COMMUNITY SUBSTANCE USE STRATEGY

PHASE ONE REPORT

CONNECT EDUCATE

GROW RESPOND

PREPARED BY:
COMOX VALLEY COMMUNITY SUBSTANCE USE STRATEGY COMMITTEE

FUNDED BY:

CITY OF COURTENAY

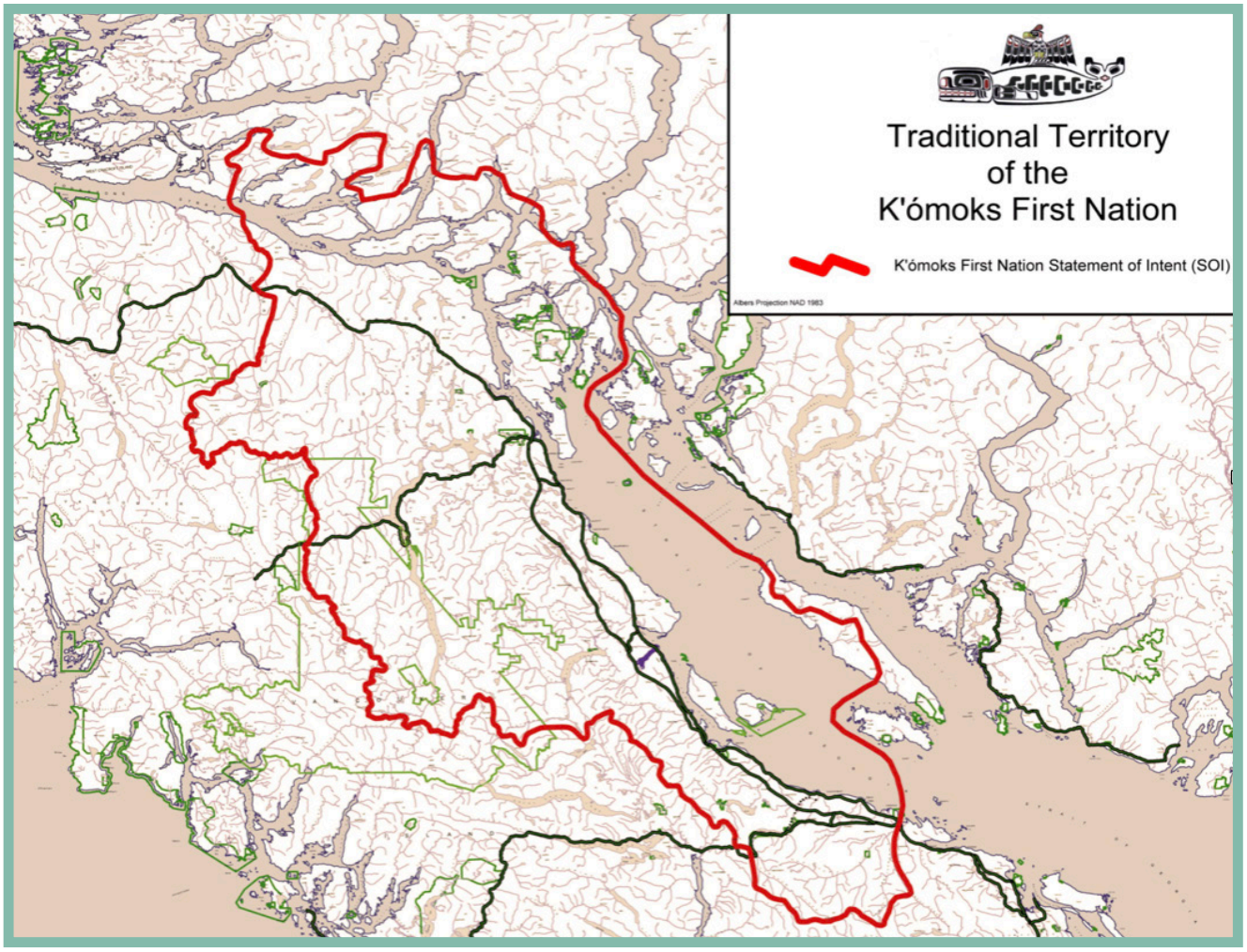
COMOX VALLEY COMMUNITY HEALTH NETWORK

LAND ACKNOWLEDGMENT

This report, and all those involved in this work want to respectfully acknowledge that we work, play and live on the Unceded traditional territory of the K'òmoks First Nation, the traditional keepers of this land.

This report encompasses all communities in what is now known as the Comox Valley in British Columbia (BC). The area in which Comox Valley local and regional governments' fall within are known traditionally as the K'ómoks First Nation territory. K'ómoks First Nation today consists of several formerly separate tribes, both culturally K'ómoks and Pentlatch. The Sathloot ('sath-loot), Sasitla ('sa-seet-la), leeksen (eys-'ick-sun) and Xa'xe ('ha-hey) are all culturally K'ómoks and have their own unique origin stories The Pentlatch had a similar culture but spoke a distinct language and also have their own unique origin story (K'ómoks First Nation, 2021).

K'ómoks translates to 'Land of Plenty'. The K'ómoks First Nations have traditional ancestral lands, air, waters and resources. To this day the K'ómoks First Nation have not ceded, surrendered, or extinguished their aboriginal rights and title to their lands and waters as acknowledged under section 25 and 35 of the Canadian Constitution Act, 1982.



(K'ómoks First Nation, 2021)

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CONTRIBUTOR ACKNOWLEDGEMENT

This report is the result of the collective effort of the organizations and individuals on the Comox Valley Community Substance Use Strategy Committee, it's working group members, peers and our consultants: Shari Dunnet, Sally Kupp, Evan Jolicoeur, and Sara Blenkhorn.

SUMMARY

This report provides a foundation and direction to move towards a comprehensive Comox Valley Substance Use Strategy, with recommendations and actions developed collaboratively with peers, service providers and decision-makers. It is a living document, and it will continue to grow as the work of the community moves forward.

A multi-sectoral group of people from across the region was brought together to form the Comox Valley Community Substance Use Strategy Committee (Committee) to develop recommendations and actions for a fair and equitable plan to reduce substance related harms in the Comox Valley, British Columbia.

DURING PHASE ONE OF STRATEGY DEVELOPMENT, THE COMMITTEE:

- participated in a dialogue facilitated by the Canadian Drug Policy Coalition to explore current drug policy landscape in BC and Canada
- developed a vision, mission, belief statements, and guiding principles for the strategy
- hired consultants to support
    - research of best practices,
    - review of current relevant data on substance use in the Comox Valley
    - collection of information on substance use services in the Comox Valley,
    - facilitation of a community engagement process
    - an environmental scan of potential funding sources and alignment with provincial and federal priorities to further work towards a complete strategy

The term substance use refers to the use of drugs or alcohol, and includes substances such as tobacco, cannabis, illicit drugs, prescription drugs, inhalants and solvents. Substance use exists on a spectrum from beneficial use to chronic dependence or substance use disorder. There are many social determinants that can contribute to substance use (eg. poverty, lack of affordable housing, history of trauma, racism, colonization, etc.) and these determinants can create additional barriers to individual and community health.

