, community at large, individuals"** *(Sarah Delaney-Spindler)*. Other Peer Support Workers recounted similar stories, sharing how stigma and fear was making their jobs more difficult and driving already marginalized people into even darker situations:

> **The compassion to the homeless has been gone since COVID. [...] The whole town is frustrated. Their whole lives have been torn apart, and as the old saying goes, shit falls downhill. [...] It's easy to blame the homeless and take out all their pain on the less fortunate. [...] You see it all the time.**
>
> *(Shawn Decaire -*
> *Cultural Leader)*

> **[For the community] if you're homeless [...] you're automatically a junkie. You're no good; you're throw-away. You should be on an island [...] and do yourself in. [...] It's been said many times in this community [...] in the media here. [...] It's been given to me first-hand by business owners.**
>
> *(Deidentified Participant)*

Our community's suffering really bad [...] Society's [...] judging a whole group by the actions of [those] who have some serious addiction problems. [...] We've got 150 people in the downtown core who all wear the same judgement from the rest of society. [...] [It] pushes them further into the depression.

(Cory Cliffe)

Peers echoed these sentiments as they shared about the embodied experience of stigma and how they felt when being treated poorly by members of the Campbell River community.

> [Stigma is] more than anything just dirty looks. [...] I've had maybe three people yell at me. But [mostly] they just kind of stick their nose up. You're walking down the street; they give you a wide berth sort of thing. [...] Most people actively avoid you.
>
> *(Deidentified Participant)*

> It's a big thing for me the stigma. Try and ask someone what time it is when you got a packsack on your back and see how many times you have to ask someone. They think you're asking them for change and run away.
>
> *(Lisa Longaise)*

> I was publicly harassed by a whole group of people. [...] I struggle more now with addiction than I did before because of being harassed. It happens in the square. I find it really hard to come downtown and just hang out with my friends.
>
> *(Robin Neuman)*

> It just gets really tiring, […] when you have people looking down on you and saying "Why don't you get a job, get a home, get a life." […] it's really hard to just keep that smile on your face and say "Have a good day, sorry to bother you." […] I don't like to show my anger toward a complete stranger.
>
> *(Deidentified Participant)*

Service Providers and Peers alike shared how community stigma affected them and how lack of empathy made their work and lives much more difficult. Not only that, but as we see, stigma and fear are piled on top of already-existing processes and issues facing those on the front lines of the drug poisoning crisis, such as grief and loss, exclusion and ostracization, frustration and desperation, and loneliness and isolation. People expressed a desire to rebuild broken community bonds so stigma and fear could be alleviated and accompanying issues could be addressed, if not extinguished entirely.

In this section, we have described the human toll of homelessness, poverty, and addictions in Campbell River to bring awareness of the multitude of intersecting emotional issues and processes that Peers deal with in their everyday lives. Next, we move on to discuss more specific dimensions of the drug poisoning crisis— the increased potency of drugs, drug toxicity events, and dope sickness—and their on-the-ground effects upon Peers.

3.1.2 Toxic Drug Poisoning Crisis

The drug poisoning crisis is shaped by numerous interrelated factors that affect the lives of those struggling with mental health and addictions. In addition to the emotional factors already highlighted, participants spoke of the increased potency of drugs, increases in drug poisoning events and related fatalities, and the dope sickness experienced by users when they are unable to access supply in a timely manner. While these processes are not always local to Campbell River—and in fact may result from laws and policies enacted in Ottawa or Victoria—they affect the community in important and sometimes tragic ways. We first look at the effects of increased drug potency.

3.1.2.1 Drug Potency and Toxicity

Peers and Support Workers across the board shared their experiences of the increasingly potent and toxic drug supply. In many cases people shared that no matter what kind of drug one was trying to buy, it was tainted by unknown chemicals and mixed with drugs such as fentanyl and benzodiazepines. As one Peer stated and data supports, **"fentanyl is put into everything nowadays. No matter what you try to get"** *(Christine Walkus)*, while another noted that **"you wanna even buy the fentanyl, you're buying fentanyl that's heavily ladened with benzos"** *(Deidentified Participant)*. As a result, **"the poisons in the drugs now are working so fast and people are getting so sick."** (*Andy Speck*)

Some of our respondents took an expansive view and reflected on how the COVID-19 pandemic was a catalyst for the increased potency and toxicity of drugs in Campbell River. As one Peer support worker remarked, **"[Post-COVID] the drugs were being so tainted, and mixed with horrible chemicals that were uncontrolled, and the purer drugs were being held across the border"** *(Shawn Decaire - Cultural Leader)*. Another support worker spoke to the on-the-ground effects of such poisoning:

> **[With] the toxicity levels, [drug users] start to build up a resistance. […] And now because of COVID; we're coming up with super drugs that are just a mishmash of this, that and the above. Just so that people can get what they need, their fix.**
>
> *(Cory Cliffe)*

A support worker succinctly summed up the social effects of drug poisoning on the Campbell River community: **"we're seeing darker drugs, and newer faces, and more violent people"** *(Shawn Decaire - Cultural Leader).* If all these consequences were not

enough, increased potency and toxicity is also leading to more toxic drug-related events among Peers, sometimes leading to death.

3.1.2.2 Toxic Drug Poisoning Events

Peers and Support Workers in Campbell River are witnessing and experiencing dramatic increases in drug poisonings and deaths from toxic supply. As one support worker shared:

> **People would come into town new to Campbell River, and within two days were dead. And it was because the drugs were being so tainted, and mixed with horrible chemicals that were uncontrolled, […] We were seeing numbers of two, four, six people a week dying.**
>
> *(Shawn Decaire - Cultural Leader)*

Some Peers bravely recounted their visceral experiences of poisoning and highlighted how a toxic event could occur anytime they used. As one stated, **"you put it in your blood stream and boom, you're out cold**

instantly. [...] **First time I woke up seven hours later"** *(Deidentified Participant)*. Other Peers talked openly about the tragedy of losing loved ones and friends to drug poisoning, highlighting the sheer numbers of those they had lost:

> I've probably lost ten or more due to overdose. [...] We just recently lost our cousin to O.D.ing.
>
> *(Deidentified Participant)*

> I've lost one of my best friends just recently. The same day I lost my sister I lost my auntie. [...] There's so many, just in the last year, just from the hard drugs here.
>
> *(Deidentified Participant)*

> In the last year, I don't know how many of my friends have died from overdose, people I know, you know? [...] And so much young people too. [...] It's just like a crap shoot every time you stick a needle in your arm.
>
> *(Andy Speck)*

Peers shared that one of the most disturbing effects of the increase in drug potency, toxicity, and mixing of drugs, is that naloxone is becoming less effective in combating toxic drug poisoning. This trend signals that as drugs become increasingly potent and toxic, not only will poisoning events increase, but the chances of reviving someone who has succumbed to poisoning will decrease, potentially leading to more deaths among users. Moreover, as drugs— particularly opiates—become more potent, Peers require stronger drugs to stave off

withdrawal symptoms, otherwise known as "dope sickness." As we discuss next, many Peers will compromise their own safety to avoid becoming dope sick, even using drugs in dangerous situations, or rolling the dice on potentially tainted supply.

3.1.2.3 Dope Sickness

Peers spoke to the sickness that they experience when withdrawing from opiates and the ways that sickness shapes their lives, limits their choices, and even leads them to risk overdosing on poisoned supply. One shared just how mentally and physically devastating that withdrawal can be:

> They talk about withdrawal [...] and it's such a difficult thing to wrap your mind around. It's [...] much worse than the flu. [...] It's much worse than anxiety. [...] It's anxiety, plus the flu symptoms, plus depression, and how do you deal with all that?
>
> *(Deidentified Participant)*

In the everyday, the physical feeling of withdrawal means that users often spend part of their day sick, dealing with cravings, or seeking their next "fix," which in turn affects their interactions with others. Users spoke of how they struggled with sickness at different parts of the day: **"I feel okay all afternoon and evening. But it's mornings that are the worst for me, right before I get my stuff"** *(Deidentified Participant)*. Another noted:

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> **You can fall into a pretty deep depression, and just stay in your tent. And then boom, it's four o'clock or six o'clock, now you need your fix, [...] cause they're starting to get withdrawal and stuff like that.**
>
> *(Danielle)*

Peers also shared their experiences with withdrawal under conditions where they were trying to quit using opiates.

> **Hardest thing in the world to quit man. [...] Like I gave birth with no medication, and that was more unpleasant than giving birth, I swear. The most painful. It's annoying, it's uncomfortable, it doesn't stop; and it's self-induced.**
>
> *(Deidentified Participant)*

> **I went in so dope sick, into the hospital. And I was trying to beat it, three days left, I was trying to really fight it, and trying to beat it. But I just couldn't, I was fucking puking, I just couldn't do it.**
>
> *(Deidentified Participant)*

Dope sickness is an ever-present reality in the lives of Peers who are dependent on opiates. It can leave people irritable, desperate, and even life-threateningly ill. Peers and Service Providers spoke to the need for a compassionate response for those struggling with addictions—in everyday encounters, and in the health care system—so that people who use drugs can be met "where they are at." Importantly, dope sickness is becoming more prevalent among Peers as drug potency increases, and those same increases can also lead

to higher risk of drug poisoning, which Peers are sometimes willing to risk when the sickness and desperation take hold. Moreover, as we will show, this is a vicious cycle which is compounded by Peers' negative encounters with government systems—the same systems which are supposed to support them in their journey to wellness. In the next section, we describe the effects of government systems and policies on the lives of Peers.

3.1.3 Encounters with Government Systems and Policies

Many participants spoke of how their lives were shaped by their encounters with government systems and policies in ways that were often beyond their control. Foremost of these systems were health care and related mental health and addictions services, but Peers also spoke to how the criminal justice and education systems, as well as child and family services, play a key role in influencing people's lives. In this section we outline these experiences.

3.1.3.1 Health Care System

The role of the primary health care system in shaping the lives of people affected by the toxic drug poisoning crisis cannot be understated. Many participants highlighted how their first encounters with opiates were through the medical system, through prescriptions they received to manage painful physical injuries:.

Yea, about 16, 17 years ago I got into a bad [...] motor vehicle accident, and they put me on pain medication. Before I knew it, I was up onto four Oxy 80's a day and pretty much it's like you're drunk. You can't cope with pretty well anything, right? [...] That's what kicked it off.

(Deidentified Participant)

Many Peers lament the fact that their lives have been upended by a medical prescription. As one noted, it is a **"problem [the medical system] created [...] with the opiates they were prescribing ten years ago"** *(Deidentified Participant)*. Another participant noted:

"Most of us who are on opiates, we start it as a legitimate reason, for pain. [...] And then it became a fucking massive, massive monster in our lives, right? [...] And to be stigmatized for that, [...] I just don't have the words to be able to put that into any kind of perspective that makes any sense.

(Deidentified Participant)

A Service Provider spoke of the stigma that exists in the health care system towards those struggling with mental health and addictions:

"In our healthcare system, people in addiction are so stigmatized and considered less of a human than those that aren't. [...] I just don't understand why people can't get past that. It's a human being, and they're worth it. Let's take care of them.

(Deidentified Participant)

Peers also recounted this stigma. One remembered an experience of going to the emergency room for a serious illness and being told by the nurse that **"We know why you keep coming in here; [...] you're just trying to get drugs and stuff"** *(Danielle)*.

Peers and their allies were forthright about the fact that even though the medical system had a part to play in establishing individual patterns of addiction, it also played an ongoing role in stigmatizing those who sought care for the same addictions, a position that some felt was hypocritical, frustrating, and unreasonable. While such stigma is often the result of exhaustion and social conditioning on the part of health care workers, this does not excuse poor treatment of Peers. But beyond the factors mentioned here, perhaps even more problematic was the fact that even when Peers are able to access addictions treatment beyond primary health care, their journey through treatment is far from smooth, as we demonstrate next.

3.1.3.2 Mental Health and Addictions Services

Much like the primary health care system, Peers and Support Workers recounted how mental health and addictions services— particularly detox centres and rehab/ recovery programs— shape people's lives. Some remarked on the difficulty of being accepted into a program, and others recounted positive experiences in detox. However, many slipped into old patterns after they left their program. One noted that **"I was in the sober house, only lasted**

ten days, and then fell off hardcore" *(Deidentified Participant)*, and another stated that:

> I've tried a few times, several detoxes, several treatment centres, recovery centres. I did spend 11 months [in one program]. I don't regret that experience at all; it was a 12-month program. I ducked out a month early, right into the Balmoral Hotel. So that didn't work very well obviously.
>
> *(Danielle)*

Likewise, a Peer shared: **"[Homelessness is] what got me into [...] medical detox, 'cause I was coming off of methadone. From there I ended up down at Pain and Wastings for six and a half years"** *(Ray)*. As one nurse told us, this jarring transition from detox to the streets is a common occurrence due to the ways that treatment programs are structured:

> The system is severely broken. [...] Once [a program] is done, your 42 days is up, you're released to the streets, [...] or you're going up to the shelter where you can stay 30 days if there's a bed. [...] And so what happens [when] resources [...] are not there? Like, it's a repetitive motion of failure.
>
> *(Deidentified Participant)*

Peers often fall back into their old ways when there is lack of after-care and/or inability to access supports after treatment. Relatedly, some Peers talked about the challenges they face in utilizing OAT services, particularly methadone programs.

Some were grateful for methadone in that it allows them to live their life. Yet others spoke of how doctors and pharmacists kept them on methadone, even when they wanted to wean off and quit opiates altogether: **"They put me on methadone; I tried to get off it; The doctor wanted keep me on it. You know?"** *(Deidentified Participant)*. Some Peers shared how their doctors encourage them to take higher doses of methadone even though they don't ask for it, and how pharmacists ensure they take their entire dose, even if they wanted to take less. Others talked about the frustration of being chained to a pharmacy and being heavily reliant on their doctor to provide the prescription. As one cultural leader shared, this situation where people are trapped in an OAT prescription cycle is a relatively new trend, and one that needs to change:

> People who were put on prescriptions in an irresponsible way [...] never got an opportunity to develop a plan [to quit]. [...] And there are some doctors out there [...] who are just happy to collect that money. [...] And those are the people who are perpetuating a system that has put us in this position already.
>
> *(Cory Cliffe)*

Beyond OAT treatment, some feel "safe supply" is an important tool and response that should be implemented with care. For one Service Provider, safe supply needs to be rolled out in a way that meets drug users where they are at, and where doctors and nurses **"felt empowered and supported in meeting people's needs"** *(Deidentified*

Participant). A Peer support worker referred to how a prescribed opioid could help people in moments of crisis, stating that once people were stable, then **"there's an opportunity for different conversation. [Where] they're not feeling so anxious, not feeling so sick and hurting..."** *(Andy Speck)*.

Whether it be in positive, negative, or neutral ways, Peers and Support Workers spoke of how drug users' lives were circumscribed by the mental health and addictions system. In many cases people expressed a desire for personal change that would allow them to escape the system, or systemic change that would generate more positive outcomes for individuals. However, even though many Peers' lives and actions are strongly shaped by challenging encounters with the health care, mental health, and addictions systems, many also relayed the additional burdens of coming into contact with the criminal justice system. Mental health and addictions have become increasingly entangled with the law enforcement and criminal justice systems in recent years, and we next share how these interactions play out in the lives of Peers in Campbell River.

3.1.3.3 Criminal Justice System

Several individuals spoke of their encounters with the criminal justice system and how that system is integrated into their lives. For some, their issues with mental health and addictions started around the same time they entered the criminal justice system, while others became enrolled in the system because of their struggles with addiction. Regarding the former, one Peer told us **"Yea, I ended up in jail, I was there for two years. And I was like 'fuck it, I may as well do something.' And I ended up doing heroin in jail and just never stopped, right?"** *(Deidentified Participant)*. Regarding the latter, one Peer noted that their drinking landed them in jail *(Deidentified Participant)*, while another stated that **"I was deemed a prolific offender, due to my addiction"** *(Deidentified Participant)*. For some, their experience with the criminal justice system fundamentally shaped their lives and their experience with addiction:

> I was angry. I was like a walking time bomb in my community. I hated everything. [...] And guess what I found 14 years old, I found alcohol. [...] In order to get alcohol, I had to steal. [...] I got caught, you know, put into jail. And all that [at] 14 years old, and I never forget.
>
> *(Deidentified Participant)*

Beyond these formative experiences, the criminal justice system continues to play a role in shaping Peers' everyday lives. One shared what happened when they fell asleep in a store:

> I went to jail for five months because I was in the wrong place at the wrong time. [...] I never had weapons, I never had no paraphernalia on me. I just fell asleep. [...] I had to fight my way through that jail.
>
> *(Deidentified Participant)*

Within this context, Indigenous peoples are highly overrepresented in the criminal justice system. As one Peer observes: **"I mean there's what 90% Native that go to jail. Without being given a chance"** *(Wobbz)*, while an Indigenous Peer service worker points to systemic racism as a factor in this overrepresentation:

> **We live by a different set of rules, one that is much harsher and much crueller and much meaner. You know? And how do you know that? Just look at the prison system, huge overpopulation of First Nations people in prisons.**
>
> *(Andy Speck)*

Whether their incarceration was fuelled by addiction or vice versa, Peers were forthright about the ways that the criminal justice system remains an ongoing part of their lives, in their memories, in their physical bodies, and through everyday encounters with stigma and racism. But beyond the criminal justice system, many of the same Peers also shared their negative experiences in the formal education system. In the following section, we show how such experiences can be formative in directing Peers towards addictions and criminality.