In addition to the above, there are also social inequities and gender differences in the experience of substance use and the provision of substance use services. The Comox Valley Substance Use Strategy will acknowledge the wisdom held by people who are impacted by substance use and groups that experience inequity first-hand. It will use this information to develop a strategy that addresses the inequities within our current system and underlying social determinants that impact substance use. It will also work to increase access to policy development to create a more equitable system of care within our community.

Core to this work is ensuring cultural safety, cultural humility, and trauma-informed practice are embedded within all components of strategy development and the substance use strategy itself. Both Indigenous and colonial frameworks for addressing substance use will guide strategy development; various models that are being used by the Committee are introduced in this report.

Understanding substance use within the region and creating local solutions can only happen with people at the center of this work. Through research on local-level substance use and health system data (where available), a scan of existing supports and services, and thoughtful engagement with peers (people with lived experience using substances and their friends and family), key community organizations and stakeholders in the Comox Valley, critical information was gathered and will inform Phase Two of this important strategy.

BELOW OUTLINES A BRIEF OVERVIEW OF SOME IMPORTANT KEY FINDINGS:

Quantitative Data

- More people in British Columbia died from a toxic drug supply than from COVID-19 in the first 8 months of 2020 (Mathew, 2021). In the Comox Valley, 13 died from toxic drugs in 2020. In the first 5 months of 2021, 14 people died of toxic drugs (British Columbia Coroners Service, 2021).
- In North Vancouver Island (Comox Valley north to Port Hardy), 2018, most substance use related hospitalizations for all ages and genders (attributed both wholly and partially) were due to tobacco and alcohol (CISUR, 2018).
- In the Comox Valley, the number of people diagnosed with a substance use disorder increased from 804 in 2014/15 (1.3 per 100 people) to 1120 (1.6 per 100 people) in 2018/19 (CISUR, 2018)
- North Vancouver Island (which includes the Comox Valley) had one of the highest rates of illicit drug toxicity deaths by Health Service Delivery Area (BC Coroners Service, 2021).
- Tobacco-related deaths have been steadily increasing in the Comox Valley since 2012, with the potential years of life lost from respiratory illnesses at about 3.6 years. In 2017 the deaths caused by tobacco in the Comox Valley were 136 per 100,000 people as compared to 126 per 100,000 as an average across BC (both partial and whole causes). (VIHA Local Health Area Profile, 2019).
- A longitudinal study for the Courtenay Local Health Area showed that as youth move into higher grades in secondary school, tobacco and nicotine use increase. (VIHA Local Area Profile, 2019).
- In 2017 there were 57 reported alcohol deaths in the Comox Valley compared to 48 deaths on average across BC. This is an increase from 37 deaths in 2014 in Comox Valley.

Findings from Community Engagement

- There are many existing substance use supports and services within the Comox Valley, however there is often a discrepancy between the perspective of services offered by the providers, and the experience people have in accessing and using those services.
- Stigma is a significant issue experienced by people who use substances and often impacts access to services.
- The work of peers is critical but often goes unrecognized and unfunded.
- The youth population is under-served and there is a perception that services and providers are 'out of touch' with how best to access, support and influence youth
- Housing was identified as an important first step to address substance use – stable housing aids and facilitates access to prevention, harm reduction and treatment.
- Several assets were identified and include increased collaboration between acute, medical and community supports, increased peer involvement and a commitment by services providers to meet people where they are at (including local outreach services).
- Several gaps were identified and are largely themed around: a lack of coordinated system of care that is rooted in trauma-informed practice and cultural safety, weaves Indigenous and Western approaches and includes primary care physicians; a lack of specific managed and locally available programs (managed alcohol, detox) and programs appropriate for specific populations (non-binary genders & 2SLGBTQIA+); and lack of safe supply providers and advocacy for decriminalization.
- Identified barriers to accessing substance use services included long wait times for supportive recovery (insufficient number of locally-based treatment beds) and outpatient supports.

With positive political will, more data and funding, and improved engagement and collaboration across multiple populations and sectors, the Comox Valley can make meaningful action towards a comprehensive peer-centered substance use strategy. This work began with a small amount of funding from the City of Courtenay, however more funding will be required from a variety of sources to create a comprehensive substance use strategy in Phase Two.

IMMEDIATE PROPOSED STEPS TOWARDS PHASE TWO:

- Present Phase One Report to all local government councils and introduce Phase Two engagement plan which is:
  - Support the recommendations in the Walk With Me Report.
  - Support the provincial governments intervention into the toxic drug poisoning by encouraging participation of all local stakeholders in the Comox Valley Community Action Team.
  - Partner with the Walk with Me project on a joint initiative that includes a launch event for this Phase One Report and Walk With Me's Research Report followed by a series of facilitated conversations and cultural mapping that will help inform Phase Two of the Substance Use Strategy and the Recommendations in the Walk With Me Report.

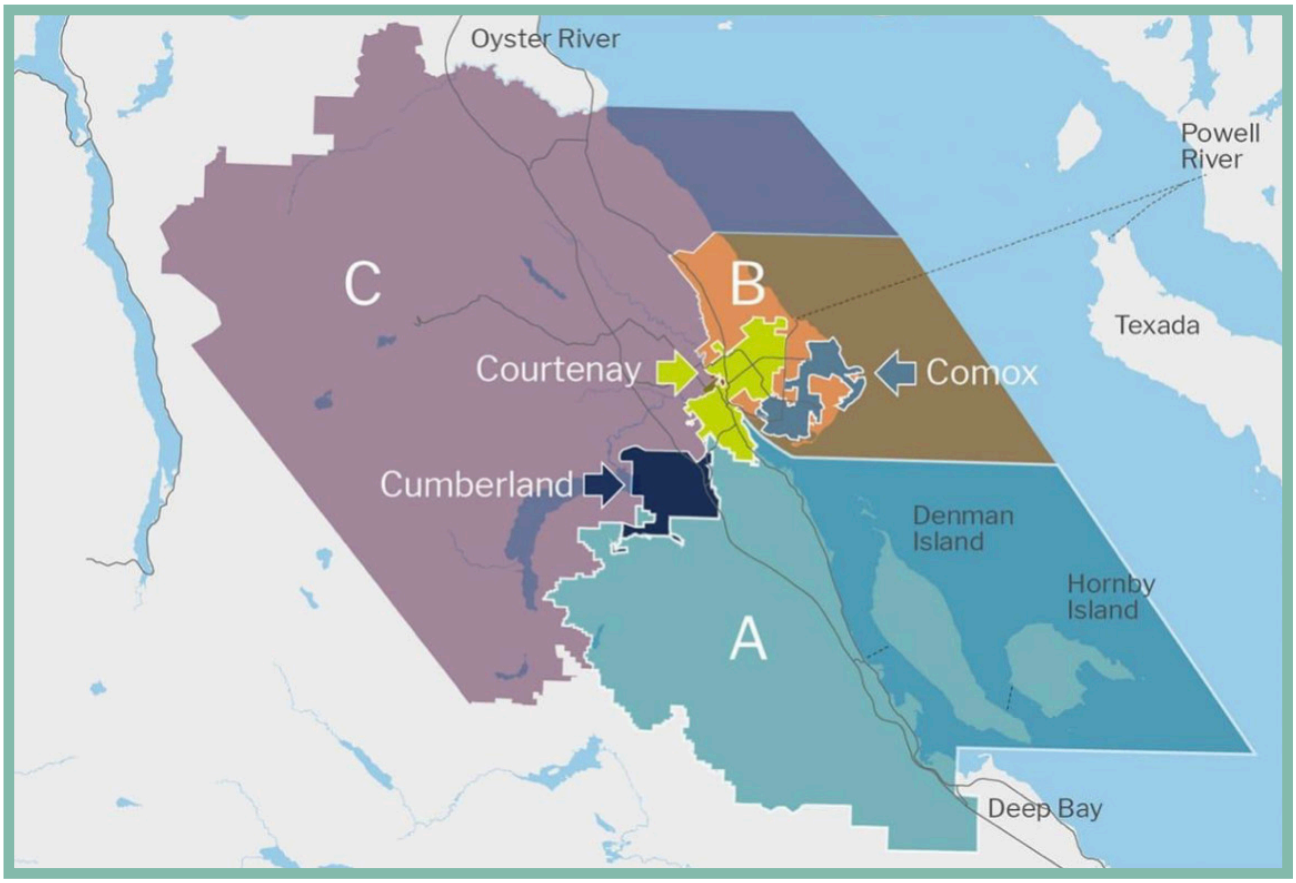
  These conversations will help to identify actions the community could take to change policies and practices locally and identify key recommendations for the final strategy.