3.1.3.4 Education System

Some Peers—particularly Indigenous ones —spoke of encounters with formal education and how the system had failed them and others. One shared that **"When I was in school, everybody was setting me up for failure. [...] And I had to try and**

work around them and show them that I can do other things" *(Robin Neuman)*. Others spoke of more systemic issues, including the manner in which children are robbed of an education that should teach them how to build connection and communication:

> **[Indigenous peoples] get pushed through schools. I watched my nephew sit on his bed in my house for three years, and he got pushed from grade eight to grade nine even though he didn't go to school. [...] There's different rates for our education; ours are lower standards.**
>
> *(Deidentified Participant)*

> **[Teachers] find it easier to pass them rather than educate them. [...] They just pass them along and shuffle them through the grades. [..] My niece has suffered from that humiliation because they can't get into conversations with people. They're afraid to because of their education level.**
>
> *(Deidentified Participant)*

An Indigenous Peer service worker shared how intergenerational trauma affects Indigenous children's experiences of the education system in the present day:

> **Attendance is low for a lot of these marginalized children, you know. And I'm trying to tell [the school officials] "well, the parents have had a pretty rough go. [...] They slipped through the cracks of the system, and they were treated badly, so why should they send their kids to here?"**
>
> *(Andy Speck)*

We live by a different set of rules, one that is much harsher and much crueller and much meaner. You know? And how do you know that? Just look at the prison system, huge overpopulation of First Nations people in prisons.

(Andy Speck)

At the same time, Peers recognize the importance of education and the ways it can improve people's lives, if one has equitable access.

> I went to a Native school. [Then] I went to high school with [...] five different communities. [...] I was always being put down all my life with school, saying I'm dumb. But [...] I've taught myself [...] because I wanted to help my daughter. [...] You need to have that education to do anything you want to do.
>
> *(Deidentified Participant)*

> I remember getting put into a special needs class and thinking so low of myself. [...] And that wasn't because I was stupid, [it was] because I didn't pay attention. [...] [A] teacher showed me that it wasn't me, it was that [...] I wasn't applying myself. [...] A little bit of help would've made it so much easier.
>
> *(Deidentified Participant)*

For all these participants, experiences in and with the formal education system shaped opportunities later in life, and in turn, their ability to cope with mental health challenges, avoid criminality, and break patterns of addiction. Beyond formal education, people's encounters with child and family services—either growing up or as a parent—also shapes their lives in consequential ways. We outline these encounters and their effects next.

3.1.3.5 Child and Family Services

Peers spoke of their experiences with child and family services and how it negatively impacted them as a child or as a parent when children were taken away from them. Again, Indigeneity plays a large role in people's interactions with this system. A Peer worker noted how many of the unhoused community members they support in Campbell River come out of the foster care system, and that they have been alienated from their home territories:

> A lot of the people on the street aren't from here. [...] Only actually a small handful that are from the Laich-kwil-tach Territories, and those that are from here actually grew up in foster care. So they don't know their identities to here. The ones that are here are from different nations.
>
> *(Deidentified Participant)*

In addition to foster care, several Peers spoke out about the trauma they experienced when their children were taken away from them and even cited such events as driving them to homelessness and addiction. As one person shared: **"I ended up losing my son just after he turned two years old. And after I lost him, my life just went downhill. I lost my apartment"** *(Deidentified Participant)*. Other reflections on the experience of losing children to government care were equally visceral:

> **Through the 20 years I have lost everything, and I've been homeless, I gave my kids to my parents before I lost them to the ministry. It's definitely been a struggle. There's been days that I didn't think I wasn't going to make it through it.**
>
> *(Sophie Sewid-Creelman)*

> **[I] got into an abusive relationship, and my kids were taken. I fought really hard and got them back, and then he had them removed. And that's when I gave it all up, and I ended up losing my place, losing everything.**
>
> *(Deidentified Participant)*

> **I'm just one of those people battling social services to try and get [my daughter] back. It's like every time I [...] take one step forward, it's like three steps back right? [...] That's kind of why I fell into addiction also.**
>
> *(Deidentified Participant)*

These reflections from Peers demonstrate how losing children can drive people to seek out ways to cope with trauma, leading some to turn to substance use to numb the pain—even to the point of homelessness. These insights also point to a wider issue and reflect an emerging body of research that connects the actions of BC's Child Protective Services and the Ministry of Child and Family Development with systemic discrimination against Indigenous women and their families—particularly Indigenous women who have used substances.[101]

In Section 3.1, we have outlined the structural dynamics of the toxic drug

poisoning crisis in Campbell River in detail—from the human toll of drug use, homelessness, and poverty, to the more specific effects related to the drug poisoning crisis, and finally to how Peers' interactions with various government systems and policies shape, and have shaped, their lives. Notably, many of the factors that we have discussed thus far are "extra-local" in that they occurred outside of or originate beyond Campbell River. We now move to focus on the local events and processes that are fueling the triple crisis of drug poisoning, housing, and mental health. We start by discussing the various forms of local violence that are affecting the community and then talk about the gaps and weaknesses in local services and supports. We then move on to talk about the strengths in the community, and we share some solutions and pathways to wellness for the community and for individuals.

3.2 Violence

One of the most striking aspects of the toxic drug poisoning crisis in Campbell River is the sheer amount of violence that the crisis has unleashed. This violence compounds that which Peers have already experienced in their lives. It is often directed toward Peers by members of the broader community, but it also manifests as lateral violence—between Peers themselves. All the human emotions and experiences we have already outlined—grief and loss, trauma, exclusion and ostracization, frustration and desperation, loneliness and isolation, stigma and fear—help to fuel this

> Through the 20 years I have lost everything, and I've been homeless, I gave my kids to my parents before I lost them to the ministry. It's definitely been a struggle. There's been days that I didn't think I wasn't going to make it through it.
>
> *(Sophie Sewid-Creelman)*

ongoing community violence, which seems to be ever-present and ever-increasing. Moreover, as our discussions with Peers and Support Workers show, this violence is also political, and even architectural. In the following section we summarize how violence appears in Campbell River in the hope of bringing awareness for change.

3.2.1 Physical Violence

Peers and their allies alike shared stories of the dramatic increase in the quantity and intensity of physical violence occurring in the community in recent years. This violence is far from anecdotal, and has recently been reported in national news when a group of teenagers descended on downtown Campbell River to pick fights and injure Peers living on the street.[102,103] As one Peer shared, **"There's more gang violence in Campbell River than anywhere before"** *(Shawn Decaire - Cultural Leader)*. Much of this violence is aimed at those visibly struggling with mental health, addictions, and homelessness. Peers were very candid about the types of attacks they are experiencing. One shared that **"this summer there was four tents that were lit**

on fire with people in them" *(Deidentified Participant)*, while another noted that **"we had a few people throwing eggs at us, and shoot things at us"** *(Deidentified Participant)*, a fact that was confirmed in other interviews as well as in the media: **"There's people going around at night throwing eggs at people now too. [...] There's lots of violence going on, yea."** *(Deidentified Participant)*. Such tales of violence, when read together, are overwhelming in their intensity, alarming in their specificity, and striking in their similarity:

> **At night there's people driving around fucking looking for people, to attack them and stuff like that. [...] shooting at us with BB guns. [...] Yea it's fucked out there.**
>
> *(Deidentified Participant)*

> **Just a couple days ago there was three cars that were going around there, throwing things out of their windows at us, shooting pellet BB's or whatever else at us.**
>
> *(Deidentified Participant)*

People are following me around, chasing us, and throwing rocks, bricks at us all frickin' week, crazy, even when we're sleeping. [...] Can't do nothing much about it, except for try and chase them in their car, that's about it.

(Deidentified Participant)

One of my nephews, him and his girlfriend were out on the side of the building there, sleeping, and they were getting egged one night. And one night they were getting glass thrown at them, plates and porcelain tiles.

(Charles Jules)

The level of violence is way overboard. Like there was a guy that got beat up a while ago, [...] a guy came up and said "you stole my stuff, and he didn't know what he was talking about. And the guy starts beating him with a pipe: [...] it's like they're so angry, they're lashing out at anybody.

(Deidentified Participant)

There's people getting bear sprayed all the time. There was someone threatening to bear spray last night, from what I understand for no reason. [...] I got out of there. I don't want to be bear sprayed, that stuff sucks.

(Deidentified Participant)

Some Peers shared how they have reached out to security or police for help managing such attacks, only to be dismissed, brushed aside, or ignored:

There's people getting bear sprayed and beat up in their sleep and stuff, and we haven't even seen these people before. [...] It doesn't seem like the police care. [...] It's like "Oh, it's just another complaint from a homeless person."

(Deidentified Participant)

There is a lot of people driving around and throwing things at people and hurting them. [...] And they're constantly having to stay up and watch their stuff, watch their friends, and nothing's being done with the security. [...] It's like, we don't know what we can do anymore.

(Robin Neuman)

Such desperation in the face of wider inaction has forced Peers to generate networks of mutual aid and support, to protect themselves, noting that **"We're just always aware, right?"** *(Charles Jules)*. Some even stated that they must carry weapons for self-protection:

I've seen machetes and knives getting thrown around on the street. I've got to carry a knife around to protect myself or my family.

(Mark Michael)

A Peer support worker summed up their observations around the increase in physical violence in the community, describing a lack of wider empathy around addictions issues and a vicious cycle that results in ever-escalating tensions between the housed and unhoused community:

> People [are] coming downtown just to pick fights with [unhoused] people. [...] Somebody [bear sprayed] everybody at OPS. [...] A lot of people fail to [understand those] struggling with addictions. [...] And [...] for entertainment [they] pick a fight with somebody who can't defend themselves.
>
> *(Cory Cliffe)*

Another support worker shared how disheartening it was to discover that vandals had tampered with lifesaving equipment:

> Somebody went [...] and smashed up [...] naloxone kits [and] left some dirty notes inside of the kits. "Stop stealing from us, just die already." [...] And for somebody [to] see that, are they really going to feel like a valued member of society? No. [...] That depression's going to get worse and worse.
>
> *(Cory Cliffe)*

Physical violence has become part of the daily and nightly routine for much of the marginalized community in Campbell River, and based on the experiences shared by Peers, this fear and insecurity is growing as desperation increases and compassion wanes in the wider community. Yet physical violence is only one form of violence, and other forms of violence also affect Peers in Campbell River. We first address lateral violence.

3.2.2 Lateral Violence

Lateral violence is a form of bullying, and it is a term used to describe (physical and psychological) violence within communities and between community members. It can be defined as organized, harmful collective behaviours that occur within—internal to—oppressed groups, families, organizations, and communities. Often, it is a product of individual desperation due to lack of supports or resources, where powerless individuals attempt to capture power through violence and bullying in their immediate environment.[104] Other times it might be a group of marginalized people "taking it out" on others who are in a similarly precarious position. Peers and their allies in Campbell River shared how lateral violence has increased in recent years. Some reflected on their own actions: **"It's been a struggle. I know I've hurt a lot of people, my brother, family, friends"** *(Deidentified Participant)*

> I spent so much time blaming my problems on other people. [...] I had a difficult time not taking ownership for my own mistakes. [...] I would do things to other people, and then when it would happen to me, I would hold it against them. You know, I've done horrible things to people.
>
> *(Deidentified Participant)*

Others talked about the broader change in the community: **"it's changed so much around here. Families going against families [...] with [the] drugs and that."** *(Deidentified Participant)*.

Somebody went [..] and smashed up [...] naloxone kits [and] left some dirty notes inside of the kits. "Stop stealing from us, just die already." [...] And for somebody [to] see that, are they really going to feel like a valued member of society? No. [...] That depression's going to get worse and worse.

(Cory Cliffe)

Photo by: Sharon Karsten

> I know that people's mentality is far different. The drugs have 'em so hooked that they have no empathy. No compassion for one another. They'll chase each other with a lead pipe, [...] and then they're their best friend. They don't realize what's happening in their state of mind when they're that high.
>
> *(Shawn Decaire -*
>
> *Cultural Leader)*

> If I could change [something, it's] homeless people stealing from other homeless people. Or people that have worked hard for stuff, like they've got bikes and clothing, and stuff like that. It's not fair to them. [...] Other people just go out and steal it. Like it's not right.
>
> *(Sophie Sewid-Creelman)*

Indigenous Peer Support Workers shared how **"it's become divided on amongst the Aboriginal people"** *(Deidentified Participant)*, and reflected on the origins and consequences of lateral violence in Indigenous communities:

> We started hating amongst ourselves, and that's when it became really toxic amongst our own villages. This led the world to really go "See? Look [...] they can't take care of themselves." [...] And it was just because we didn't know any other way; it was our historical trauma.
>
> *(Shawn Decaire -*
>
> *Cultural Leader)*

Such sentiments were backed up by others who shared a desire to break cycles of trauma and patterns of lateral violence:

> We always talk about healing our communities and bringing people together again. But until we get rid of that colonial mindset [....] the longer we're going to stay in this rut of lateral violence and not supporting each other in a positive way. [...] Something needs to change.
>
> *(Cory Cliffe)*

Peers and Support Workers alike shared how lateral violence affects Peers in Campbell River. Peers' experiences of physical and lateral violence are being heightened, and as we share next, they are further amplified by having to contend with political and architectural violence brought about by the choices and actions of the City's municipal government and the business community.

3.2.3 Political and Architectural Violence

Political violence, as we define it for the purposes of this report, refers to a form of violence inflicted on the marginalized population of Campbell River by politicians and policymakers. Notably, political violence often manifests in architectural violence, a term we use to refer to physical interventions that are meant to make public spaces unwelcoming for those who use them for something other than their "intended purpose." Such physical interventions often reflect principles of "Crime Prevention Through Environmental Design," or CPTED, which have been adopted by many cities worldwide, but vary widely in their application, and have even been known to cause unintended harm.[105]

A simple example might include applying armrests to park benches, or bird spikes to parking blocks, to prevent people from sitting or sleeping, or fencing off/ eliminating flat surfaces that might otherwise accommodate a tent. Yet whether the violence is rhetorical or physical, initiatives are meant to exclude people from spaces, drive them into the margins, and place them in precarious positions "out of sight."

Peers spoke candidly about how municipal government policy initiatives can lead to negative interactions with bylaw officers, and how being constantly on the move is making their lives increasingly difficult:

> [The city tells] these people that they can camp at Nunns Creek [...] seven pm to nine am I think it is. Which means [that every day], they have to lug everything [...] and take it away. And [...] they send bylaw officers there to pick and prod at them and force them to just move. [...] With no empathy.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

> There are some places in Nunns Creek that are clear to camp. But bylaw wants them to have it all packed up [...] for when it's daytime. [...] And even if they're on the trails that nobody does go down, Bylaw ends up finding them and telling them to move.
>
> *(Robin Neuman)*

> It's just like they just want to have control. It's ridiculous. I don't know how many times we've had to get up and take down our tents and pack all our stuff up, and what do you do with that all day? Put it in a shopping buggy and push it around? Cause otherwise somebody's going to steal it.
>
> *(Deidentified Participant)*

> [The city says] we can keep our stuff there, but then they're like "pack up from seven am to seven pm." And then we had to take all of our stuff with us and go back and set up again every day."
>
> *(Deidentified Participant)*

Peers and Service Providers also noticed how the city and businesses are using architectural interventions to block them from being places, or to make it more challenging for them to move around the city. Peers spoke about the City intentionally cutting down bushes to deter open drug use, and how this choice ironically makes their actions *more* visible:

> [When they] cut all the bushes down to stop all the people from hiding in there to get high, well guess what? [They're] sitting out front getting high, which is a worse eye sore. Which the city council was trying to get rid [of], [they] just created a bigger [issue].
>
> *(John Guy Sharkey)*

> [City council] cut out every bush in town so that the addict would have nowhere to sneak off and, you know, be hidden, or whatever. But [there's] lots of bush around [and people are not] going to stop; that's not the way to deal with it.
>
> *(Deidentified Participant)*

Another space where people have noticed a visible change is in Spirit Square, which Peers and Service Providers identified as a site of tension. One remarked that the community seemed intent on **"making that space as inhospitable as possible so that people won't just sit and be"** *(Sarah Delaney-Spindler)*, while another stated that **"They paid an exorbitant amount of money to have [the glass at Spirit Square] taken out so that people wouldn't get shelter there"** *(Deidentified Participant)* . A support worker expressed disappointment in these changes, noting their negative effects:

> **Middle of winter, [...] they started talking about taking down [...] coverage in Spirit Square. People were calling it "Mean Spirit Square." [...] Now they're talking about putting bars around the Courthouse. [...] [It] really creates [...] a distancing, more of a barrier between connecting.**
>
> *(Andy Speck)*

People also noticed a dramatic change in the alleyway between the Haida and JJ's, which leads to AVI Health and Community Services. Peers noted that **"They put up steel things [...] just to keep people out, I guess"** *(Deidentified Participant)*:

> Behind the Haida [...] they put up ribbing, metal bars [...] where the people were sitting. And you look at JJ's parking lot, [...] they've got barbed wire. And it's put down with U-nails on the top of the bumpers [...] so that nobody sits on those things. I've been seeing a little more of these things around.
>
> *(Deidentified Participant)*

A Service Provider shared how this alleyway had become progressively worse, to the point where it is now far more dangerous for Peers and their allies than before:

> **The alleyway [...] used to be an open space, [...] and over the years [...] it just [...] became this very terrifying gauntlet. [...] Folks [say] "yeah, it's a scarier place now, I could get trapped in this alleyway. My safety has been at risk." [...] And we as a community, we created this. It was never like this before.**
>
> *(Sarah Delaney-Spindler)*

Participants also expressed their disappointment in the negative rhetoric emerging from the City of Campbell River: **"It is so hard to hear. [Our Service Provider] specifically gets [...] attacked, whether by city council, neighbours, community at large, individuals"** *(Sarah Delaney-Spindler)*. Others were dismayed at how people in power looked down on unhoused people:

> I feel that the [unhoused] people are not thought of as contributing members of our community, [and that doesn't] matter so much to the people that have the power to put things in place and make big decisions. I think that [unhoused] people [...] are the forgotten ones, because they don't fit in.
>
> *(Deidentified Participant)*

A Peer advocate challenged city council to provide real leadership and come together with other organizations to seek out solutions, instead of creating barriers.

> You know, the City of Campbell River needs to accept a certain amount of responsibility for what's happening, and so [do all the] nations in Campbell River, because we all have programs to deter what is happening, but we're all doing it individually. [...] With this level of disconnect between everybody, [...] we're getting lost in the politics of it.
>
> *(Cory Cliffe)*

> Momentum is not going to happen without the people pushing it forward. So we do need city councilors, we do need people to really understand that this problem is not going to go away. Until [...] everybody approaches it in a good way.
>
> *(Cory Cliffe)*

In sum, recent bylaw changes and physical interventions in Campbell River inflict violence upon Peers, and they compound the physical and lateral violence that many in the community already face. Such changes are markedly obvious to those struggling with housing, addictions, and mental health issues, and to their supporters. Research participants expressed a desire for people to come together to find common ground and build bridges, rather than continuing to walk a path of conflict and division.

In Section 3.2, we have shared how various forms of violence in Campbell River—physical, lateral, political, and architectural—intersect and affect the lives of Peers. Such violence makes people's lives more difficult and places them in dangerous situations, potentially leading to highly negative consequences. We call on those in power to stop the violence and lead with empathy and compassion, working together with others to heal the divisions in the community lest tensions continue to escalate and produce ever worse outcomes. We have observed that violence also intersects with other aspects of Peers' lived experience, and we now move on to examine some of the gaps in the spectrum of care needed from local services and supports to effectively respond to the crisis, with the goal finding productive paths forward to fill these gaps.

3.3 Gaps and Weaknesses in Local Services and Supports

Beyond the structural issues that affect Peers' lives, and beyond the violence, Peers and their allies spoke at length about the inadequacies inherent to local services and supports for people struggling with homelessness, addictions, and mental health. Weaknesses were identified in

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You know, the City of Campbell River needs to accept a certain amount of responsibility for what's happening, and so [do all the] nations in Campbell River, because we all have programs to deter what is happening, but we're all doing it individually. [...] With this level of disconnect between everybody, [...] we're getting lost in the politics of it.

(Cory Cliffe)

relation to the hospital and health care system in Campbell River, as well as in mental health and addictions services, housing and homelessness supports, harm reduction sites, and local policing and law enforcement. In the following section, we present reflections on gaps in local services and supports, in the hope that practical and policy solutions can emerge.

3.3.1 Hospital and Health Care

As already noted, the health care system in Campbell River can be a site where Peers feel stigmatized and even traumatized by their interactions with staff. But beyond the stigma and fear, there are other programmatic issues that people identified, and for many, solutions cannot come fast enough. As one Service Provider shared, **"when you see folks struggling so much [...] and to know that your health authority is dragging their feet [...] the frustration that goes with that is beyond..."** *(Sarah Delaney-Spindler)*.

Participants identified accessible and adequate detox and recovery services as the largest gap in health care provision in Campbell River. As one Peer remarked: **"It's a lot harder to get out of [addiction] as to get into it, right? But I just wish there was more help on the "get out of it" side of it, with the hospitals and whatever"** *(Deidentified Participant)*. Other Peers mentioned similar experiences:

> I'd like to see more treatment, like than what's available right now. [...] Because I talk to my doctor about it, and basically the best thing to do is to go up to the hospital and go collapse on the floor and talk to [a] crisis nurse.
>
> *(Deidentified Participant)*

Service Providers are candid about the lack of treatment options available at the hospital, sharing how **"wait times [to access addictions services are] definitely one of the huge challenges [...] in Campbell River"** *(Deidentified Participant)*. This same person shared how limited

numbers of detox beds in the North Island means that many people seeking help are put on wait lists for treatment in Nanaimo, often living on the street as they wait their turn. The provider referred to this as a **"set-up to fail plan"** *(Deidentified Participant)*. Peers also remark upon the "treatment-to-streets" funnel:

> [They] go "oh, yeah, you go into intake." [...] Or "you go to detox" and then what happens when you leave there? You get tossed out on the street. [...] We all know what's going to happen to you if you get tossed out of the street after detoxing. [The process is] fitted to make it look like they're helping people.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

Other Support Workers recall how the lack of treatment access has led many Peers to continue using, even to the point where some are experiencing greater harm:

> I've sent people [to the hospital], and they've been sent out saying "you're gonna have to keep using for about a month, month and a half before we can even help you." [...] The low income and homeless community is [...] going to pay the ultimate price by having to wait longer.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

> I've had a young woman [...] only on Meth for six months. [And] they're like, "I'm sorry, we can't help you. You're gonna have to just try to [...] not overdo your usages. [...] And when we [can] we'll get to you." [...] They gave her at best six weeks. [By then] she was too far, and there was no helping her.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

Compounding the lack of treatment beds in Campbell River, some local doctors do not feel fully empowered to prescribe safe supply to their patients, sometimes leaving Peers unable to access the full amount that they need to remain stable:

> In the North Island there's maybe a handful of Docs that are prescribing [safe supply], and [...] what folks are actually getting are not meeting their needs. [...] Prescribing ten Dilaudid, when they actually need 25—like on paper it looks good, and in reality it doesn't do anything.
>
> *(Sarah Delaney-Spindler)*

Beyond the lack of treatment options available in the community, one Service Provider shared how the health authority needed to "do better" in terms of engaging people with lived experience, stating that the process at times felt tokenistic:

> [When] the health authorities […] are trying to seek feedback […] I feel like I have to rustle up people with lived experience and present them on a platter, […] and it feels gross. […] So […] valuing a person's history and experience, and not just kind of picking it to help their policies.
>
> *(Sarah Delaney-Spindler)*

All of these reflections point to weaknesses in the primary health care system in Campbell River, but the challenges that have been described above are far from insurmountable. Moreover, the same system has been building strengths and seeing some successes locally, which we outline further on in Section 3.4.1.1. Next, we move past the front lines of the health care system to look at the gaps in mental health and addictions support in the community.

3.3.2 Mental Health and Addictions

There are serious challenges facing the hospital and the primary health care system in Campbell River, yet Peers and their allies also spoke of weaknesses in the mental health and addictions system. One participant shared how gender-specific support is often unavailable for Peers, noting that **"they've got a 28-day program at the Ann Elmore House, and that's basically it for the treatment for women here"** *(Sophie Sewid-Creelman)*. The same Peer shared how targeted supports for LGBTQ2S+ people were unavailable in the community, and how treatment programs were selective in terms of who they accepted:

> They pick and choose the people that are allowed to go to treatment. I applied to the 28-day program here, and they wouldn't let me in because of things they heard about me in this town.
>
> *(Sophie Sewid-Creelman)*

Peers also identify the lack of mental health services available to them in supportive housing, and the lack of training for staff in how to deal with Peers' needs as a major gap in service provision in Campbell River:

> People who are working [in supportive housing], they should be more informed; they should be more educated with addiction. And all sorts of mental illnesses […] goes along with all this stuff. […] They know absolutely nothing on how to approach or work with the people who are living in there.
>
> *(Deidentified Participant)*

In supportive housing, the lack of mental health training for staff and availability of addictions services is notable. As one support worker shared, the provincial government increasingly provides bundles of funding for services that combine treatment and housing. This is an admirable pairing, but without adequate training for staff and support for Peers, such services are bound to fall short. As we outlined in the previous section, and as a service provider shared with us, without support, Peers can easily "fall back" into old habits, leading to highly negative outcomes. Such outcomes can include loss of housing and homelessness, which we discuss next.

3.3.3 Housing and Homelessness

The connections between housing, homelessness, mental health, and addictions are well-documented (see Section 2.4). When health care and addictions services in a community are weak or inadequate, dissembling and addressing this intersecting system and cycle of trauma is even more challenging. Moreover, housing and homelessness issues affect communities very differently, and Campbell River is no exception. Peers and Service Providers alike shared just how desperate the housing situation has become and pointed to some underlying causes behind homelessness. Many Peers and allies simply mentioned the recent dramatic increase in people living unhoused, with one stating that **"the homeless community here is huge compared to what it was when I was growing up"** *(Deidentified Participant)*. Others shared:

> I see people every day now on the street. [...] I've been living here for over 20 years, there never used to be homeless people here. [...] Maybe you'd see, not even a handful of them around town. Now it's become overrun.
>
> *(Deidentified Participant)*

> It's pretty crazy out there, how many people there are on the streets, [...] using and homeless and just have nowhere to go. So we just stay outside and use. [...] It's pretty hard and there's not that many places for us to go.
>
> *(Deidentified Participant)*

For some, affordability and lack of employment were key factors driving homelessness:

> **The way housing and rent prices are going in town here, there's going to be lots more people [becoming homeless]. I know people that are paying $3,500 a month for rent. And houses that are used to be $300,000 are now $600,000 and climbing. So it's not over. It's just beginning.**
>
> *(Deidentified Participant)*

> **Two bedroom house, [...] you're looking at two grand a month, you know what I mean? Who can afford that? [...] We stay at the same government wage, [and] I'm on disability too, and there's no frickin way that I could afford that.**
>
> *(Deidentified Participant)*

> **I hear it all the time, people are complaining about the rents are too high. They say they're building low-income housing, but I never see it. I've never seen affordable housing anywhere.**
>
> *(Deidentified Participant)*

> **People don't understand why people are homeless. Well look at the work community in this town. There's next to none. We've got no industries here really for people to get a job at. [...] But a lot of people go from having a house and having everything [and then] they end up on the street.**
>
> *(Deidentified Participant)*

As for the affordable and low-income housing there is, waiting lists are a huge problem for those attempting to access

housing in Campbell River.

> I've been promised from the John Howard since two years ago to get in somewhere […] and come on, I mean it doesn't take two years to find somebody a place. And the promises and the words, and waiting…I'm staying at the shelter and wherever else I can, and on the street.
>
> *(Deidentified Participant)*

> What's difficult is that, and it's been going on for years since I've been out here. You know it takes a long list to get in even just the Rose Bowl one at a time. […] See, I'm moving from uphill to downhill.
>
> *(Charles Jules)*

Peers identified how they were constantly being kicked out of certain spaces and having to move around. Beyond the issues we already mentioned regarding the Nunns Creek camp, one Peer stated that: **"even if you have a campsite set up, […] then you've got people coming around telling you to pack it up and move it out of the way right?"** *(Deidentified Participant)*. Another spoke of how RV's had nowhere to be:

> They closed down RV lots and put even more people in situations where they can't find a place to live. […] Big apartments going up, big fancy condos for the rich people to move in to. […] There were people living there before in RVs. […] I mean I'm living in a tent right now, waiting to get into some place.
>
> *(Deidentified Participant)*

The housing issues that people in Campbell River are dealing with are not wholly unique to the community, but the lack of affordable housing is compounding already-existing issues and making inequality more visible. Moreover, lack of housing means that open drug use has become more prevalent, despite the harm reduction services available in the community. Indeed, as we share next, gaps in the harm reduction system need to be filled to provide Peers with more safety and security.

3.3.4 Harm Reduction

Many we spoke to, living unhoused or not—shared stories of weaknesses in the local harm reduction system. While some talked about the need for better harm reduction at the hospital, some respondents spoke about the negative changes that occurred when the Overdose Prevention Site (OPS) moved away from AVI Health and Community Services to its current location on Dogwood. As one Peer shared candidly, **"I don't know if you guys ever been there. […] It's not friendly"** *(John Guy Sharkey)*, while another stated that **"they pick and choose who they want there, and who they treat right."** *(Deidentified Participant)*

Much of the unfriendliness of the new site, as noted by Peers, is related to the OPS having recently moved to a much more visible location in town. As a Service Provider shared:

> **The OPS [is] on a very busy street, right on an intersection, in the midst of a lot of retail where there's a lot of judgement that happens. There's people driving by it, all hours of the day and night.**
>
> *(Deidentified Participant)*

This new visibility of the OPS has resulted in an increased surveillance of the site and of the Peers using it. Peers shared how unlike at AVI, police intervention occurs at the new OPS, noting that **"this [new OPS] here, they allow [police] to walk in, check things out and stuff like that"** *(Deidentified Participant)*. Another shared their dismay at such interactions, noting: **"That's one of our safe places; where we're supposed to be able to use"** *(Deidentified Participant)*.

> **I'm not going there to use in a safe injection site in order to get busted. So now, the name of the [OPS] is the rat nest. And very few people go there other than just to get your gear [...] because there's usually an undercover sitting in the parking lot.**
>
> *(Deidentified Participant)*

> **Just recently [at the OPS, police] got everybody out of there and fucking searched everybody's things, [...] and they're not even supposed to go in there and touch it at all, but they did.**
>
> *(Deidentified Participant)*

Others shared how they are now required to "sign in" to the OPS, whereas previously they could access services anonymously. For some, signing in made them hesitant about using the new site, with one even

connecting the process to an increase in community violence:

> **Now they make you sign into the shooting gallery and stuff; it's supposed to be anonymous. Most people won't even go there now because of it.**
>
> *(Deidentified Participant)*

> **You got to sign in at the needle exchange, which is stupid, so you're going to have lots more violence, and lots more O.D's when people are out and about, clowning around, right?**
>
> *(Deidentified Participant)*

Indeed, one Peer shared how they had witnessed a marked increase in violence around the OPS since it had moved from AVI:

> **[At the OPS], for a while there were bear sprayings almost daily, till a bunch of people got banned from the place. It used to be a safe place to use, doesn't feel that way anymore. [...] It's like in trying to be nice to everybody, like the riff raff I guess you'd say, are sliding through the cracks so to speak.**
>
> *(Deidentified Participant)*

In short, the process of moving the OPS to a new location has placed some Peers in a more vulnerable position, led to an increase in visibility and surveillance, and in some cases even engendered violence. While this sentiment was not universal, and many Peern appreciated the new OPS (see also Section 3.4.1.4), many others that we spoke with expressed hesitancy around

the new site. Since interactions with police have reportedly increased, the site now feels more dangerous and unwelcoming for some. But Peers' interactions with law enforcement happen beyond the OPS, and such encounters are frequently negative, as we describe next.

3.3.5 Policing and Law Enforcement

Peers shared stories of negative encounters with police and law enforcement. Many spoke of the increased presence of police and security, particularly in downtown Campbell River: **"It's become overrun, and there's security guards everywhere. Even the social service office has security guards in it"** *(Deidentified Participant)*. Another noted that:

> **I think RCMP's got to do their jobs better. The security guard system, it's getting really outrageous. My niece got banned from Spirit Square. They called the RCMP on her. [...] They were just sitting there. It's really prejudiced.**
>
> *(Mark Michael)*

For many Peers, their negative experiences with law enforcement are related to being "kicked out" or excluded from places in town and to the daily routine of having to pack up and move all their belongings.

> **They get us to start packing up really early in the morning, so we start at sometimes six o'clock. Start packing up and start going again. It just gets really tiring.**
>
> *(Deidentified Participant)*

> **I know that there are places that people do end up setting up camp, but they struggle with the bylaw coming in and telling them that they have to move.**
>
> *(Robin Neuman)*

A Peer support worker noted that law enforcement officials can display a remarkable lack of compassion in Campbell River. Peers echoed this observation, stating that **"it's hard when the cops don't even really care. I've witnessed a couple cops saying 'Well [...] you should have thought about that before'"** *(Joseph Galligos)*. The daily process of being pushed around and moved about ensures that Peers remain unstable, which challenges their ability to survive and get "back on their feet." Quite simply, the punitive actions of police and bylaw officers often make Peers' lives more difficult.

In Section 3.3, we have continued to "zoom in" and look at the local context of Campbell River, examining the weaknesses of various systems, including in the primary health care, mental health and addictions, housing and homelessness, harm reduction, and law enforcement arenas. As we see, Peers' lives can be intensely affected by service gaps and challenges in these systems. With these in mind, in the following section we begin to shift focus from the negative, violent, and punitive aspects of the toxic drug poisoning crisis in Campbell River, and we begin to focus on community strengths and local solutions, centering Peers' voices

as we chart a path to wellness.