  - Build on the Comox Valley Substance Use Committee to form a Comox Valley Substance Use Collaborative of people with lived and living experience, community agencies and teams, K'ómoks First Nation, local MPs and MLAs, local municipalities, Comox Valley Regional District , School District #71, Island Health, Division of Family Practice/Primary Care Network, Community Action Team and RCMP to coordinate the next phase and implementation of the strategy.
  - When formed the Comox Valley Substance Use Collaborative become a partner of the Comox Valley Community Health Network with the Network's other community partners.
  - Align the work of the Comox Valley Substance Use Collaborative as appropriate with the work outlined in the Regional Poverty Assessment and Reduction Plan to work with local governments and other community groups on intersecting community issues (e.g. Game Changer #1; Game Changer #2; Game Changer #3; Game Changer #4; Game Changer #8; Game Changer #10; Game Changer #14).
  - Request all local governments (municipalities, Comox Valley Regional District and School District #71) collaborate to fund the coordination and implementation of Phase Two of a Substance Use Strategy.
  - Request Comox Valley local governments (municipalities, Comox Valley Regional District and School District #71) and Island Health include the work towards a substance use strategy in their strategic planning and priorities and support the monitoring and evaluation of actions.
  - Collaborate to monitor and apply for federal and provincial funding opportunities to support the implementation of the strategy.
  - Collaborate to secure funds to enable good, in person, relationship building with First Nation, and other priority partners in the development of the strategy.
  - Collaborate to secure funding to support ongoing involvement and leadership from peers and elders/traditional knowledge keepers.

INTRODUCTION

This report provides a foundation and direction to move towards a comprehensive Comox Valley Substance Use Strategy with recommendations and actions developed collaboratively by peers, service providers and decision-makers. It is a living document, and it will continue to grow as the work of the community moves forward.

The Comox Valley region in British Columbia includes the municipalities of City of Courtenay, Town of Comox and Village of Cumberland as well as three electoral areas (A, B and C), the K'ómoks First Nation, and the Island Trust. The population of the Comox Valley has increased significantly from 2011 to 2016 to a total of 66,527, and is projected to increase to 75,000 in 2021, and 80,000 in 2035. The median age in Comox Valley in 2016 was 50.8 Census, 2016.



THE COMOX VALLEY COMMUNITY SUBSTANCE USE STRATEGY COMMITTEE

ABOUT THE COMMITTEE

In 2002, under the guidance and leadership of the City of Courtenay, various stakeholders came together to develop a drug strategy committee. The committee contributed significantly to educating people in the Comox Valley about substance use and the need to make health focused choices. In October 2019, the City of Courtenay asked the Comox Valley Community Health Network to broaden the scope and membership of the existing drug strategy committee to develop a regional substance use strategy for the Comox Valley.

A multi-sectoral group of people from across the region was brought together to form the Comox Valley Community Substance Use Strategy Committee (Committee) to develop recommendations and actions for a fair and equitable plan to reduce substance related harms in the Comox Valley. A full list of committee members can be found online here.

During Phase One of the strategy development, the Committee:

- participated in a dialogue facilitated by the Canadian Drug Policy Coalition to explore current drug policy landscape in BC and Canada
- developed a vision, mission, belief statements, and guiding principles for the strategy
- hired consultants to support them to
    - research best practices,
    - review current relevant data on substance use in the Comox Valley
    - collect information on substance use services in the Comox Valley
    - facilitate a community engagement process
    - do an environmental scan of potential funding sources and alignment with provincial and federal priorities to further work towards a complete strategy

VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

The Vision, Mission, Belief Statements and Guiding Principles for the Comox Valley Substance Use Strategy are seen as ever evolving and can be updated going forward as necessary. These guide all work and actions being undertaken to develop the strategy.

VISION & MISSION

Comox Valley Substance Use Strategy Vision:

The Comox Valley is a safer, healthier place that improves the lives, abilities, and health of all community members, including all diversities and generations.

Comox Valley Substance Use Strategy Mission:

Work together as a community to develop and implement a fair and equitable plan to reduce substance related harms in the Comox Valley.

Belief Statements

- We believe people have a great capacity to change and need support and information to be healthy.
- We believe people have a right to know and understand both the harms and benefits of substance use.
- We believe that substance use is part of our lives and our communities, and we are all responsible personally and collectively to minimize harm.
- We believe that most people use substances. Those who use substances come from all economic levels, genders, races, abilities, and cultures.
- We believe that people use substances in a variety of ways including therapeutic, safe and problematic. Substance use can be recurring and cyclical.
- We believe that people have a right to use substances and we do not discriminate against anyone for current or past substance use.
- We believe community members are not all equal in terms of power and privilege so do not have the same access to health and supports.
- We believe stigma and racism are deeply embedded in institutions, agencies, and cultural norms, which impact distribution of wealth, poverty, access to resources and services, and experiences of inclusion.
- We believe that we live in systems (school, families, communities, etc.) where many people face restrictions, oppression, and discrimination. These systemic pressures influence our ability to thrive.
- We believe that substance use has historically been understood as a legal (criminal) and/or moral (bad decisions) issue. This has led to stigmatization, overdose epidemics and disproportionate incarceration rates.
- We believe that substance use can be a result of the determinants of health (housing, poverty, social inclusion, education etc.). Improving determinants of health can have a positive impact on substance use and can create healthier communities.
- We believe that substance use can be both an adaptive survival tool to cope with trauma and expose people to trauma.
- We believe a history of trauma and ongoing exposure to trauma is closely linked to harmful substance use.
- We believe substance use to be a health and social issue that requires social support and public policy responses to focus on meeting people's basic human needs.
- We believe substance use must be approached from both a systems and person-centered perspective. We acknowledge that people are often harmed because of systemic constraints - examples include the criminalization of individual use, lack of safe supply, prescribing practices, etc. and not individual decisions.