3.4 Local Strengths: Solidarity and Community

Beyond the intense stories of negative experience shared above, Peers and their allies also spoke to us about the positive movements and community strengths they see existing in Campbell River. In this section, we focus on the strengths and successes inherent to local services and supports, again looking at the primary health care system, mental health and addictions services, housing and homelessness supports, and harm reduction as sites where the crisis is unfolding. We then look at the more "organic" and community-oriented bonds of resilience that allow Peers to survive and thrive. We also show how mutual aid and support are an essential part of Peers' lives and highlight the role of Peer empowerment and leadership in addressing the toxic drug poisoning crisis. Our hope is that in sharing these successes, our findings can provide motivation for new programs, helping to strengthen and expand existing programs and initiatives.

3.4.1 Services and Supports: Strengths and Successes

Local services and supports are making laudable efforts to "do better" for Peers even as the triple-crises of drug poisoning, mental health and addictions, and housing become increasingly difficult to manage. Strategies and solutions are emerging to address these crises at the local level, even as many causal factors remain outside

of local control. Below we highlight the strengths and successes of initiatives already happening in Campbell River.

3.4.1.1 Hospital and Health Care

Despite many of the negatives and challenges described earlier in this report (see Sections 3.1.1.6 and 3.3.1), in terms of the primary health care system, Peers and service workers are noticing a gradual and positive improvement in services, and a reduction in stigma happening in Campbell River. At the most basic level, Peers remarked on positive interactions with doctors and nurses at the hospital, while others appreciated the addition of doctors trained in dealing with mental health and addictions:

> We got doctors in the hospital now who both have degrees in addiction counselling and physicians. It's getting a bit easier to go. [...] I know usually they would kick us out, [...] but now they're a bit more accepting.
>
> *(Deidentified Participant)*

A service provider remarked on important emerging relationships between the Campbell River hospital and First Nations organizations:

> There are some beautiful relationships forming between First Nations Health Authority (FNHA) HR Coordinators and Island Health Overdose Strategies. For example, FNHA has 3 harm reduction coordinators that work jointly on projects with Island Health Overdose Strategies. The LOUD (Learning About Opioid Disorders) project in Campbell River's Emergency Department (ED) was massively successful. We brought Peers into the ED and brought compassionate education [...].
>
> *(Arlene Hogan - Island Health Strategic Initiatives Overdose Coordinator)*

Others had praise for the SUIT team (Substance Use Integration Team) in helping Peers get into treatment:

> So, I called the ER, [...] and I said I wanted to do the detox and the SUIT team got me set up with some numbers.
>
> *(Christine Walkus)*

> We have some amazing teams [in Campbell River]. [The SUIT team has] done some helpful things. There's some great teams out there that if you have enough of them on board with you, they can get you somewhere.
>
> *(Shawn Decaire - Cultural Leader)*

Beyond these instances, our respondents mentioned two health care initiatives that they believe are having an immediate, positive impact in the community: The Mobile Outreach Unit (MOUHSS) and the Learning about Opiate Use Disorder (LOUD in the ER) program (which includes the integration of a Peer support worker into the Campbell River Hospital emergency room). Peers and Support Workers spoke of the positive impact of the MOUHSS program providing counseling and primary care to Peers, building trust between Peers and the formal health care sector, and providing meaningful employment for Peers. Others credit the LOUD program with building awareness and empathy for Substance Use Disorder among workers at the Campbell River hospital, and praise the installation of the Peer support worker in the ER in mediating the relationship between Peers and health care workers. Indeed, there are positive steps occurring in the health care sector in Campbell River that are enriching Peers' lives. Likewise, there have been improvements in mental health and addictions services beyond the hospital as we share next.

3.4.1.2 Mental Health and Addictions

Peers and Service Providers also mentioned some mental health and addictions supports that they felt were having a strong positive impact in the community. One Peer spoke of the "vicious circle" of addictions and how they were grateful for the resources available to them in the community to help them break the cycle. Another mentioned how the smaller size of

Campbell River has allowed them to access the supports they needed:

> I have support here in Campbell River that I didn't have in Vancouver. [...] Going to mental health and stuff like that, they taught me life skills and how to live.
>
> *(Ray)*

Others spoke of more specific programs that had helped them get "back on their feet," including recovery and treatment centres like Second Chance:

> Well, that was an awesome place for me. [...] It took me a while to get cleaned up, but you know, I'd just had enough. I was just sick and tired of it.
>
> *(Ray)*

Beyond the Peers we spoke to, Service Providers shared a list of programs and resources in the community that they believe are making an impact. One mentioned that the community was well-serviced with addictions specialists for Peers trying to manage their addictions. Another spoke highly of the outreach teams in the community, such as ACT (Assertive Community Treatment), which primarily supports those dealing with mental health challenges; ICMT (Intensive Case Management Team), which is more addictions-focused; and the SUIT (Substance Use Integration Team) team, which supports people **"in the moment, where they are at, connecting people struggling with mental health and addictions with everything from**

resources to primary care" *(Arlene Hogan - Island Health, Strategic Initiatives Overdose Coordinator)*

Peers and Service Providers acknowledged that good work was being done to help people in the community struggling with mental health and addictions, but that this work needs to grow and further integrate to meet the expanding needs of Peers. Moreover, as we have already shown, mental health and addictions issues are almost always bound up with housing and homelessness, and continued integration and coordination among these sectors is needed. In the following we outline some positive steps being taken to address housing issues in the community.

3.4.1.3 Housing and Homelessness

While housing and homelessness are ongoing in the community, people that we spoke with agree that positive steps are being taken to address these issues. Even while acknowledging the challenges, several Peers spoke of the importance of the Rose Bowl as a site of emergency housing and transition. Beyond the Rose Bowl, Peers and Service Providers reflected on the impact of the new 70-unit supportive housing project at 580 Dogwood, Q'waxsem Place, which was opened in 2021. Peers provided highly positive reviews of the new complex, acknowledging that new housing had **"made a huge difference"** *(Deidentified Participant)*:

> I was fortunate enough to get into the new 580 complex. [...] I feel good. [...] I guess a lot of it is just mental, knowing you have a roof over your head. So just that alone, I think, has helped me get to winding down a little bit on the dope. You know, that security thing of having a place to live.
>
> *(Deidentified Participant)*

Indeed, the simple fact of having housing has helped Peers immensely and allows them to gain safety, security, and strength. As one Peer powerfully shared:

> It's been such a struggle, but at least I'm here, and at least I have a roof over my head, and I have clothes on my body. And I have friends, and I have tomorrow to look forward to.
>
> *(Deidentified Participant)*

New supportive and transitional housing in Campbell River is making a huge difference in the lives of Peers who have been able to access it. Though there are still challenges in terms of units available and ease of access, those we spoke with were excited by the positive effects of supportive housing to address the homelessness and toxic drug poisoning crisis in the community. Indeed, some even saw housing as a form of harm reduction that enhanced programs already happening in the community, programs to which we now turn.

3.4.1.4 Harm Reduction

Beyond the formal health care system, beyond mental health and addictions services, and integrated with housing and homelessness, those we spoke with shared insights describing the strengths and successes of harm reduction services in the community. While the provision of harm reduction in Campbell River includes significant difficulties—with violence, danger, and lack of cohesive care occurring directly after the OPS moved from AVI to its new location (see Section 3.3.4)—this sentiment seems to be diminishing over time as the new OPS establishes itself and improves its services. Indeed, while some Peers noted challenges, many others viewed sites like AVI and the OPS as "safe spaces" where they could go without judgement to find community and support:

> [Peers] come and hang out at AVI because it's a safe place and they have nowhere to just be. Like "I can't sit on the bench, or I can't do anything." It's a safe place.
>
> *(Sarah Delaney-Spindler)*

> You go to AVI and everyone knows why you're there. [...] There's no looking down their nose at you. [...] I would rather go to AVI than I would a hospital. That's just me.
>
> *(Deidentified Participant)*

> I used at OPS because it's a clean safe site. I woke up seven hours later up at the hospital in a bed.
>
> *(Deidentified Participant)*

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> AVI [...] is such a low-boundary organization. [...] I've witnessed [...] some of the most feared people out on the street [...] break down and cry and give their deepest darkest secrets. [...] There is this huge trust component that [...] could mean the difference between life and death.
>
> *(Deidentified Participant)*

Harm reduction services also provide naloxone training for Peers and hand out kits, a process that has a dual function: to assist Peers in building skills, and to prevent death in the community. As one Peer shared, **"there's been some help here [...] for drug users. Like places they can go and use, [...] handing out some kits [...] for saving lives"** *(Deidentified Participant)*. Service Providers spoke of how rewarding it was to see Peers become empowered:

> Naloxone training, it's a free service that anyone can access; people are given the training. They're provided with the kits, and the result is [that] citizens are saving lives now.
>
> *(Deidentified Participant)*

> [We provide Peers with] the equipment and some training. But they speak to how amazing it feels to be able to give back, to get some new skills, and then to help share those with people. Its super empowering, and I can like physically see a shift in people's swagger. [...] They're proud of what they're doing.
>
> *(Deidentified Participant)*

> We had a [...] workshop, and I had Naloxone on the side table. [...] The next week somebody came back, she had saved her ex-husband on the way home. She grabbed a kit. [...] [He] was down and she was able to save him.
>
> *(Deidentified Participant)*

Peers also told stories of bringing their friends and family "back to life" because they knew how to administer Naloxone and how to help them breathe. One Peer support worker powerfully summarized the work being done to prevent death and harm at the OPS in Campbell River:

> At the OPS [...] there's been a lot of [...] movement and providing better service and learning how to meet people where they're at. [...] And sometimes [...] you save somebody's life. [...] Like, how much grief have you saved that person's family? [...] [And] nobody has died. [...] I mean, it works."
>
> *(Andy Speck)*

These insights speak the important harm reduction work taking place in Campbell River. They also demonstrate how harm reduction happens beyond the physical site of the OPS or AVI, and beyond the reach of formal health care and mental health and addictions services—it happens in the community when people are trained and empowered to help and save lives. Next, we turn to these more "informal" community strengths.

3.4.2 Bonds of Community Resilience

In the following we outline some of the positive informal developments among Peers and Service Providers in Campbell River which are making the community more strong, successful, and resilient. There are significant things happening, and in this section, we shine a spotlight on some of these organic processes and responses to the toxic drug poisoning crisis.

3.4.2.1 Care for Each Other, Mutual Aid, and Support

One of the most striking aspects of our conversations in Campbell River includes the amount of care and empathy that exists between and among Peers and their allies. Such care happens in the face of (or perhaps *because of*) the relentless sickness and death that people are exposed to and the incredible violence that Peers experience in the everyday. Multiple Service Providers we spoke with told remarkable stories of the care they witnessed within the unhoused community, with one stating succinctly **"I've seen more sharing and caring working with the people at risk than I've ever seen in society"** *(Deidentified Participant)*, while another noted that **"I don't think that a lot of people [...] living "normal lives" would do that"** *(Deidentified Participant)*. The same Service Provider expanded on this sentiment:

> [Peers are] taking care of each other, [...] it's really powerful, some of these folks are living so rough, yet they spend the majority of their day looking out for each other [...] putting their own health or wellbeing [aside] just because they're caring for somebody else who needs it, maybe more than they do.
>
> *(Deidentified Participant)*

Peers spoke at length about how they care for each other. Some commented on their motivations, sharing that **"everybody helps everybody out, just because we're all out there"** *(Deidentified Participant)*. Others echoed this sentiment, to the point where some felt it was their calling:

> I believe spirit breeds spirit. [...] Helping someone else is helping yourself. You've heard it said you can't keep what you've got unless you give it away, right?
>
> *(Deidentified Participant)*

> I've always been a caretaker, so I think that's why I'm here, so I can just take care of my loved ones. That's why I was meant to survive.
>
> *(Deidentified Participant)*

> That's what you've got to do; your whole life is watching over family. That's what I do with the street people too. They're family to me too, right? They've watched me ever since I've been around here, so I'll be here for them too, and I'll do anything to help them out.
>
> *(Deidentified Participant)*

> Some people have a really hard time with life. And that's why we're all here is to help each other. It's just so difficult when we're alone. When everybody comes together, everything becomes so much easier. [...] Drugs almost destroyed me, but then people fixed me.
>
> *(Deidentified Participant)*

A significant portion of the care that Peers exercise on the street towards one another is in relation to substance use, making sure that others are doing okay, watching for toxic events, and preventing death. As a service provider shared:

> It keeps me up at night to think about what the number of deaths would be if it weren't for what People With Lived Experience [...] are doing on the streets every day. [...] There's a whole family of folks out there who are taking care of each other.
>
> *(Deidentified Participant)*

Peers agreed, sharing that **"overdose management, it's a huge part of what people on the streets do, and addicts do in general"** *(Deidentified Participant)*. This was corroborated by others:

> Keeping watch on [people using drugs] and making sure that [...] they're not overdosing or nodding off. And helping each other more than anything. [...] I know I've walked through and seen people sleeping and checking up on them, making sure they're alright, if they're a known person that does do drugs.
>
> *(Deidentified Participant)*

> If I see someone passed out on the street, I'll check on them, make sure they're okay; they're just sleeping, they haven't gone down or nothing.
>
> *(Deidentified Participant)*

Another Peer shared that **"I'll go dope sick for somebody else to be better"** *(Deidentified Participant)*.

Care also goes beyond substance use and sickness. As one shared, **"it's so much more that everybody here does, on a daily basis, besides just Narcan [people]"** *(Deidentified Participant)*. In fact, *violence prevention* is one of the most important ways that Peers care for each other in Campbell River. One noted **"we make sure our people are okay, and we [...] stay up for days [...] just to make sure nothing happens to them,"** *(Deidentified Participant)*. While another stated **"we band together to try and be safe, but we're not in a safe place."** *(Deidentified Participant)*. Others shared:

> We started sleeping in crowds; we all take turns listening to those who walk by because we started hearing that people are walking around with 2x4's and they're going around beating the homeless while they're sleeping. So anytime you hear anybody walking, two of us would sit up.
>
> *(Charles Jules)*

Even if someone abandons their watch, Peers try to be understanding of people's circumstances, and meet them where they are at:

Somebody that was supposed to stay up and [...] watch everybody just happened to take off. And [...] we don't see them for a few days because they feel bad. [...] [We say] "No, nobody's mad at you; [...] Just glad you're okay." [...] mostly [...] stuff doesn't matter. [...] Just being able to live.

(Deidentified Participant)

We call each other family, brothers and sisters. And same with any person that we meet who's willing to be friendly [and] say "hi." They know that we're not here to harm anybody, right? Yea, we sit around all day, we hang out, really that's all we're doing. And just being supportive for each other.

(Charles Jules)
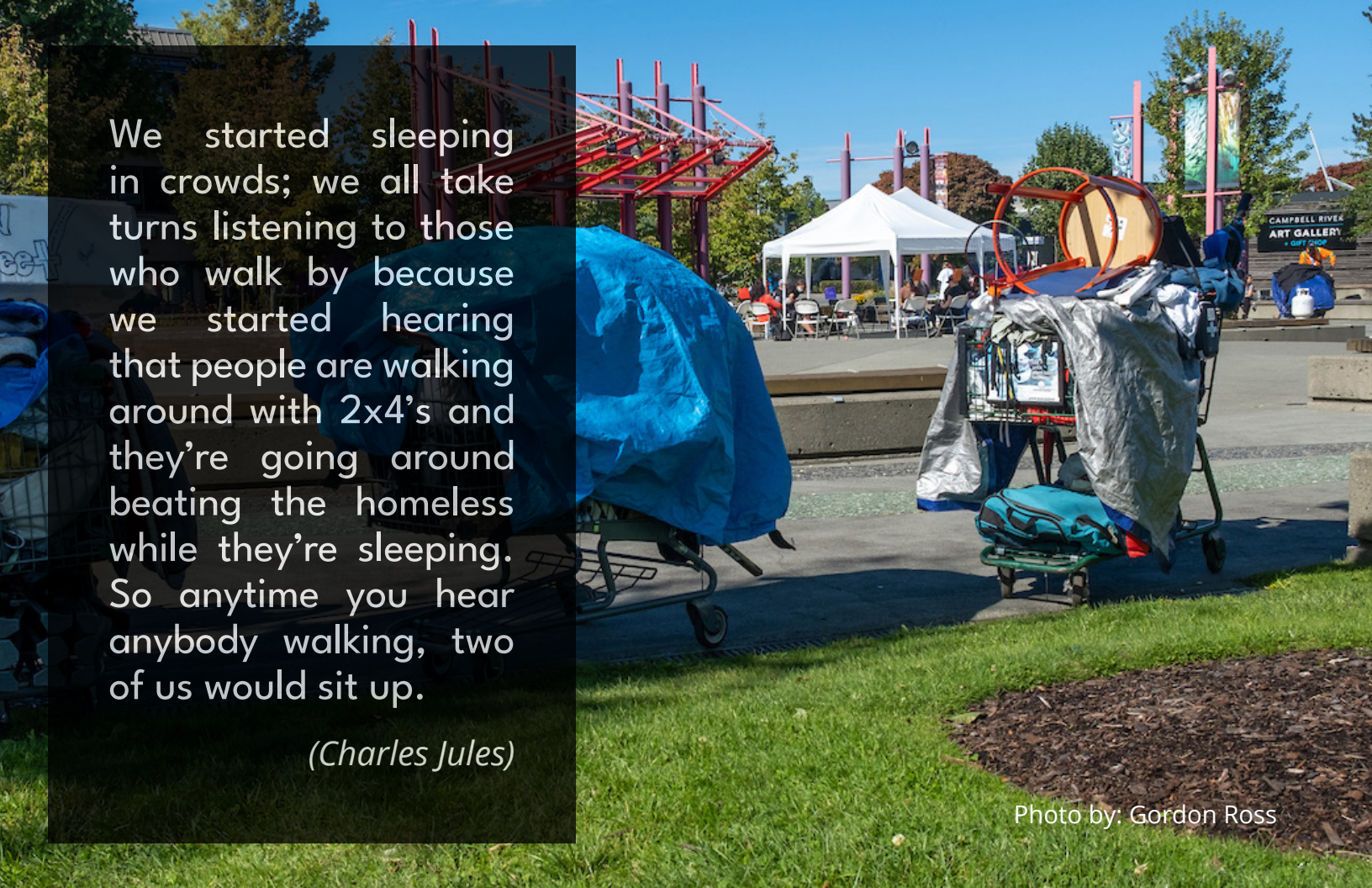
There are so many positive ways that Peers work to support each other in the face of violence, finding community even when others look down upon them:

We're usually standing around [...] laughing and telling stories. We [...] hug [and] tell each other we love each other, 'cause you never know [...] when something's going to happen. Just got to keep going [...] and be grateful for the sunshine and the people around you. Even if it's raining, it's a blessing.

(Deidentified Participant)

We started sleeping in crowds; we all take turns listening to those who walk by because we started hearing that people are walking around with 2x4's and they're going around beating the homeless while they're sleeping. So anytime you hear anybody walking, two of us would sit up.

(Charles Jules)

Photo by: Gordon Ross

Peers find solidarity even in the face of danger. They help each other thrive in an oft-hostile environment. We are struck by the resilience and care that exists within the unhoused community of Campbell River, particularly when the wider community displays open hostility towards them. Remarkably, and as we'll demonstrate, Peers also work to empower each other and show leadership in the community outside of day-to-day acts of survival.

3.4.2.2 Peer Empowerment and Leadership

Everyday empathy is on full display among the Peer community in Campbell River. But beyond this, Peers work together to empower one another and take on leadership roles both inside and outside of formal organizations, thereby enhancing and strengthening the existing system of care. Support Workers spoke at length about the efforts that Peers were putting in to get involved and make a difference in the community:

> **The amount of Peer work that's happening in our community right now, with MOUHSS, with AVI, with the OPS—and the community at large is kind of seeing that Peer work and seeing folks [...] want to give back to their community, [...] and I think that has been incredibly beneficial.**
>
> *(Sarah Delaney-Spindler)*

> **There's a whole group of folks out there who don't care to be involved in an organized Peer movement. They're just out there doing their thing, and [...] you can't deny how empowering it is for the folks that are doing the work. [...] They're saving lives every day.**
>
> *(Deidentified Participant)*

Peers also shared how working with organizations in the community helps them in their addictions journey. As one stated, **"I work with a lot of people [...] that are on the street, addicts and stuff. [...] I'd be right in there with them if I was still using"** *(Ray)*. Another Peer noted how their work in the community helps them accomplish their goals and makes them stronger as an individual:

> It's like daily little things that make me happy. I volunteer at the OPS, I go to the MOUHSS, and just little things like that. [...] And I'm working my way to the bigger goals. [...] So I have all those little goals that, when I accomplish it, I'm happy. Like I love to work.
>
> *(Sophie Sewid-Creelman)*

Other Peers feel empowered when they sit with others and listen to their stories, recognizing that the care and empathy that they put out into the world is being returned to them. One noted: **"[I'm] proud to think that maybe I can make a change just by being me"** *(John Guy Sharkey)*.

I'm just being a friend, going, "I know what you need." And that has come back to me tenfold. [...] Every time they see me, they want to come up and talk about their day. How wonderful is that? Yeah, they've never done that to anybody else.

(John Guy Sharkey)

Peers take on leadership roles in the community, recognizing that in taking on such responsibility, they are empowered to make change that will benefit themselves and others. For some, this process also helps kick-start a virtuous cycle where they can build confidence and help themselves and others in their journey towards wellness.

As we have seen, there are positive movements occurring in Campbell River, and there are strengths and successes inherent to the community. Such strengths exist within official systems of support (primary health care, mental health and addictions, housing and homelessness), and also in unofficial, Peer-oriented systems of care, mutual aid, empowerment, and leadership. While discussing strengths and successes, our respondents also shared many ideas for how systems of care could improve in Campbell River, and they outlined solutions and pathways to community wellness. We sketch out these insights in the following section before moving on to discuss our recommendations for next steps in Chapter 4.

3.5 Solutions and Pathways to Wellness

Building on the previous section where we outlined some of the positive actions that are already happening in Campbell River, we move on to discuss some of the solutions and pathways to wellness that Peers and Support Workers identified to us. These ideas reference the expansion of official initiatives in the community, the enhancement of existing strengths, and the creation of novel programs that can fill service gaps. We start by outlining some of the practical or "programmatic" pathways to wellness that our respondents identified and that build on systems already at work in the community, such as health care, mental health and addictions services, employment initiatives, public education, and the like. We then move on to examine interpersonal and emotional pathways to wellness, which are less "policy driven" and refer to everyday actions that build community and improve people's quality of life.

3.5.1 Practical and Programmatic Pathways to Wellness

As we have already discussed, there are numerous flaws in the support systems at work in Campbell River. However, Peers and allies we spoke with also had many practical ideas to support systemic improvement and initiatives that could help Peers thrive. In the following, we share some of these insights and outline pathways to wellness.

3.5.1.1 Health Care, Mental Health, and Addictions Services

With consideration for the gaps and weaknesses identified thus far, those we spoke with offered additional rich ideas for ways that health care, mental health, and addictions services can improve in Campbell River and beyond. On the "front line" side, Peers and Service Providers alike shared a desire for improved harm reduction services and resources in the community. As one Peer simply stated, **"We need more help in places, and safe places"** *(Deidentified Participant)*:

> A lot of people out there right now, they don't even use [their Naloxone kit]. They don't carry it around enough, and they're dropping more and more. I tried to tell a few people out there that they've gotta carry more kits.
>
> *(Deidentified Participant)*

A Service Provider shared the benefits of increasing the supply of nasal Naloxone, stating that **"in a pressure filled situation [...] I think nasal Naloxone will [...] probably save more lives"** *(Deidentified Participant)*. The same individual referenced a need for better, more widely accessible training in life saving prevention techniques for diverse audiences:

> I think there may be a chance of approaching [harm reduction] through [...] first-aid. [...] We just need to somehow get it out to people that we're not out to push them, we're not there to judge. We're just here to help.
>
> *(Deidentified Participant)*

Finally, one support worker shared the acute need for safe supply in the community to deal with the overwhelming amount of drug toxicity deaths:

> We need to find a way to [...] start getting them the real drug again. [...] I know that these drugs that are out right now: [...] they're driving them insane. It's scary. I can see why the numbers are increasing, [...] no access to the real stuff is the first part of it.
>
> *(Cory Cliffe)*

Other Peers and allies spoke of the need for treatment and rehab options that people can access when they need it, without having to pay or be placed in a queue. As one stated, **"treatment needs to be in every community to support all community members, not just a chosen few who can afford to get into that treatment."** *(Deidentified Participant)*.

> We need more rehab beds. [...] When a person wants to make a change, they've got to be able to make a change. They can't say okay, six weeks from now. [...] It doesn't work that way and people know that. [...] That's the one chance we get. [...] We need much, much more of that.
>
> *(Heather Murphy - Campbell River DBIA Chair)*

Others noted a need for more local treatment options for women, stating that **"they've got the Second Chance for men [...] but they should have that for women here as well"** *(Sophie Sewid-Creelman)*. Another spoke of the need for culturally appropriate treatment services for Indigenous peoples:

> I personally have a dream of seeing a high-capacity treatment center that caters to the North Island, 100% culturally operated and directed. Because the writing is on the wall, culture is healing. We're the ones who are going to open the doors to a different tomorrow for our people.
>
> *(Cory Cliffe)*

Many people we spoke to referenced a need for better integration of mental health and addictions services in the community—a "one stop shop"—which would meet people where they were at. A Peer stated their desire for **"a clinic that will basically cater [...] to everybody's individual needs"** *(Deidentified Participant)*. Another stated:

> I just think that we need to address a place where we can all go, okay. Whether it's individually or a place where you got apartments. I mean, it's almost like a crisis line. [...] But more personal.
>
> *(John Guy Sharkey)*

Service Providers and others in the community also talked about a need for integration, stating that **"The resources for people who need [them]—the social**

resources need to be [...] very accessible" *(Heather Murphy - Campbell River DBIA Chair)*:

> Connecting in a healthcare approach. [...] So working together; [...] an opportunity for different agencies to come together and kind of problem solve cases, and then potentially have care agencies address things; rather than police.
>
> *(Deidentified Participant)*

Building on these insights, many people spoke of the need to provide a continuum of care in helping people along their addictions journey towards recovery and healing—from detox, to rehab, to counseling, to housing. Service Providers shared their frustration:

> If somebody's going to detox before they can go into a recovery center [and] they're on the street in-between, [...] you're putting them right back in a situation to use, so how do you expect them to be successful? And it's so frustrating that we don't support people wholly through that.
>
> *(Sarah Delaney-Spindler)*

"A smoother process through that route would be integral, supported all the way that at the end [...] [when] you have a room, or an apartment."

(Sarah Delaney-Spindler)

"[People] need to have outlets to reach out and say 'Hey, I'm ready. I'll go off to treatment' [...] [But if they ask] 'when I come back what is there for me?' [...] we don't have that infrastructure set up".

(Cory Cliffe)

Service Providers also see improved counseling as a key piece of the puzzle in helping people in recovery, stating that **"even if we got some type of counseling place would help."** *(John Guy Sharkey)*. Another asserted that:

I think counseling would be really important: [...] places where people are together in a group to have the counseling to help you to get to those points of well-being in your life, whatever those choices might be.

(Deidentified Participant)

Across the board, Peers and Service Providers alike share their desire for more harm reduction resources, and for more holistic and integrated mental health and addictions services in Campbell River to deal with the toxic drug poisoning crisis and meet people where they are at. This, for many, is an important step towards community wellness. For others though, housing is a top priority, as we show next.

3.5.1.2 Housing and Homelessness

While improved health care and addictions services were top of mind for many that we spoke to, many others framed housing as the first essential step towards finding stability for themselves and in supporting community pathways to wellness. As one Peer stated quite simply: **"I think people need housing; they need support"** *(Deidentified Participant)*. From our conversations with Peers and Service Providers, it was clear that housing was a foundation upon which people could build and rebuild their lives. A Peer shared that: **"being homeless is one of the biggest problems for me gaining meaningful employment and getting [my] life started"** *(Nick Holland)*. Others shared similarly:

I've got a long journey ahead of myself. [...] My first goal is I want to go find a place though.

(Deidentified Participant)

It would be nice to have a place where you can just live and just be, instead of having to do what they say and go where they want you to go.

(Deidentified Participant)

Service Providers and Peer Support Workers spoke of the benefits of existing supportive housing in Campbell River, noting that it's **"made a huge difference for some"** *(Deidentified Participant)*. Others recognize that the continued creation of such housing would go a long way towards solving the multitude of community social issues that cascade from the housing and

drug poisoning crisis. One shared that **"housing is a way to address [stigma], just from a bricks and mortar place of being"** *(Deidentified Participant)*. Others echoed:

> There's so many people on the street, [...] and the first thing you need is a place to lie your head, a place to keep clean, so you have personal hygiene or shelter in the colder months. [...] And then the person can work [...] to get better. But housing is the biggest thing.
>
> *(Deidentified Participant)*

> Housing is the top. Some basic resources, food security, and housing, and I think people will just fare better. Medical costs [and] legal costs come down, [...] safety increases. [...] We need more supported housing. [...] We need physicians to come in and have clinics inside there. [...] Invest in some basics.
>
> *(Arlene Hogan - Island Health Strategic Initiatives Overdose Coordinator)*

> I don't think people can improve their lifestyles until they have a roof over their head. And they have a warm bed to sleep in at night. And you can get a good pattern happening in your life for your well-being, [...] just have a place where you can be, have a place of your own, that you have respect for.
>
> *(Deidentified Participant)*

Perhaps a Peer stated it best when they spoke of the holistic benefits that would accrue if housing could be provided for the most vulnerable members of the Campbell River community:

> I know that if [we could] get more houses out there where people can go [...] I know that there will be less fighting and less people stealing things and a lot less people sleeping on the streets downtown. [...] The community would be seeing a lot less [...] camping or even drinking and doing drugs.
>
> *(Robin Neuman)*

Peers and Service Providers were unequivocal: housing is a major component of community wellness. It seems basic, but the creation of more supportive housing in Campbell River is a crucial first step towards addressing the drug poisoning crisis head-on. But beyond housing stability, Peers also need "something to do." Those we spoke to highlighted the importance of building capacity and employment skills, and we turn to these insights next.

3.5.1.3 Empowerment, Employment, and Capacity Building

Peers in Campbell River are already taking the initiative to care for each other, empower each other, and show leadership in the community on a more informal basis. But our respondents also told us of the importance of formal programs that empower Peers and help them reclaim agency in their wellness journey. Some programs unite Peers to support each other through mutual and shared experiences, while others build foundational employment skills and community capacity. In the first instance, people we spoke with cited the importance of Peer groups in connecting individuals and giving them a voice:

Peer groups [...] build this community of people who are taking care of each other and preventing deaths. Just in general helping people survive out there.

(Deidentified Participant)

Maybe we need active groups to have all the time. [...] I see that seems like a real benefit, whenever groups are established to continually meet, or something like that. That often gets things done.

(Deidentified Participant)

I feel that [Peers] should be given the chance to come together to have a community forum, and I feel that the people who are most concerned with what's going down here should be the ones that are attending that.

(Deidentified Participant)

Well, I guess anytime you get a few people together, and are on the same page, that's inspiration in its own self, right? I mean you've got power in numbers.

(Deidentified Participant)

In the second instance, people spoke of the importance of employment and work programs to build bridges between Peers, Service Providers, and the community— particularly the downtown business community:

Smaller connections like, having somebody very interested in graffiti removal; and businesses feeling very frustrated with continued graffiti, and helping that connection be made; I think building those small bridges here and there to make it collectively bring that tension down is really helpful.

(Sarah Delaney-Spindler)

Anything that involves Peers [...] is for me the best way to go anywhere because talking to somebody, finding out exactly [...] where they have been, wanting to give back, wanting to connect, wanting to be a part of; that's been huge. [...] Connecting those people with these little work projects.

(Heather Murphy - Campbell River DBIA Chair)

Service Providers also shared how work programs give people "something to do," making them feel like they are part of the community while helping them gain employable skills:

Peer programs: [...] I can see changes in people, [...] and they get paid pretty good money too you know? It's only a couple hours here, a few hours there; but they show up on time, and they work hard. It's awesome. You know, a couple of them, [...] they've moved on to a little more sustainable work.

(Andy Speck)

When you're addicted to something and you don't have anything to do [all day], you're going to find yourself looking for it, because idle hands. If we [give Peers] the tools that they need to come on board, the training that they need, [...] they're going to have that feeling of accomplishment.

(Cory Cliffe)

Peers agree with these sentiments. They wanted to work, and in fact were calling for the expansion of work programs and the implementation of programs targeted at certain age groups and aimed at enhancing specific skill sets:

I think these little mini work programs, like the MOUHSS bus and stuff, [...] that helps. [...] It's benefiting the people that use it; it's benefiting the community. [...] If you can get people working for a couple hours each day, it keeps the depression fended off. Makes you feel like a person.

(Danielle)

[I would] expand the Peer program for the MOUHSS so people get a chance to go out and do stuff, so they feel better about themselves and get a little bit of money. That's a start right?

(Nick Holland)

I took part [in a] course where they paid you a low wage [...] to go to school, so that you can pay your bills a little bit [and build skills]. And that gave me the gusto, the oomph, to go back and apply myself and actually want to get back to work.

(Nick Holland)

Meaningful employment, I'd say. And trying to get projects together, [...] do some art [...] comedy [...] or writing. [...] If you just start talking to people, [...] then you start to get cheered up that way; [...] try to be out there in the community."

(Nick Holland)

I don't have the 25- to 30-year-old ability to fit into those employment programs. [...] I think there should be things for [people] my age too. [...] And if people want to work, there should be jobs for them. [...] They just have to [have] the connections, and the opportunities.