Guiding Principles

Compassion and respect: We have compassion for all people with whom we interact including people affected by substances and are mindful and respectful of differing perspectives.

Inclusion: We welcome the participation of everyone in the Comox Valley and we actively seek out participation of people with lived/living experience of substances.

Diversity: We embrace diversity and listen to the unique needs of the varied people, cultures and communities in our region.

Connection, Collaboration and Sharing: We nurture relationships, connect people to each other, promote a culture of participation and collaborate across organizations and sectors. Together we are better.

Learning: We share knowledge, listen to each other, explore new ideas and generate new understanding and solutions to create a regional substance use strategy to strengthen our community.

Innovation: We strive to find new and better ways to support health and wellness in our community.

Cultural Safety & Cultural Humility: We promote emotionally, spiritually, physically, and culturally safe environments and are open to everyone's individual identity.

Accountability: We are responsible for the resources entrusted to us and strive for effective and efficient solutions and initiatives.

Equity: We recognize inequity affects health and strive to reduce social, political and financial inequities.

Anti-racism: We recognize that substance use and health are deeply affected by racism and that addressing racism directly, with strength, knowledge, resources, and education is the only way to ensure that the multiple barriers to racial equality in Canada are removed.

Anti-stigma and Plain Language: We are committed to both the use of plain language and language that does not stigmatize people who experience substances.

Consensus Decision-Making: We make decisions based on consensus. The model of consensus decision making we use can be found here.

A WORD ABOUT WORDS - INCLUSIVE LANGUAGE

The Comox Valley Substance Use Strategy Committee is committed to being inclusive. We have been given permission from the Canadian Centre on Substance Use and Addiction (CCSUA) to use Overcoming Stigma Through Language: A Primer as a guide for this work.

To use inclusive language, we must understand stigma and the negative connotation of language that comes with it. Stigma is a judgement towards another person that can dehumanize them or make them feel "less-than". Often this is reinforced by negative language when we may not understand how our own stereotypes are making a judgement about someone else without knowing their full story.

To shift our language, it is helpful to focus on person-first language - language that acknowledges someone as a person before describing their personal attributes or health conditions. (CCSUA, 2019) This means saying "person who uses substances" rather than "druggie" or "addict" which reflects a judgment. In addition to people-first language, the Respectful Language and Stigma document (BCCDC, 2017) recommends avoiding slang, using language that acknowledges substance use as a health issue as well as language that promotes the person's capacity for recovery.

A REGIONAL SUBSTANCE USE STRATEGY: THE TIME IS NOW

LEADERSHIP FOCUS

Internationally and nationally there has been a growing consensus on the importance of addressing both mental health and addiction. There is an increasing body of literature around the impacts of mental health and social and health inequities on population and individual substance use. As a result, all levels of government have begun to prioritize, support and fund issues related to substance use and mental health.

In Canada, significant work has previously been led by The Mental Health Commission of Canada, the Canadian Centre on Substance Abuse, and the Canadian Mental Health Association, in collaboration with Health Canada and the Public Health Agency of Canada. This collaboration has led to the establishment of the Canadian Mental Health Strategy (Mental Health Commission of Canada, 2012), and a Canadian Drugs and Substances Strategy (Health Canada, 2018). These two strategies provide a framework and guidance for action and funding for regional and provincial mental health and substance use interventions and policies.

Many leaders in drug policy in Canada have been successful in advocating for policy change in British Columbia and over the last few years, the province of British Columbia has dedicated significant resources towards mental health and addiction. The BC government established a stand-alone Ministry responsible for Mental Health and Addictions and developed a 10-year strategy for mental health and substance use care. Because of the unique experience of a toxic drug supply, and a more liberal culture of substance use reform, BC has led many legal, social and economic initiatives around substances. Most notably, the province has advocated for cannabis reform, safe injection sites, safe supply and an expanded scope of practice for medical professionals including prescribing rights for registered nurses. The province has been at the forefront of advocating for many progressive harm reduction, treatment, and recovery practices and policies. In 2020, the BC government supported the call to the federal government from the Canadian Association of Police Chiefs to decriminalize the possession of small amounts of controlled substances in order to address substance use and addictions.

From a regional perspective, elected officials from the City of Courtenay, Town of Comox, Village of Cumberland and the Comox Valley Regional District participate in the Committee. These elected officials actively participate in setting the direction for the strategy while providing unique political perspectives and advice and are committed to advocating for actions that will reduce the harms of substance use.

This political will, in conjunction with ongoing efforts at the provincial, national, and international level provides an opportune time for system and community wide policy, service and practice reform. The time for action is now.

THIS MOMENT IN TIME

In March 2020, the World Health Organization declared the COVID-19 global pandemic. The restrictions imposed in response to the pandemic heightened the oppression many people in our community already face. People who already face racism, discrimination, marginalization, violence, and abuse are disproportionately affected by this situation.

Many people have experienced a deterioration in their mental health since the onset of the pandemic (CMHA, 2020). In addition, we know many people are relying more heavily on coping mechanisms, including an increasing use of substances like alcohol, cannabis, and prescription medications (CMHA, 2020). At the same time as liquor stores were being deemed an essential service, there was a dramatic increase in the toxicity of street drugs and 4.7 people a day died in British Columbia in 2020.