(Nick Holland)

> It changes the psyche so much […] when I'm feeling part of and active and doing something other than just lolling. […] And I think that in turn would reflect on how the community would view us, because everything about a person starts to change, right?
>
> *(Danielle)*

Providing meaningful work for Peers can empower them and assist them in their wellness journey. Good things are happening in Campbell River that promote skills building and Peer employment, and there is room for these programs to expand. Such programs could also go a long way in combating stigmatizing community views of Peers that see them as idle and unproductive, but individual programs are not enough. Awareness and community education is also needed to combat stigma, and we turn to these next.

3.5.1.4 Community Education and Awareness

Many of the people we spoke with saw education as a way of combating substance use stigma, building awareness for change, and providing a path toward community wellness. For some, education meant implementing and expanding programs within the formal education system, particularly in high schools. As one Peer put it:

> The best way to stop [the crisis] is to try and get people while they're young so they don't end up going down that road in the first place. […] It's proper education.
>
> *(Deidentified Participant)*

A Peer advocate shared their desire for a broader understanding of Indigenous history and issues to be taught in high schools, stating that **"all schools should teach this history"** *(Deidentified Participant)*, while another shared the value of empowering students to respond to the toxic drug poisoning crisis in the community. Others spoke of the importance of targeting workers in certain sectors to understand how addiction and the drug poisoning crisis affect their lives: **"[teachers] would need another teacher. Healthcare workers need other healthcare workers […] police officers need another police officer to hear that story from…"** *(Deidentified Participant)*. The same individual shared how their position as a blue-collar worker gives them agency to educate others working in their industry:

> [I'm willing to] speak at different unions, construction groups […]

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'cause my hope is that while I'm not a suit and tie professional, [...] somebody else out there is going to identify with me and [...] say, "here's this person I feel I'm sort of like, and they did it, so I can do it."

(Deidentified Participant)

Another mentioned that their work in the formal health care sector gave them license to have conversations and educate their colleagues:

Going back to the hospital, [...] there is movement forward [...] people are willing to listen [...] take a few minutes and talk about what does addiction look like? What does harm reduction look like? [...] And if you can see through a different lens, things change.

(Andy Speck)

By and large, however, Peers and their allies spoke of the need for broad-based community education to bring people together and end the stigma in Campbell River. Peers shared how they wanted to be seen as people with something to give back to the community, while Service Providers wanted an end to the violence and stigmatizing rhetoric. As one Peer stated:

Having the knowledge to know us would be beneficial to them. You know, we respect where we're sitting, we respect everywhere we've slept. [...] If the businesses could [...] put in the time to acknowledge us, that we're actual individuals who were in places and we had lives together.

(Charles Jules)

Another Peer called on those in the community to imagine themselves in the position of homelessness, while an advocate admitted:

I don't think people really understand what it means to be homeless, you know? Most people can go to the fridge [...] grab a drink, grab some food; and so they don't know what it's like not to be able to do that, [...] and I don't know how you teach people empathy around that.

(Andy Speck)

The same person mused that **"maybe [with] some education [...] maybe there's a little more empathy. People have to be treated with some kindness"** *(Andy Speck)*.

Peer advocates and Service Providers alike shared this sentiment, and some called on people to look inward for understanding:

I say in order to help along the stigma, to erase it in Campbell River, remember that each of the people that you are thinking negatively upon has a name, and they belong to somebody. It could be yours.

(Deidentified Participant)

Back to stigma, [...] people need to understand they're just people in a different situation you know? [...] They're not bad people. They're just people that have a medical condition, and they can't get the help they need.

(Deidentified Participant)

> [We need] further de-stigmatization and doing whatever it takes to bring it front and center. That people that use substances are not bad, [or] morally fallen, [it's] a valid legitimate concern like any other health issue.
>
> *(Deidentified Participant)*

Others imagined targeted education or events that would bring people together to find common ground, calling for **"greater education campaigns, awareness campaigns, opportunities"** *(Deidentified Participant)*:

> As long as two people respect each other, we don't have to agree on how we […] get to the end results, but if we can sit in rooms and have respect, and explore, […] be creative, think outside of the box, go sideways, find different ways to do it.
>
> *(Heather Murphy - Campbell River DBIA Chair)*

> It is the people that have all of the negative things to say, and have all of the unsaid solutions I feel that need to come to [a] forum and sit and chat with the person who is in the lifestyle that they are so against. I believe that could be a very powerful thing.
>
> *(Deidentified Participant)*

Across sectors and walks of life, our respondents spoke of the need for better community education regarding the toxic drug poisoning crisis to combat stigma and generate change in attitudes towards those most marginalized in the community. Achieving these goals will require creativity and the creation of programs for different target audiences, but such work is essential for generating community wellness. In addition to public education and the other programmatic pathways to wellness we have outlined in Section 3.5.1, Peers and allies also spoke to us from the heart about informal, emotional pathways to wellness. We turn to these next, highlighting the everyday actions that people take to strengthen community and improve the lives of themselves and others.

3.5.2 Interpersonal and Emotional Pathways to Wellness

We now move on from the practical and programmatic solutions that Peers and Service Providers identified to focus on "heart-based" solutions. As we will show, these interpersonal and emotional pathways to wellness are important and powerful for bringing people together to find common ground and empower each other in the journey to community wellness.

3.5.2.1 Compassion, Empathy, and Respect: Honouring Lived Experience

People that we spoke with emphasized that there is power in showing compassion and empathy for those in difficult situations—respecting them, honouring them, and meeting them "where they are at." One Service Provider challenged others to **"stop for ten seconds and remember that [Peers] belong to someone. I mean it could easily be us"** *(Deidentified Participant)*, while another highlighted recognition: **"just being aware that people have been**

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through all sorts of things, and just [being] calm, and supportive, and listening" *(Deidentified Participant)*."

> It is hard to see and to feel and to witness, but like, can you just kind of uncenter yourself for a second and understand how that person might be feeling[?] [...] These are human beings, whole beautiful human beings with rich lives and histories and families and people who love them.
>
> *(Sara Lopez Assu)*

And indeed, many of our participants—Service Providers in particular—spoke of the need for self-reflection and everyday compassion: **"just really honoring those voices of peoples that are living through this, and who are the ones that are experiencing this"** *(Deidentified Participant)*:

> People [need to come from a] benevolent place. That's the humanity that we're missing. [...] People need to be taken care of. Us all included in that.
>
> *(Deidentified Participant)*

Some respondents spoke directly to a need for compassion and empathy within the downtown/business community in Campbell River to mitigate the aggression and division that is prevalent in that space:

> We need to move forward together, we need to stop judging people saying things like, "they're always going to be downtown; they're always going to be homeless; they're never going to change." These [...] are phrases that are designed to

keep people where they are, especially when we're talking about mental health.

> *(Cory Cliffe)*

> I feel if you give a person the respect of being a person [...] by saying "Hello, how is your day going?" I feel very solid in believing that a person is going to do [...] what they need to do away from your business.
>
> *(Deidentified Participant)*

Peers agreed. As one shared with us, they made great efforts to be good downtown citizens, and valued the few business owners who took the time to make meaningful connections with them:

> The community and the [business] owners, [...] if their eyes are open and they see where we are, [...] it's our community, we're a part of it [...] they need to be openminded and have an open heart. [...] They need to talk with some of us so they can better understand that some of us threw away a lot"
>
> *(Charles Jules)*

A few Service Providers cited a need for more safe spaces where Peers can share and receive empathy and kindness to empower and transform themselves:

> People that [...] want to try, [...] there should be a place where they can do that honor, without being ridiculed, or [...] bullied. [...] And the first step is, "I love you." And I see you, and I hear you. We have to get that out there.
>
> *(John Guy Sharkey)*

> I think that there's something quite transformational when you just create spaces where people feel heard, feel seen, feel respected. [...] I think that kind of needs to be at the core of anything, [...] just seeing each other as fellow humans walking this earth and just looking out for each other right?
>
> *(Sara Lopez Assu)*

Beyond the *need* for compassion and empathy in the community, many Peer advocates shared their experiences of creating, or being in, spaces where people felt cared for and respected. Some spoke of how this occurs through formally organized programs:

> Peer programs are really important, and really carry a lot of weight with them. [...] Just trying to create some kind of inclusion in a healthy way, you know. Something that brings them together in a good way.
>
> *(Andy Speck)*

> It's about building connections with the participants [...] building those relationships, and then seeing where that grows and being adaptable to creating something that fits within that community, whatever community it is. [...] And the only way to do that is through connections.
>
> *(Deidentified Participant)*

Others spoke of making connections in the everyday, in formal and informal conversations, and how they were honoured to hear people's stories and meet them where they were at.

> One thing I've learned to really do is meeting people where they're at [...] with respect and kindness, and with friendship [...] some of the more hard-to-reach people you know, [...] and when they see me, I can see it in their eyes. [...] So you're like just that connection. [...] That feels really good.
>
> *(Andy Speck)*

> Somewhere in the back of those shadows in their eyes, it's there. And you can watch it break, even for a second. [...] And you can watch somebody go from the hardest person to the smallest child. Just like that. And that's when you know that there's still opportunity for change. [...] And the biggest thing they need is an ear [...] to listen to the pain that they have.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

> I stood in front of him and I said, just listen to my voice. I said, put your hand over your heart. [...] And he did. I said, now tell that little boy [...] he's okay. [...] And when he did that, he just let it out. Because that little boy in him was affected. Like holy shit man. [...] I could just see that.
>
> *(Deidentified Participant)*

> I can't change the world. I can't change the way your life has been. I can't take away your losses, and I can't fix your mistakes, but by being present and in this moment, by hearing what you've gone through and just giving you the space to do so, maybe, just maybe, I can make today a little better.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

I can't change the world. I can't change the way your life has been. I can't take away your losses, and I can't fix your mistakes, but by being present and in this moment, by hearing what you've gone through and just giving you the space to do so, maybe, just maybe, I can make today a little better.

(Shawn Decaire - Cultural Leader)

Photo by: Gordon Ross

Finally, Peers spoke of the how they exercise compassion and empathy among themselves, stating that **"we see each other every day, but you know we tell each other how much we love each other"** *(Deidentified Participant)*. Another admonished people to **"just be grateful, and even if it was a shitty night the night before, just give [someone] a hug and say 'I love you,' and when you leave, say 'see you later'"** *(Deidentified Participant)*. Other Peers spoke of how giving and receiving empathy encouraged them to help others and be better people:

> **"And if you keep embracing yourself every day, that's where the wellness comes from. [...] The only way that I can let people know that I'm okay is having the positivity without changing the life of the problem. Without saying, "I'm better than you." [...] Everybody has a different path. But we can all get to the same place. [...] So this is where empathy comes in.**
>
> *(John Guy Sharkey)*

Sometimes there are immediate and obvious effects to enacting kindness, compassion, and empathy, but such actions may also have positive effects on people's wellness down the road. What is clear from our conversations in Campbell River is that Peer advocates and Service Providers see the benefit in meeting people "where they are at" to promote wellness and heal the multitude of divisions in the community. Peers, likewise, shared how having kindness shown to them made them feel *a part of,* rather than *apart*

from the community, part of something bigger to which they could contribute in a good way while also pursuing their own personal journey to wellness. Importantly, compassion and empathy help foster mutual aid and support in the community, which we discuss next.

3.5.2.2 Mutual Aid and Support

Related to compassion, empathy, and respect, Peers and allies also spoke of the importance of being there for each other—being supportive and offering help to others in their path to wellness. Many talked about the need to be open and work together to solve the issues associated with the toxic drug crisis, one individual at a time. As one advocate put it:

> You need a fence, [...] I'll help you build a fence. [...] You're going fishing, I'll help you fish. We all kind of work together, and it's not about who has what; it's about how do we put things together so that we can survive together.
>
> *(Deidentified Participant)*

Peers agreed, and noted the importance of informal support networks in mutual aid:

> **You know, you need to have that support network there, you need to have that positive mentality and everybody around you with the same mentality to feed off of them and support each other.**
>
> *(Cory Cliffe)*

[There are] humans here who need help. They don't need answers. They just need help. Somebody that's willing to step up and say, "Here, I'll support you, you tell me your journey, and I'll support you."

(Shawn Decaire -

Cultural Leader)

Peer allies also spoke of how to support others in the everyday by letting people know that you are there for them when they need it:

You know, they want to make a change. [...] I said, "if [I] can ever be of assistance with you [...] give me a call, we can go out for coffee and talk about it wherever." [...] And that's what I do. I'm a friend of someone.

(Deidentified Participant)

But if we can guide somebody to the right direction, or the right person, I think that means more than anything. Right? Because I get guided all the time, without even realizing it until I'm there.

(John Guy Sharkey)

A Peer spoke of the importance of having someone there for them when they needed it, who understood what they were going through:

But the big thing in my life that changed me was having somebody there who lived through it, who'd seen how bad it can get, and still managed to come back from it.

(Cory Cliffe)

Remarkably, as one Peer advocate shared, often the people offering the most support are the ones struggling the most—yet they are still willing to lend a hand and be there for others:

I've gotten to meet a lot of [...] amazing people, amazing helpers [...] that are struggling. [...] I feel quite blessed about that, you know, people that are helping are [...] pretty genuine about their giving. And that's pretty special.

(Andy Speck)

Many of the people we spoke with shared stories of mutual aid and support, where folks were willing to put in the time and meet others where they were at, empowering them on their road to recovery and wellness. There is a strong desire among people in Campbell River to assist each other, and, as we demonstrate next, this existing strength can help break cycles of trauma.

3.5.2.3 Breaking Cycles of Trauma

Building on the compassion, empathy, care, and support already available in the community, many Peers and allies spoke powerfully of the importance of breaking cycles of trauma in their healing journey. Some Peers spoke of their personal wellness journeys and how moving through and past their trauma has helped them:

It's about mindfully telling yourself that you need to live in this moment for you now, not for the person you were then, because that person was back then. [...] You can't change your memory. But you can acknowledge it and accept it. [...] I can't sit here in resentment forever about it.

(Shawn Decaire -

Cultural Leader)

There's always worth to everything we do. [...] I'm really healing [and] just the acceptance of the smiles and the giggles and the pain. And I'm not ashamed. [There are things we can] never ever undo. But I can let it go.

(John Guy Sharkey)

Others spoke of how coming to terms with their trauma gave them the ability to help others:

Hopefully my stories [...] can kind of show people [...] it's not the end of the line. There's people who still love you and value you. And when they realize that they're not so afraid to reach out for the help.

(Cory Cliffe)

The importance of that work is to show that there's people that care for you enough for you to be here. If that's not enough reason for you to live, then what else do you need? Because we need to show them. Everybody has a reason to live.

(Shawn Decaire -

Cultural Leader)

Those we spoke to talked about how they wanted to break cycles of intergenerational

trauma so that future generations could know a life better than the one they had:

I'm trying to erase the way the world has forced me to look upon things through historical trauma, through the balance of it. [...] I can't forget that life. But I can move forward from it and change it to where my kids never have to see it.

(Shawn Decaire -

Cultural Leader)

We're supposed to live by example, and not take other people down. [...] But there's so many people that do that now. [...] My generation has to smarten up. [...] They've got to stop killing the younger generation. [...] We know how it is. Why do we want other people to feel that way?

(Sophie Sewid-Creelman)

There's always a reason to keep going. For me it's children. [...] These people out here, they understand what I'm saying when I say, "you know kids still need to see what you're doing. You have every right to feel the pain you've lived. Don't show the kids it today. Let's change this path."

(Shawn Decaire -

Cultural Leader)

Peers and allies spoke powerfully about the need for, and importance of, breaking cycles of trauma to address the multiple overlapping crises affecting Campbell River, touting the benefits of this process for themselves and for future generations. For those we spoke to, dealing with historical and ongoing trauma was essential for

creating a better future for individuals and for the community. Yet for many Indigenous peoples that we spoke with, trauma is not so easily broken without cultural and community support. Next, we turn to the importance of culture in the healing process.