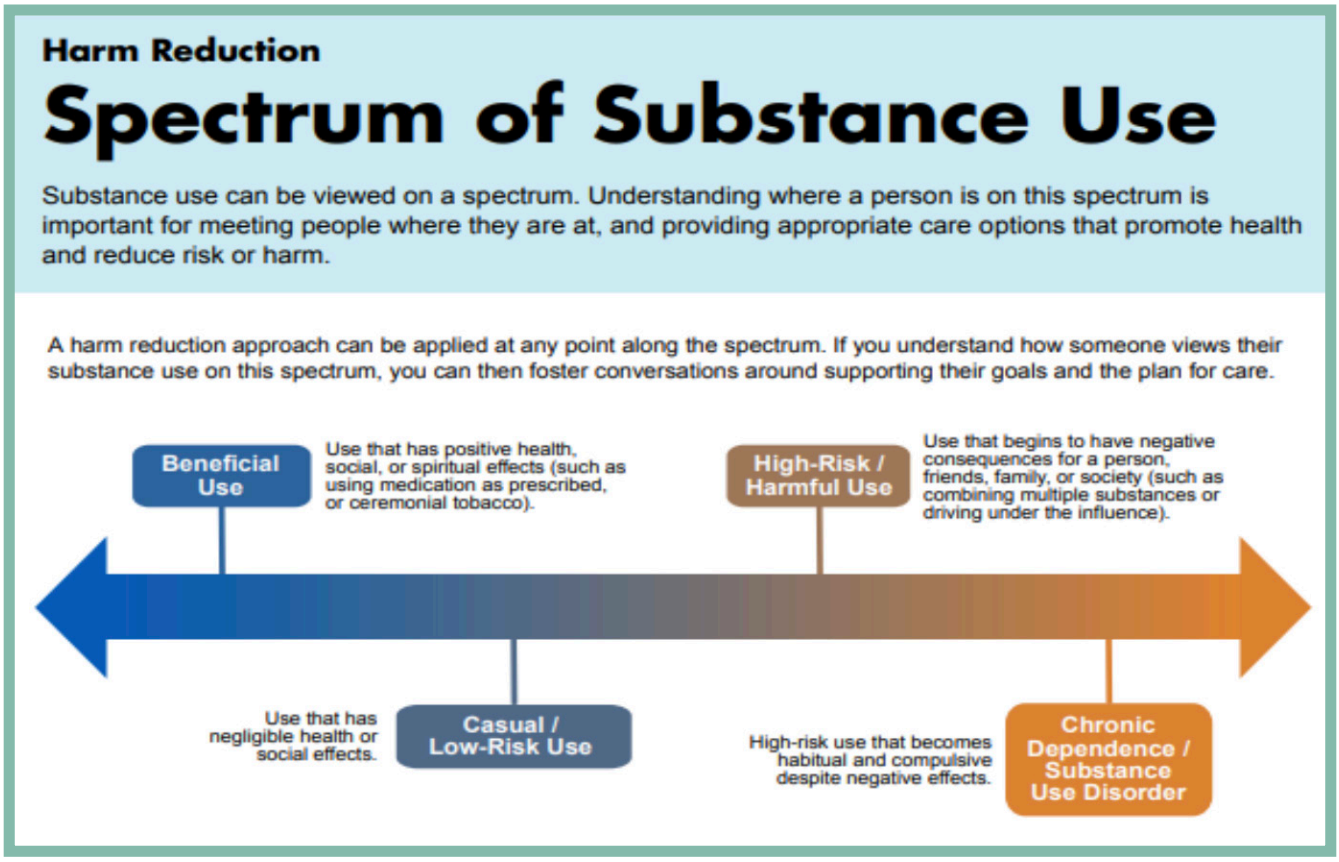
More people in British Columbia died from a toxic drug supply than from COVID-19 in the first 8 months of 2020 (Mathew, 2021). In the Comox Valley, 13 died from toxic drugs in 2020. Already, in the first 5 months of 2021, 14 people have died of toxic drugs (British Columbia Coroners Service, 2021). This is an alarming increase over last year.

The disparity in responses between the COVID-19 pandemic and the opioid crisis, by all levels of government, dramatically illustrates the stigma and discrimination that shapes policy responses to people who use illicit drugs. The common misconception that a person's substance use is a direct result of their own behaviour and decisions influences attitudes about the value and appropriateness of publicly funded solutions to the illicit drug toxicity crisis (CSCBHSN, 2016).

ABOUT SUBSTANCE USE

WHAT IS SUBSTANCE USE

The term substance use refers to the use of drugs or alcohol, and includes substances such as tobacco, cannabis, illicit drugs, prescription drugs, inhalants and solvents. Substance use exists on a spectrum from beneficial use to chronic dependence or substance use disorder.



(Alberta Health Services, 2019)

SOCIAL DETERMINANTS

There are many social determinants that can contribute to substance use and create additional barriers for individual and community health. These root causes may include but are not limited to:

- Poverty
- Lack of affordable housing
- History of trauma
- Access to services
- Stigma and discrimination
- Racism
- Colonization

In addition to the above, there are also social inequities and gender differences in the experience of substance use and the provision of substance use services. This strategy will acknowledge the wisdom held by people who are impacted by substance use and groups that experience inequity first-hand and use this information to develop a strategy that addresses the inequities within our current system. It will also work to increase access to policy development to create a more equitable system of care within our community.

Historically, substance use policies and practices have had a more profound impact on Indigenous peoples, as well as people facing poverty and/or homelessness. Our community requires a more equitable approach to policy development in relation to substance use, as well as these underlying social determinants.

Note: The Comox Valley Regional District completed a Regional Housing Needs Assessment in 2019 and will be releasing a Regional Poverty Assessment & Reduction Strategy in the fall of 2021. Both reports will inform the Comox Valley Substance Use Strategy.

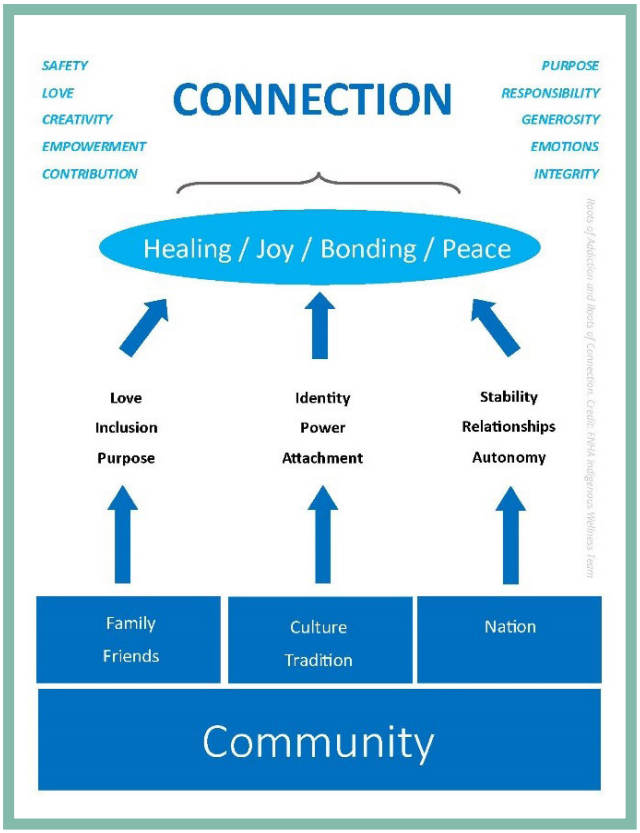
THE SCIENCE OF MENTAL HEALTH, TRAUMA & ADDICTION

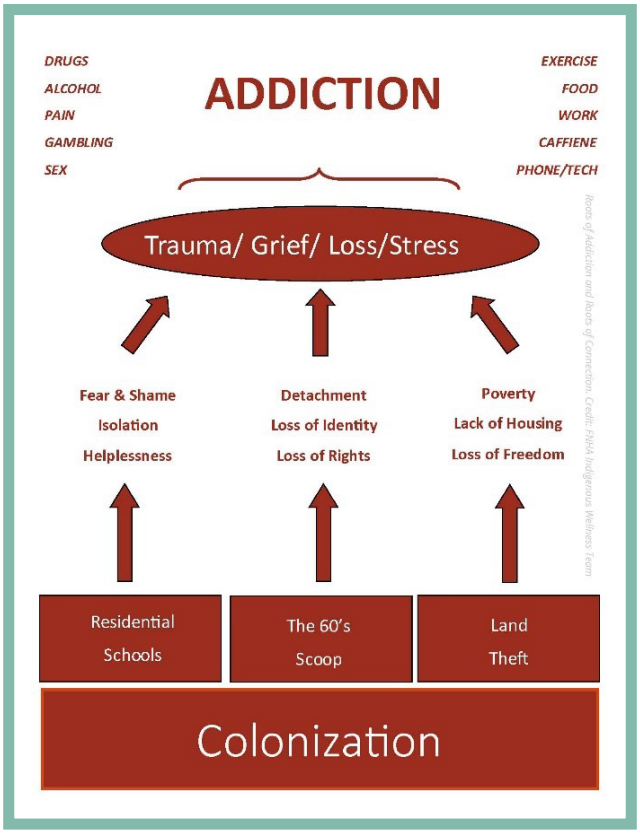
Harms from substance use and addiction are not a moral failing of the individual; instead, addiction happens within the brain. Brain changes happen before birth, at birth, and throughout a person's life.

The environment someone grows up and lives in, as well as their genetics, affects their physical and brain health. If someone is exposed to stressful events such as with violence, abuse, parents being absent (jail, addiction), or other traumatic events in their environment, then these events can change the brain chemistry and lead to addiction (NIDA, 2019). Someone may develop problematic substance use because of a history of substance use in their family, genetics, negative events that happen in their childhood (Adverse Childhood Experiences/ACES), trauma, stress, isolation, changes to the brain, or starting substance use early.

In addition, mental health and substance use issues can happen together. Concurrent mental health and substance use occurs when someone experiences a mental illness and uses substances like alcohol, nicotine or other drugs in ways that could cause harm (Canadian Mental Health Association, 2018) Rush (2008) states that "people with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness." When this occurs, mental illness can add to substance use harms (e.g., Increased substance use might help people cope with anxiety) or alcohol or other drugs may increase the symptoms of a mental illness.

People who experience both issues at the same time often have to go to one service for mental health treatment and another place for addiction treatment (CMHA, 2018). Sometimes services are not connected at all. While offering treatment in a concurrent way is the most successful, most people with a concurrent mood and alcohol disorder are likely to recover better if the alcohol disorder is treated first.





Above: Roots of Addiction and Roots of Connection. First Nations Health Authority (FNHA) Indigenous Wellness team. (2018, June 27). Not Just Naloxone Training: a three-day train-the-trainer workshop. FNHA)

APPROACHES TO SUBSTANCE USE

CULTURAL SAFETY, CULTURAL HUMILITY AND TRAUMA INFORMED PRACTICE

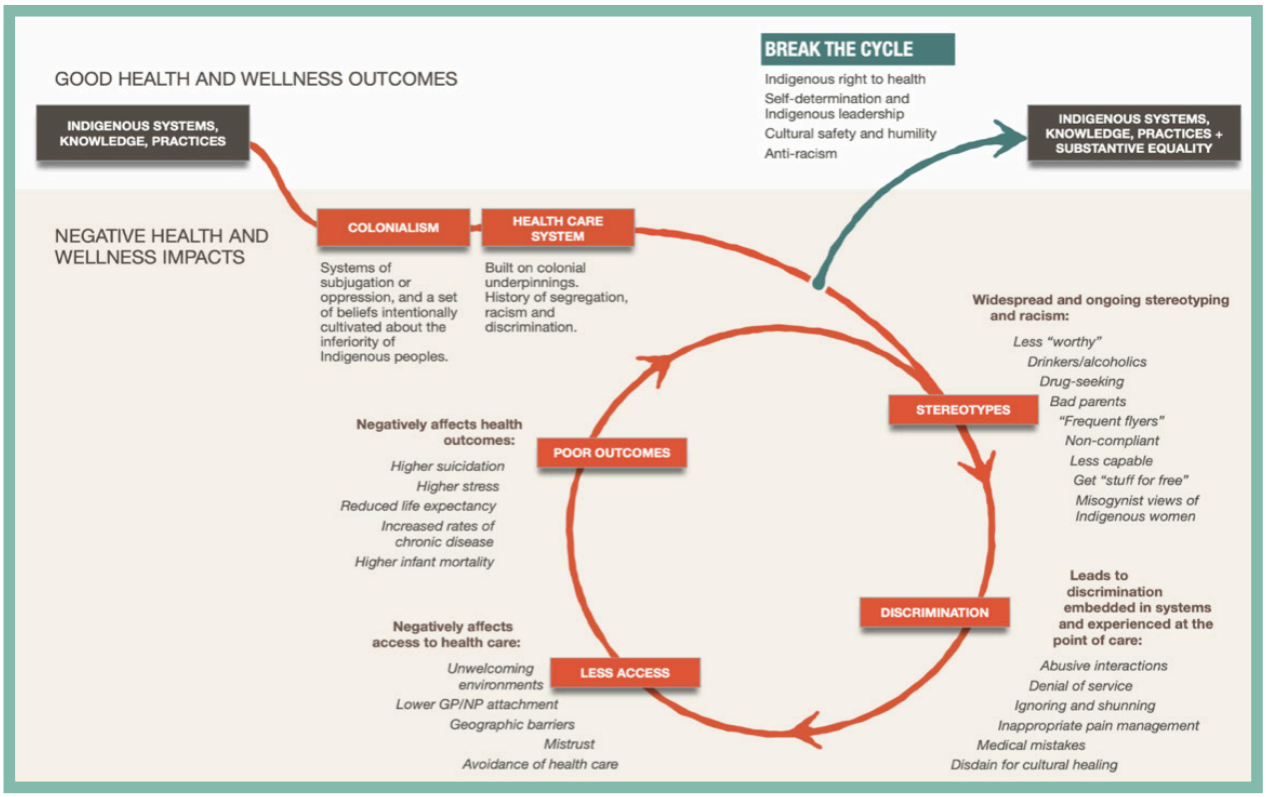
The Comox Valley is home to many diverse cultures including Indigenous, Metis and Inuit peoples as well as European settlers, Asian, South and South East Asian, Middle Eastern and many more.

Cultural safety work needs to be centered with an anti-colonial & anti-racist lens that invites a conversation and challenges power structures. Turpel-Lafond, 2020 highlighted the need to address racism in all forms within our health care system in British Columbia. In order to consider cultural safety in a strategy supporting those who use substances, we need to understand the Truth and Reconciliation Commission's Calls to Action # 18-24 (Government of Canada, 2019) related to mental health and addiction.

The First Nations Health Authority defines cultural safety as:

> **Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
>
> **Cultural humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.
>
> *Source: Creating a Climate for Change*

The graphic below shows how colonialism in the healthcare system can lead to Indigenous people being stigmatized and discriminated against. These factors can lead to potential negative impacts on health and wellness outcomes for Indigenous people, however ensuring health is a human right for all, as well as Indigenous leadership and cultural safety and humility training helps to break the cycle. (In Plain Sight, Turpel-Lafond, 2020).



The Committee, peers and community members have identified a need for cultural safety in communications, meetings, and work within the community. In addition, there has been a need expressed for culturally safe spaces within health care. Learning about the culture of individuals within the substance use spectrum allows us to respect their unique care needs and connect them to cultural supports. Culture is healing and can be considered prevention, harm reduction, and treatment at different points in a person's substance use journey.