3.5.2.4 Reconnecting to Culture

Indigenous Peers and Support Workers that we spoke with were candid about the importance of reconnecting to culture to promote individual and interpersonal healing and wellness and to address issues of lateral violence in Indigenous communities. As one Peer worker shared, many Indigenous Peers in Campbell River and elsewhere have lost their connection to culture, and have become alienated from their communities:

> There's many different Nations down here. [...] A lot of these people, they feel detached from their [culture] because here, this isn't their culture. [...] Unfortunately some of 'em have gone so far that they're not allowed back. They're not welcome back to their own lands.
>
> *(Shawn Decaire -*
> *Cultural Leader)*

Establishing, regaining, and/or maintaining the connection to culture and community was, for many Indigenous Peers, a pathway to personal wellness. As one stated, **"that cultural connection, that's where my healing came in"** *(Cory Cliffe)*. Others agreed:

> I like protecting [Culturally Modified Trees], there's a lot of history behind there of where our people have been and how long ago, and what they used the cedar trees for. And just the importance of that tree for our people, and what it provided for us. [...] We never took more than we needed.
>
> *(Charles Jules)*

> [Carving] brings us peace too you know, when we create something. The beauty of it, the wood, for when it started growing, and then you peel it and layers and layers count. As you look at that too, those layers, you gain knowledge as our ancestors taught us as well.
>
> *(Deidentified Participant)*

> I just try to stay connected to our culture and crafts: [...] keeps me busy, keeps me out of my head when I'm going down a dark path.
>
> *(Jennifer Joseph)*

> I was pretty involved with my culture and cultural healing. [...] And it made me feel better, like a weight off my shoulders. And it's still a way to calm down. My daughter is very much involved in culture too. And it's cool to see her learning. I'd rather her be connected to culture than downtown.
>
> *(Christine Walkus)*

Some people spoke of the importance of culture to help them through mental health and addictions struggles and support them in their wellness journey:

> Culture is the one consistent thing that kept me on this journey. You know, people come and go, they bring into your life, what the Creator meant for them to bring in. [...] But the consistency is the culture. It's the understanding, or the desire to connect with our ancestors to do the good work.
>
> *(Cory Cliffe)*

Some felt that without reconnecting to culture, healing cannot happen for Indigenous peoples, stating that **"culture is healing [...] and there's a lot of things that contribute to the healing that needs to take place, culture is kind of the umbrella"** *(Cory Cliffe)*:

> The healing needs to be in the hands of the healers, the people who may have lived through it, people who have a cultural understanding of what it takes to redevelop a positive person and a support network.
>
> *(Cory Cliffe)*

In terms of "next steps" and paths forward, Indigenous Peer allies highlighted the importance of culture in building bridges, promoting love and respect for each other, and in supporting those who were most vulnerable in the community:

> I think the next [step] is [...] to have respect for each other. [...] It's become divided on amongst the Aboriginal people. [...] So you can't really share culture without having respect for one another because the spiritual piece and that respect is the biggest gift that we get from one another.
>
> *(Deidentified Participant)*

> As a steward of this territory, I feel I have a responsibility to [...] live by the principles that [...] best benefit [...] our community. So approaching the addictions and unhoused community with open arms, and nothing but love and respect. [...] [That is] going to be the way that we change the face of tomorrow.
>
> *(Cory Cliffe)*

Perhaps one of the Peer advocates said it best, noting that for Indigenous peoples, **"if you connect to culture, you're in tune. [...] I say culture is the main root of who you truly are. Because you have an ancestry somewhere you need to reconnect back to"** *(Deidentified Participant)*.

These insights combined tell us that community wellness cannot be achieved in Campbell River without a recognition of the importance of Indigenous culture in the lives of Peers and their allies, or without the promotion of such culture in the community. There is no one silver-bullet solution to the overlapping crises of housing, mental health, and addictions, but providing opportunities for Indigenous Peers to reconnect with their culture will be a crucial step as we move forward together. Culture will be an essential part of healing the divides in the community—and in the processes of building and strengthening community relationships that we discuss next.

> [Culture] really gave me the pride in what I was doing, and the sooner we can start building people up mentally and giving them that feeling; the sooner they'll find the strength that they need. [...] We have to find a way to connect people with their passion, and the root of their mental illness.
>
> *(Cory Cliffe)*

3.5.2.5 Building and Strengthening Community Relationships

As we outlined in Sections 3.1 and 3.2, the Campbell River community has become intensely divided over the social issues that surround the drug poisoning crisis in its community. Thus, we conclude this section by highlighting the importance of closing the rifts in the community, strengthening relationships, and building unity. As one Peer advocate shared, community divisions are highly counterproductive, and as such, Peers and allies called for unity in the face of division and made it clear that community wellness could not be achieved without first building bridges and strengthening relationships between key actors, organizations, and interest groups in the community. Building on Campbell River's history as a "hub" community of the North Island, many spoke of their passion for bringing disparate people together, and their faith in the city's people to come together to find common ground. As one shared, **"people are trying. I honestly believe anywhere I go, people are trying.**

[...] Different people talk to different people, and are connecting in those kinds of things" *(Heather Murphy - Campbell River DBIA Chair)*. Indeed, there are important efforts being made to connect people and organizations in the city. For example, work is being done to unite different aspects of the health system to provide more holistic care for those in need, while others are weaving between Peers, social services, and the hospital to meet people where they are at. Some doing mobile outreach are attempting to connect with people beyond their usual clientele: going into middle-class neighbourhoods, engaging with people on the sea walk, providing crisis response where police might have previously stepped in, and working to combat stigma and stereotypes in the community.

Those we spoke with also talked about the important roles of the City of Campbell River and the downtown business community as hubs of connection. One person we spoke with highlighted how:

> **The city has formed committees with the intention of improving communication partnerships, acceptance, and less stigma with the folks that are outside. I think that if a person is on a committee for the right reasons, there's potential to improve that.**
>
> *(Deidentified Participant)*

Others spoke of the positive work of the Coalition to End Homelessness, as well as efforts among certain businesses and organizations to create a list and map of social services in the city for those in need. Relatedly, several of our interviewees spoke of the encouraging steps happening in the business community, such as partnering with Peers in graffiti removal and mural projects, stating that "there's a willing workforce here, and it would be great for them".

> **I have hope that the business community is kind of coming around wanting to understand and make those relationships, and it's projects such as this that are going to be another one of those bridges that help build that relationship, and bringing down tension.**
>
> *(Sarah Delaney-Spindler)*

Moreover, according to some, there are resources available to make things happen, resources which could be maximized if pride and polarization were put aside:

> **There are huge resources. [...] I think having all the resources [...] connected to each other. Not finding little silos, and this is going to be a shift you know, to say that [...] we have to intersect that, which is happening.**
>
> *(Heather Murphy - Campbell River DBIA Chair)*

Good things happen when communities work together in the face of crisis—and housing, homelessness, and mental health crises are no exception. Despite the divisions in Campbell River there is a great desire among many people and organizations to work together.

In this section we have discussed practical and programmatic pathways to wellness in Campbell River, then moved on to look at pathways to emotional and interpersonal (heart-based) wellness, highlighting aspirations within the broader community to build and strengthen relationships with the aim of fostering unity. As we have seen, Peers and allies alike have shared hopes for a positive future in Campbell River. Those we spoke with expressed a strong desire to improve existing systems of care while working towards healing. A complex and multifaceted crisis such at the toxic drug poisoning crisis requires a diversity of solutions, but the first step is to recognize the importance of lived experience and meeting people where they are at, so that creative, targeted, and place-based pathways to wellness can emerge.

3.6 Summary

In Chapter 3, we presented the findings of our research in Campbell River. The findings were organized according to concepts and themes that emerged through our work with Peers, Service Providers, and Peer advocates. We began in Section 3.1 by discussing the structural dynamics of the toxic drug poisoning crisis as they touch down and affect people in Campbell River. We looked at the human toll of drug use, homelessness, and poverty, and shared how an almost overwhelming weight of grief, loss, trauma, exclusion, ostracization, frustration, desperation, loneliness, isolation, stigma, and fear presses down upon Peers as they navigate life in the community. Such factors shape Peers' lives in visceral ways, prevent wellness, and affect people's ability to survive and thrive. Moreover, Peers traverse a minefield of risks every day. Many of these risks, such as the increased potency and toxicity of drugs, toxic drug poisoning events, and dope sickness, are components of the toxic drug poisoning crisis, and can cause harm and death. Compounding all these emotions, experiences, and risks, Peers often must deal with negative encounters with government systems and policies related to health care, mental health and addictions, criminal justice, education, and child and family services. Some encounters occur locally, some originate outside the community, but they all affect the lives of Peers in Campbell River in ways that inhibit wellness.

In Section 3.2, we examined the incredible amount of violence that is occurring in the community. Some Peers spoke of the physical violence that was being aimed toward them, including being beaten, bear sprayed, and having eggs and other objects thrown at them with the intent to injure. Others spoke of the lateral violence occurring in the community, where members of marginalized communities were targeting each other and bringing each other down. There was also a unified recognition of the increased political and architectural violence being perpetrated by the city and business owners towards Peers, with the aim of driving them away or placing them in dangerous situations and preventing them from accessing the resources that they need to survive. Peers and allies called for a stop to the violence and highlighted a need for generative conversations to build and improve relationships between disparate factions in the community. Then, in Section 3.3, participants shared their impressions of the gaps in official services and supports in Campbell River. Peers and allies focused on weaknesses in health care, mental health and addictions supports, housing and homelessness, harm reduction services, and in relation to policing, security, and law enforcement. Peers spoke of how flaws in such systems affect their lives and began to share how gaps could be filled. This section provided a bridge to begin speaking about the strengths in the community, and the solutions that can emerge when Peers' voices are placed in the centre of the conversation.

Section 3.4 marked a shift in our findings, away from a focus on challenges and weaknesses. We first looked at some of the good things that are happening within already-existing systems (primary health care, mental health and addictions services, housing and homelessness supports, and harm reduction programs). Peers and allies shared the positive effects of existing initiatives and encouraged the expansion and growth of targeted programs that promote community wellness. We also looked at informal and organic processes of solidarity which are making the community stronger and more resilient. Of these, we were struck by the care, mutual aid, and support that is happening among the unhoused Peer community in Campbell River. People are taking care of each other, even when they are given few resources to do so. Peers also work to empower each other and show leadership in ways that enhance and strengthen existing systems of care.

Respondents also shared their solutions and ideas for community wellness and hopes for the future, which we discussed in Section 3.5. Those we spoke to had practical ideas for improving formal and established systems and organizations, including health care, mental health, and addictions services, as well as housing and homelessness. Participants also talked about the need for programs that empower Peers, generate employment skills, and build capacity, as well as those that foster community education and awareness around the effects of the drug poisoning

crisis. Beyond these, Peers told us of informal pathways to wellness based in relationships, highlighting the importance of lived experience, compassion, empathy, and respect for one another. There was also an identified need for mutual aid and support, and a desire from Peers to break cycles of personal and intergenerational trauma. Finally, Indigenous Peer advocates underlined the significance of reconnecting to culture, while others highlighted the importance of building and strengthening interpersonal and organizational relationships to heal the rifts, stop the violence, and fill gaps in community care in Campbell River.

In all of this, we have worked to centre the voices and experiences of those who are living the effects of the toxic drug poisoning crisis. Peers spoke from the heart, with passion. We are honoured by the openness with which our participants shared their insights on the drug poisoning crisis, recognizing their courage to speak out amidst grief, loss, violence, and trauma, with the aim of generating positive transformations in the community. We ask those reading to receive their words with openness and humility. In the next chapter, we share recommendations for further action based on our research conversations in Campbell River. We do this to curb the deaths, harm, violence in the community In short, *to end the crisis.*

4 RECOMMENDATIONS

We have titled our report *Maya'xala*, a Kwakwala word that means "the value of all things; the truest respect" (Gigame Kwakiladᶻa). This word was spoken many times by Cultural Leaders in-circle, and it helps anchor our report, findings, and recommendations. It describes a way of being that informs many actions.

If there is one recommendation that transcends all the others, it would be this: that we cultivate Maya'xala as a community. We must approach these multiple and compounding crises, and the people who suffer at the heart of them, with respect and with an appreciation for the humanity embedded within all community members, regardless of income, race, social status, substance use history/practices, or sexual orientation, among others. Each community member has a voice; each deserves respect; each has a place in the circle.

We also realize and honour many pathways towards wellness. We reject a polarizing view that positions abstinence-based recovery models over harm reduction models involving the stabilization of substance use through such programs as safe supply or Opioid Agonist Therapy.

The stories and experiences we have been gifted outline many pathways towards wellness; some use OAT and Safe Supply to get to a place where abstinence-based recovery is possible; others find stabilization in these mechanisms alone.

In each of the following recommendations, we draw on our research findings to point to areas where coordinated efforts can help achieve tangible goals. Those coordinating entities and Change Agents should have:

a) a strong and deep knowledge of the local support continuum in-place

b) a strong understanding and appreciation of Cultural Safety and Indigenous sovereignty principles

c) the capacity to facilitate conversations leading to tangible change

Elders, Knowledge Keepers, Cultural Leaders, and Peers must be honoured as leaders in this work.

The following questions are central:

• How can we work together to reduce deaths and stigma and promote respect and quality of life for people who use drugs?

- How can we bring our collective knowledge together to create community change?

We also ask: **who is responsible to make this change?** At the local community level, evidence shows that the harms associated with drug use are worsening. This reality involves a complex set of variables which necessitate a multi-faceted response. Given this reality, any meaningful solution will require leaders, organizations, community groups, and individuals to work together towards common ends.

Change Agents and coordinating entities include Indigenous Leaders, Local Government, leaders of local community service organizations, managers and front-line workers at Island Health, Peer groups working in Campbell River, the Campbell River Art Gallery, the Campbell River Community Action Team, the Coalition to End Homelessness, community downstream and upstream Service Providers (i.e. housing, mental health, education), Medical Health Officers, local RCMP, and Peers—including their family members and allies. We believe that many more actors exist who will self-identify as having the ability to make change after reading this report.

In the following section, we outline the key recommendations stemming from our research. While we identify actors who are responsible for making change, we also acknowledge the limits of our understanding related to the jurisdiction and potential involvement of local, provincial, and federal systems and

agencies. We acknowledge that work has already been done to action some of these recommendations by community organizations. We ask those with power within these systems to engage as creative, willing, and collaborative partners—imagining ways in which they can apply their influence and resources to develop solutions.

1 Create a Safe Environment for Peers

Change Agents: Local Government, Recovery and Harm Reduction Service Providers, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices, Campbell River Downtown Businesses.

Acknowledging:

- that Peers have detailed the lack of safety they personally experience in relation to their everyday wellbeing in Campbell River including: the persistence of acts of violence inflicted by members of the public on people who are underhoused including, but not limited to, anti-Indigenous violence and racism;
- the use and planned development of architectural violence in Campbell River to push members of underhoused communities away from public spaces;
- the perpetual and repeated use of force by Police and bylaw enforcement to remove Peers from places where they are encamped while providing no suitable long-term alternative:

We recommend a coordinating entity bring together key Change Agents to create immediate and sustainable transformation to increase safety for Peers. Given the overwhelming amount of violence, stigma, hateful rhetoric, and false claims being spread in the community, we recommend that Change Agents create a round table where voices from across the community can come together to engage in constructive dialogue to reduce trauma.

Key Questions for Discussion Include:

- How can Peers access safe living situations—housed or unhoused?
- How can Change Agents service and protect encampments safely?
- How can leadership and education reduce or eliminate acts of violence against Peers by the public?
- How can local government decisions that involve architecture and drug use bylaw enforcement honour the voices of Peers alongside local businesses and other stakeholders? (In other words: how can local government protect and assure the rights of Peers alongside others in the community?)
- How can an anti-racist, anti-stigma, and anti-oppression lens help ongoing work of community education and engagement?

Change Agent conversations should aim to produce tangible results as soon as possible. Such conversations might involve:

- Forming a Peer advisory committee in local government that can review architectural decisions related to city-owned property.
- Facilitating dialogues between Peers and downtown business stakeholders with the aim of building positive relationships.
- Generating anti-violence/anti-racism public messaging campaigns and/or community programming.
- Discussing safe and serviced encampment spaces; or others.

2 Create a Full Spectrum, Culturally Led Treatment Centre

Change Agents: Culturally Led Service Organizations, Island Health, Provincial Government, Local Government, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices, Campbell River Downtown Businesses.

Acknowledging:

- the insufficiency of local medical detox services and the damage produced by their absence, including the damage suffered by Peers in transitioning to and from Nanaimo and other areas to access out-of-town service and the harms produced through the extensive wait times in place for Peers to access this service;
- the need for a longer-term supportive recovery service in the community that allows Peers to stabilize their lives with at least six months of intensive support after medical detox, including counselling, cultural practices and therapies aimed to address trauma, life skills and capacity building, employability skills, and more;
- the lack of culturally appropriate community care for Indigenous Peers, who disproportionately experience the consequences of the toxic drug poisoning crisis and are often alienated from their home communities, languages, and cultural practices:

We recommend a coordinating entity bring together Change Agents to discuss creation of a culturally led treatment centre in Campbell River with the aim of providing holistic treatment for Peers at every stage of their wellness journey.

Key Questions for Discussion Include:

- How can this centre honour the cultural dimensions of this crisis and the cultural needs of those in Campbell River seeking treatment, including those coming to the centre from many different Indigenous cultures in the North Island area?
- How many treatment beds does the community need?
- How can the centre honour the full spectrum of people who need care, including women, LGBTQ2S+ identifying Peers, and non-Indigenous racialized individuals?
- How will the people the Centre supports be selected to receive this support, and how will they be transitioned out into community after treatment in a manner that supports the strongest chances for wellness?

Change Agents should aim to produce a physical treatment centre, as well as an infrastructure of care and support for people engaged in treatment and beyond, as they transition back into the community.

3 Create Culturally Informed Supported Housing Units and Supported Encampments

Change Agents: Local Government, Provincial Government, Recovery and Harm Reduction Service Providers, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices, Campbell River Downtown Business.

Acknowledging:

- the need for additional supportive housing as identified by Peers, building on the success of such initiatives as the Rose Bowl and Q'waxsem Place (580 Dogwood);
- the need for stable and safe encampments that support Peers who are unhoused, with consideration for the dangerous, violent, and unstable conditions in which current encampments exist;
- the need for safe and available parking sites for Peers living in RVs, bearing in mind that many RV parks are unavailable, and bylaws often prohibit RV street parking;

We recommend that a coordinating entity bring together Change Agents to discuss creating immediate and sustainable improvements leading to increased supported housing, camping, and RV parking options for Peers.