As stated in the strategy beliefs "substance use can be both a source of trauma and an adaptive survival tool to cope with trauma" (2020). Along with culturally safe care goes trauma informed practice. Trauma-informed practice means integrating an understanding of trauma into all levels of care
and avoiding re-traumatization or minimizing the individual's experiences of trauma. Practitioners ask questions on a need-to-know basis in the best interest of the individual being supported; pay attention o to the individual's spoken and unspoken responses; adapt approaches to respond to the individual's needs.

Trauma- informed practice is an overall way of working, rather than a specific set of techniques or strategies. There is no formula. Providing trauma-informed care means recognizing that some people will need more support and different types of support than others. Practitioners also adopt a strength-based approach and recognize that human beings are resilient and resourceful, and much of their healing happens outside of formal treatment services (Trauma Informed Practice Guide, 2013). Trauma-informed care and practice also recognizes each unique person's need to feel emotionally and physically safe. Best practices on supporting people with the intersection of mental health and substance use issues can be found in the guide.

FRAMEWORKS TO ADDRESS SUBSTANCE USE

In keeping with the commitment to honouring Indigenous ways of knowing and being, and creating cultural safe practices to address substance, both Indigenous as well as colonial substance use frameworks will be used to guide this work. Going forward, as actions are developed, the intent is that all perspectives are considered and honoured.

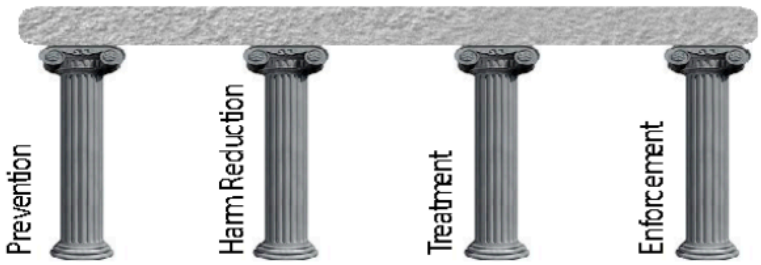
Four Fire Model

source: www.nativeyouthsexualhealth.com

The Native Youth Sexual Health Network offers a critical analysis of what reducing the harm of colonialism can look like. The Four Fire model and the examples below are the culmination of more than 10 years of community knowledge, research, and Indigenous HIV-movement wisdom. This knowledge is the result of collective learning, listening and resisting done by many youth leaders and mentors of Native Youth Sexual Health Network and includes the lived experiences of young people, Elders, other community members and Indigenous peoples living with HIV. The knowledge thus does not belong to a single individual, and it is a living praxis that shifts with community needs and voices. More information here

Indigenizing Harm Reduction

With staggering rates of HIV, HCV and IDU amongst Indigenous peoples, it is clear that current mainstream models may not be meeting Indigenous peoples where we are at. What could harm reduction look like outside of urban centers in rural, northern and remote communities?



Pillar Model

The 4 pillar model is familiar to many harm reduction workers, academics and health policy analysts. While not the only theory on how to counteract harms caused by substance use, the interpretation and implementation of these pillars can sometimes also uphold colonial ideals of health, power and oppression.

Moving Beyond 4 Pillars

Indigenous peoples have experience reducing harm in many ways, especially the violence of colonialism for the last 500 years. Mainstream harm reduction models and practices while certainly a step in the right direction, do not always fit in northern, rural, or remote communities. Indigenous peoples have many Nation-specific understandings, traditions and needs that mainstream services often ignore or interrupt.

By shifting our focus from interpretations of these pillars like policing, prisons, court mandated care and assuming 'risk' is individual instead of systemic, we offer a critical analysis of what reducing the harm of colonialism can look like. **This is not a 'one size fits all' approach** but an opportunity to reinterpret these ideas in community specific ways that recognize the diversity of Indigenous peoples.

Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.

Cultural Safety

"Acknowledge the power differences that exist between service provider and client/patient. Allowing and creating spaces for Indigenous peoples to feel safe to be our whole selves when receiving care"

Sovereignty

"Principles like non-interference teach us to support and meet people where they're at, ex. not forcing treatment"

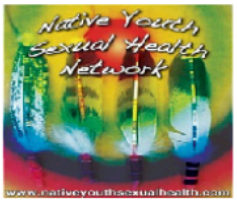
Reclamation

"Colonialism uprooted and distorted many structures and ways of life within our communities, reclaiming cultural practices can strengthen us"

Self-determination

"Allowing individuals, communities and Nations to decide specifically for ourselves what works best for us"

What would these fires looks like on the ground while understanding the importance of the central home fire?



Native Youth Sexual Health Network 2014

INDIGENOUS HARM REDUCTION PRINCIPLES AND PRACTICE

SOURCE: First Nations Health Authority

The Indigenous Wellness Program at First Nations Health Authority developed Indigenous Harm reduction principles and practices to host conversations regarding addictions and harm reduction. Indigenous harm reduction is a process of integrating cultural knowledge and values into the strategies and services associated with the work of harm reduction. Indigenous knowledge systems are strongly connected to spirituality, holism and the natural environment. Therefore, a learning model reflecting animal teachings and values was struck to support sensitive conversations around addictions and harm reduction through an Indigenous lens.

THE PRINCIPLES AND PRACTICES USE CULTURAL REPRESENTATION FROM FOUR PROMINENT ANIMALS HERE IN BC. EACH ANIMAL IS REPRESENTED BY SYMBOLISM, A HEALING PRINCIPLE, AND COMPARATIVE HARM REDUCTION STRATEGIES:

THE WOLF

- A symbol of relationships and care.
- Healing requires working together as one heart and one mind.
- This representation is associated with harm reduction principles that emphasize the importance of building relationships with people who use substances. An example of carrying out this work might look like providing outreach services.

THE EAGLE

- A symbol of knowledge and wisdom.
- Healing requires time, patience, and reflection.
- This means acknowledging that wellness is a journey instead of a destination. It aligns with the harm reduction principle that support may take many ongoing opportunities. It also means that in our professional work practice we take the time to reflect on our own emotions and allow room for patience in our engagements with people who are using substances.

THE BEAR

- A symbol of strength and protection.
- Healing is embedded in culture and tradition.
- This principle celebrates a strength-based approach in working with harm reduction. This also recognizes culture and tradition as intergenerational strengths that are methods of harm reduction on their own.

THE RAVEN

- A symbol of identity and transformation.
- Healing requires knowing who you are and accepting who you were.
- This healing principle acknowledges that the path to wellness is a journey that encompasses the exploration of identity and that mistakes will be made along the way. We do not need to carry the burdens of past, as they transform us when we learn from them.

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

FOUR PILLARS MODEL

The four pillars/streams used here include: Health Promotion and Prevention, Harm Reduction, Treatment, and Community Safety (moving away from the criminal and negative connotation associated with "enforcement").

Health Promotion and Prevention

Health Promotion practices include addressing the social determinants of health or root causes of substance use and encourage healthy behaviours, supportive environments and healthy public policies. Health promotion and prevention education should focus on people's innate resilience and strengths to empower them to be the primary drivers of their health. Doing this within a social justice and health equity lens encourages healthy public policy.

Prevention includes best practices, supports, and upstream approaches to help prevent people from starting or engaging in potentially harmful substance use. It also includes educating people to be aware of the risks associated with substance use.