Key Questions for Discussion Include:

- Where can supportive housing, encampments, and RV parking be located?
- What is the role of local government and related bylaw enforcement in establishing and maintaining stable, safe, and supportive housing, camping, and parking sites?
- How many people does a supportive housing facility need to accommodate?
- Which agencies must take a lead role in these sites' development, recognizing the need for Cultural Safety and culturally informed practices?
- What funding is available to make these sites a reality?
- What role can artists play in creating beautiful and meaningful sites?
- What supports, in addition to cultural supports, need to be embedded in these sites (e.g. harm reduction, medical, social services, counselling, others)?
- How can people be supported in "where they are at" along the housing continuum, from encampments and/or supportive housing, to community housing?

Change Agents should aim to produce one or more brick and mortar supportive housing facility, as well as one or more supported encampment sites, including an option for Peers living in RVs.

4 Create Safe and Inclusive Spaces for Community Building

Change Agents: Local Government, Recovery and Harm Reduction Service Providers, Campbell River Art Gallery, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices, Campbell River Downtown Businesses.

Acknowledging:

- the hostility and tension that exists within various stakeholder groups who access, live, and work in Campbell River's downtown core;
- the persistence of othering, violence, and discriminatory behaviours reported by people who use drugs, who are underhoused, who are Indigenous, who wear visible markers of their low-income status;
- the desire by Peers to feel a part of, rather than apart from the wider community;
- the lack of existing community spaces and forums in Campbell River where individuals from disparate constituencies can come together to find common ground;

We recommend that a coordinating entity bring together Change Agents to create safe and inclusive spaces where community building is proactively discussed, cultivated, and where people come together from disparate sectors to form new relationships and produce new forms of understanding and action. Such initiatives may involve, for example:

- anti-racism and anti-stigma training and/or education,
- Peer-led activities (such as art and cultural practices),
- facilitated dialogues, or
- community events centred around food.

Key Questions for Discussion Include:

- What kinds of mechanisms bring people together to develop ideas for change and build a stronger, more supportive, and human-centred community?
- How can People With Lived and Living Experience of the toxic drug poisoning crisis inform and lead in supporting these emergent forums for exchange?
- How can a culture shift be produced where Peers are now seen as valued citizens alongside other members of the community?
- Which agency/agencies are able and willing to be responsible to hold and manage these conversations and community-building opportunities? How can they be supported in this work by and for the wider community—financially and otherwise?

Change Agents should aim to produce an initial (and potentially ongoing) series of community events. Such events should act to break down stigma and racism, educate, inform, and bring people together across community lines to chart new pathways forward and foster wellness.

5 Create and Expand Employment and Education Programs

Change Agents: Local Government, Provincial Government, Recovery and Harm Reduction Service Providers, Campbell River Art Gallery, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices, Campbell River Downtown Businesses, North Island College.

Acknowledging:

- the desire of Peers to apply their knowledge and skills in, and to contribute to, the local labour market;
- the willingness shown by many Peers to undertake education and gain new knowledge and skills;
- the persistent exclusion of Peers from the local labour market due to stigma and racism;

We recommend that a coordinating entity bring together Change Agents to discuss creation of employment and education opportunities for Peers. Areas in which Peers expressed interest in working include, for example: cooking, downtown care, cleanup and beautification, graffiti removal, carpentry (in particular, the building of housing for people who are unhoused), social work and outreach, naloxone training, and the sharing of art and cultural skills.

Key Questions for Discussion Include:

- What jobs do Peers want to do?
- What types of training and/or mentorship are needed to support Peers to work in these jobs?
- Which organization(s) will manage and grow these programs?
- How will these jobs/positions be supported financially?
- How will Peers and employers be emotionally supported in this work?

As many Peers cite employment and education as important ways of generating inclusion, meaning, purpose, community benefit, and improving quality of life, this work should aim to produce an initial (and potentially ongoing) series of employability programs designed to empower Peers and transition them into the workforce.

6 Improve and Better Coordinate Health Services

Change Agents: Island Health, Recovery and Harm Reduction Service Providers, Campbell River Community Action Team, Campbell River Coalition to End Homelessness, Peers, Indigenous Voices.

Acknowledging:

- the stigmas Peers identify in their interactions across health care, especially in relation to the Campbell River Hospital's Emergency Department (even as this stigma appears to be diminishing over time);
- the challenges Peers note in relation to harm reduction, in particular the transfer of the Overdose Prevention Site from AVI to the Vancouver Island Mental Health Society (even as these challenges seem to be lessening as time goes on);
- the lack of a clear local pathway in Campbell River for Peers to move beyond the front-line primary medical care system to access detox and longer-term recovery services, and the absence of a strong after-treatment counselling program;
- the need for better integration of street outreach teams to meet Peers "where they are at," and to counteract punitive police responses to mental health and addictions;
- Peers' desire for better coordination between primary care, street outreach teams, and specialized health services to support them in their wellness journey;

We recommend that a coordinating entity and Change Agents create a forum whereby organizations who provide health services in the community come together to discover points of connection, improve coordination between agencies, and find ways that services might be strengthened through co-operation. Such a forum should centre the voices of Peers and meet regularly to discuss ongoing challenges and opportunities for improvement. We encourage discussion that explores opportunities for more harm reduction services provision at the hospital, and for OPS services to improve more generally. We also recommend making more options for local treatment available, developing better counselling services for Peers leaving treatment, and orientating community services and outreach teams to better neutralize Peers' negative encounters with police. Such activities will benefit Peers by making health services more highly integrated. This will produce more holistic and community-oriented care across Peer's wellness journey.

Key Questions for Discussion Include:

- What kind of anti-stigma and anti-racism work is needed to improve Peers' experiences with health and harm reduction services in Campbell River?
- What kind of forum would be most beneficial for accomplishing this coordinating work, and would its existence be time-limited or ongoing?
- How can coordinating entities and Change Agents include Peers in the conversation in a good way, foregrounding their ideas and concerns throughout?
- Which entity or agent is responsible for holding this work and for convening key actors? Can this responsibility be shared?
- Which organizations are lacking in coordination capacity and need more help to improve and coordinate services for Peers?
- What kinds of financial resources are needed to make this work successful?

Change Agents should aim to start work as quickly as possible so that services can improve rapidly. Many Peers spoke of stigma, a lack of coordination, as well as challenges in understanding "who is responsible for what" in relation to Campbell River Health Services. Thus, this work should centre Peers' voices, and it should be grounded in anti-stigma and anti-racist practices. It should aim to provide clear pathways to care for Peers at every stage of their wellness journey, to ensure success in every way.

7 Create a Health Services 'Hub'

Change Agents: Island Health, Recovery and Harm Reduction Service Providers, Campbell River Community Action Team, Peers, Indigenous Voices.

Acknowledging:

- that Campbell River mental health and addiction services appear fragmentated and "siloed" as identified by research participants;
- Peers' stated difficulty in knowing "where to go" to access the personalized services that they need;
- the lack of "streamlined" connectivity apparent between the different facets of the mental health, addictions, and recovery system:

We recommend a coordinating entity and Change Agents develop a health care coordination hub—a place that carries in-depth knowledge of, and relationship with, the organizations/entities delivering medical, harm reduction, mental health, and recovery-based care in Campbell River. This hub will work to better-coordinate and dovetail services—producing more coherent systems of care. The development of such a site should follow, or occur alongside, the coordination of health care services noted in Recommendation 6, so that integration can happen in a strong and effective way without duplication of work.

Key Questions for Discussion Include:

- Which services can house a health services hub?
- What is the optimal location for such a hub, and what hours should services be available to meet Peers' needs where and when they need the hub?
- How might a hub act as a "safe space" where Peers can go without experiencing fear, stigma, judgement, or violence?
- How can health services integrate in a way that caters to Peers' needs, meeting them "where they are at," while remaining flexible to change as individual and collective needs shift over time?

As many Peers share difficulties accessing services where and when they need them as well as challenges with understanding where to go to meet specific needs, developing a health care hub should be a key priority as the work of better coordinating health services unfolds. The work of developing a hub must centre Peers' voices throughout to determine the best location and optimal access times. Consideration should also be given to having the hub act as a "home base" for the various outreach teams operating in Campbell River.

8 Improve Stabilization Opportunities for Peers – OAT and Safe Supply

Change Agents: Provincial Government, Island Health, Recovery and Harm Reduction Service Providers, Peers, Indigenous Voices, Cultural Leaders.

Acknowledging:

On one hand:

- the extreme toxicity at-play within the street drug market given the onslaught of Fentanyl and its derivatives, as well as the toxicity now occurring by mixing street substances;
- the role that safe supply and OAT can play in saving lives through the provision of clean drugs, while also stabilizing the life situations of people who use drugs;
- the important, yet still limited availability of options under the Provincial Government's new prescribed safer supply policy;

And on the other hand:

- the limits surrounding safe supply, including its current lack of applicability to casual and stimulant users;
- the toxic rhetoric and false claims spread by opponents of safe supply;
- the hesitancy of some physicians to prescribe safe supply given the dangers of unmonitored opioid prescription;
- the propensity for safe supply to do harm if accompanied by a lack of monitoring and oversight;
- the desire expressed by many Peers to wean off of OAT or safe supply and pursue a path of recovery and abstinence;
- the tendency of some physicians to keep people on OAT without acknowledging their desire to pursue other methods of stabilization and recovery;

We recommend that Provincial Government, Island Health, and Recovery and Harm Reduction Service Providers urgently review the roll-out and availability of safe supply and the provision of OAT in Campbell River. This work includes ensuring that people who use a range of substances can access these treatments in a streamlined, non-barriered fashion. This work also includes checking in with physicians to confirm that they feel safe and empowered in prescribing these treatment options and are doing so. Such a process might involve developing and reviewing systems of oversight for OAT and safe supply, including patient monitoring (for instance, through existing sites, or through a health services hub that might be created), as well as physician monitoring (through oversight protocols from the College of Physicians and Surgeons of British Columbia). This work includes creating pathways for people to wean off OAT and safe supply if they choose to do so, and it supports options for further treatment and recovery. In a place like Campbell River, located at a distance from large urban centres, work is also needed to establish safe supply monitoring protocols in such a way as to eliminate travel barriers for Peers—for example, through the provision of a 24/7 mobile OPS service, or via online services as appropriate.

Key Questions for Discussion Include:

- Who needs to be at the table when reviewing the provision of OAT and safe supply in Campbell River?
- How can medical professionals make space to honour and uplift Peers' voices in these conversations?
- How can physicians be empowered to prescribe safe supply, and be encouraged to listen to Peers' voices when they relay their experiences accessing, maintaining, and/or working to taper off OAT and safe supply?
- How can equitable and accessible oversight systems develop to ethically monitor Peers who access OAT and safe supply within and beyond Campbell River so that they feel empowered and supported in their wellness journey?
- How can Campbell River reduce the stigma that surrounds safe supply so that Peers can access such options without fear and shame?

Appropriate Change Agents should review OAT and safe supply options in Campbell River as soon as possible. They should engage key players and organizations in the local health care community as well as Peers and Indigenous voices to ensure that those who are most affected by the drug poisoning crisis have their voices heard. Within this process, Peers need to be empowered in their wellness journey, and should be given a choice as to if, when, where, and how long they access OAT or safe supply, and if they want to pursue an abstinence-based model of recovery. In this way, Service Providers can assure success across a wider and more diverse group, for the benefit of all.

9 Provide Ways of Processing Grief and Loss

Change Agents: Island Health, Recovery and Harm Reduction Service Providers, Campbell River Community Action Team, Peers, Indigenous Voices.

Acknowledging:

- the immense amount of grief and loss that affects Peers in Campbell River and shapes their everyday lives;
- the lack of coordinated counselling, therapy, or healing spaces available in the community for Peers suffering from grief and loss;
- the relentless onslaught of loss experienced by Peers, which prevents them from having time and space to process grief and overcome trauma;
- the ways that grief and loss fuel substance use as Peers attempt to "numb the pain," often leading to further negative outcomes;
- the grief experienced by Service Providers as they lose Peers with whom they have built long-term relationships:

We recommend the development of a counselling and healing program by Change Agents where Peers and their allies can process the trauma of losing loved ones. This program should be set up to meet people "where they are at"—recognizing that everyone is at a different stage of their wellness journey. This program should be set up to provide one-on-one counselling and group sessions for those navigating grief and loss. Recognizing the disproportionate impact of the toxic drug poisoning crisis on Indigenous peoples, this program should be developed and maintained under the strong guidance of Cultural Leaders with additional resources being allocated to provide dedicated supports for Indigenous Peers.

Key Questions for Discussion Include:

- Who needs to be at the table when developing a counselling and healing program for grief and loss?
- How can such a program meet people where they are at and when they need it?
- Where might such a program be located? Can it be integrated into a health services hub and/or a street outreach team?
- How can such a counselling and healing program centre foreground Cultural Leadership with consideration for the tremendous grief, loss, and trauma experienced by Indigenous Peers?
- How can this program walk alongside Peers in a good way, and for as long as it takes for them to process their trauma?

Peers and their allies were nearly unanimous in acknowledging the daily physical and emotional toll of grief and loss. The work of healing needs to begin as soon as possible so that people can work through their trauma in a healthy way, instead of having to turn to substances to ease their pain. The first step is to develop a dedicated program to help Peers process their grief where and when they need to. Such a program could take many forms, but it should foreground cultural healing and be built on compassion and empathy to best support those struggling with grief and loss.

10   Cultural Belonging and Cultural Leadership

Change Agents: Culturally Led Service Organizations, Cultural Leaders, Peers, Indigenous Voices.

Acknowledging:

- the disproportionate number of Indigenous peoples struggling with mental health and addictions on the front lines of the drug poisoning crisis;
- the fact that many Peers in Campbell River identify as Indigenous;
- that fact that many Indigenous Peers have come to Campbell River from across the North Island and have been alienated and/or ostracized from their home communities;
- the intergenerational and existential trauma affecting Indigenous Peers;
- the need many Peers express for culturally safe services in Campbell River:

We recommend a coordinating entity bring together Change Agents to support the harm reduction work of Cultural Leaders and cultural organizations in Campbell River. We recommend establishing new cultural programs, expanding existing programs, and integrating Cultural Safety into existing services to better meet Indigenous Peers where they are at. This work should be done with respect for the work already underway in this area and under guidance of Cultural Leadership

Key Questions for Discussion Include:

- Which individuals and organizations can come together to chart a path forward for Cultural Leadership?
- What new services are needed that will honour the teachings of Cultural Leaders and show respect for Indigenous ways of knowing and healing?
- How can existing programs be modified or expanded?
- How can Cultural Safety principles be integrated into existing services?
- Since Indigenous Peers in Campbell River come from many Nations, how can Cultural Safety build and sustain Peers' connections to their home territories?

Change Agents should begin this work as soon as possible, building on, expanding, and integrating cultural knowledge into existing programs in the community. In all endeavours, the work should be guided by local Elders/Knowledge Keepers and should honour territory, protocol and teachings.

4.1. Summary

These evidence-based recommendations sketch various pathways forward and realms of possibility for future action. They are given in the hopes that community and institutional leaders will use them to make progress in reducing harm, deaths, and stigma attached to the toxic drug poisoning crisis.

5 CONCLUSION

In this report, we have looked at important factors fueling the toxic drug poisoning crisis in Campbell River, in small cities, and beyond. The insights here come from those at the heart of the crisis: People With Living and Lived Experience and those who support them. We began by contextualizing the toxic drug poisoning crisis, looking at its historical emergence, its impacts in Campbell River and the North Island, and the key factors and social determinants contributing to the ongoing crisis. The findings, which make up the bulk of the report, centre the voices of Peers, Service Providers, and allies in Campbell River. Here we looked at the structural dynamics of the substance use crisis in Campbell River, and in particular the human toll of drug use, homelessness, and poverty upon Peers in the community. We also looked at the violence which affects Peers' lives, as well as the gaps that need filling in local services and supports. We then moved on to examine local strengths, focusing on the solidarity that already exists among people in Campbell River before concluding with some solutions and pathways to wellness for the community. From these findings we have outlined ten recommendations, which are aimed at a diverse set of Change Agents in the community, from Indigenous leaders to local government, health care officials, community service organizations, residents, and more. These recommendations should be taken up as calls to action, and we ask readers to consider these carefully as they go out and aim to make positive change in their community.

In closing, we wish to recognize and thank all those who spoke up and shared their stories with us over the course of this research project. It is by asking difficult questions, exploring tensions, and convening together to explore new realities that change is made possible. The Walk With Me team has been honoured to walk alongside Peers and allies to receive powerful insights which have been gifted with intent to make change. At the outset of this report, we asked those reading to take care of themselves, and to hold the stories in a good way. Now, having read this report, we again ask readers do the same as they go forward. In holding these stories, and by walking together as a community, we hope for a more positive future: one where stigma, violence, and exclusion are eliminated, harm is reduced, community is strengthened, and where preventable deaths from toxic drug poisoning are relegated to the past.

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