Harm Reduction

"Harm reduction aims to keep people safe and minimize death, disease, and injury from high-risk behaviour. The evidence shows it works and has many benefits for people who use substances, their families and our communities (Towards the Heart, 2021)". Research shows that taking a harm reduction approach does not increase substance use. In fact, people are more likely to start treatment when a harm reduction approach is used.

Treatment

Treatment helps to reduce otherwise preventable illness, injury, and/or deaths through interventions and programs like alcohol treatment after withdrawal support and opiate agonist therapies, and counselling (City of Vancouver, 2021). Treatment may include outpatient or in patient services and includes shifting to an integrated wrap-around approach that supports people who use substances to prevent gaps in service. Treatment options are recommended to be organized to support unique needs like youth and Indigenous people who need age-appropriate and culturally safe options. A foundation of successful treatment that always needs to be considered is supportive housing (Macpherson, 2001). Housing helps people who use substances to find stability first, then choose and access services that work for them such as treatment.

Community Safety

The community safety pillar recognizes the need for peace, public order and safety. It works to reduce crime and community harms associated with substance use while protecting people and preserving and protecting life. Ensuring everyone in our community is safe, including people who use substances, allows us to shift from punishing and criminalizing to working together towards safer and more inclusive practices for all.

WHY THE COMOX VALLEY NEEDS A SUBSTANCE USE STRATEGY

WHAT WE KNOW: DATA + EXISTING SUPPORTS & SERVICES

DATA

A review of the science and data on substance used in the Comox Valley was done to find out what substances people are using, how they are affecting different subgroups and ages, and where they are using. The impact of different substances on people's health was also researched. In addition to the impact of substance use on the individual, the data highlights the impacts on family, friends and the greater community.

Note: Some data is not available at the community level, so Island-wide, provincial and federal data is also included in some cases.

Age Standardized Hospitalization Rates Attributed Wholly or Partially to Listed Substances Comox Valley Local Health Area and Vancouver Island Health Authority, 2017 & 2018 (Rate per 100,000 population)

	Comox Valley		Vancouver Island	
	2017	2018	2017	2018
Tobacco	433.3	444.4	439.5	421.4
Alcohol	373.0	397.4	451.1	480.8
Cannabis	17.1	17.4	29.7	33.4
Cocaine	NA	8.8	14.0	17.2
Depressants	31.4	28.5	31.3	31.8
Opioids	37.5	27.0	45.6	44.7
Other	17.4	30.7	24.2	32.2
Stimulants	23.9	14.5	31.7	34.3

Source: Canadian Institute of Substance Use Research; University of Victoria. http://aodtool.cisur.uvic.ca/aod/about.php

Presented here is a summary of the data. The complete data report with graphs, partnerships and data relationships started to date is here.

General Substance Use

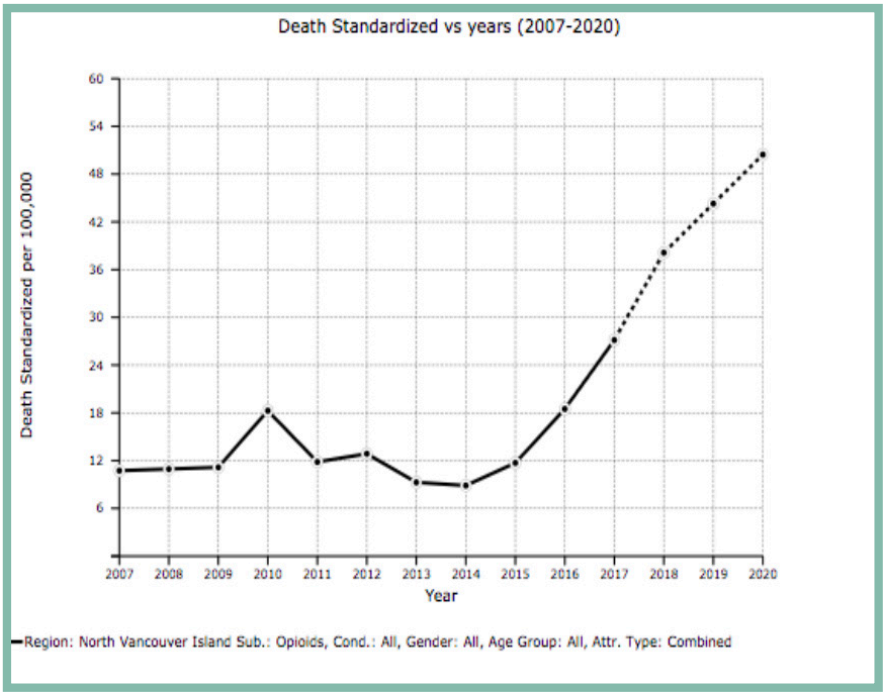
- In North Vancouver Island (Comox Valley north to Port Hardy), 2018, most substance use related hospitalizations for all ages and genders (attributed both wholly and partially) were due to tobacco and alcohol (CISUR, 2018).
- Hospitalization rates due to tobacco, alcohol and cannabis use have increased for the Comox Valley. The Comox Valley had a slightly lower increase (24.4) compared to Vancouver Island as a whole (29.7). This tells us about the medical impact, but not necessarily use rates.
- Use of depressants (i.e. benzodiazepines or barbiturates), opioids and stimulants (ie. cocaine or crystal meth) have decreased. Due to the impact of the COVID-19 pandemic, it is important to consider more recent data.
- In the Comox Valley, the number of people diagnosed with a substance use disorder increased from 804 in 2014/15 (1.3 per 100 people) to 1120 (1.6 per 100 people) in 2018/19 (CISUR, 2018).
- The highest number of deaths in North Vancouver Island, for all ages and genders in 2017 was caused by opioids (CISUR, 2018).
- As of 2017 alcohol cost the Canadian healthcare system $838 million, tobacco cost $747 million, cannabis cost $57 million, opioids cost $91 million, and other substances combined cost over an additional $165 million (Canadian Substance Use Costs and Harms (CSUCH), 2018).

Opioids

Walk With Me, is a research-based art project that has focused on the opioid crisis in the Comox Valley. They used a process called cultural mapping, where "communities impacted by the crisis were brought together to share stories and create drawings/photographs that speak to their experience." Our committee has been working along side the Walk with Me project as they work to develop their own report and recommendations which will be released in September 2021. We look forward to working together as we move into Phase Two of our work. A link to their literature review can be found in the appendix.

Island Specific Opioid Data

- In February 2021, 93% of all opioid samples tested in Island Health were positive for fentanyl, and 21.4% of drugs expected to be opioids also tested positive for benzodiazepines through the Fourier Transform Infrared (FTIR) spectrometer (BCCSU, 2021).
- North Vancouver Island (which includes the Comox Valley) had one of the highest rates of illicit drug toxicity deaths by Health Service Delivery Area (BC Coroners Service, 2021). The full report of illicit drug toxicity deaths in BC from January 1, 2011, to May 31, 2021 can be found here.
- The City of Courtenay shows a decreasing severity in illegal drug overdoses rated as 'severe' over the last six months, yet there is still a relatively high percentage (over 60%) of overdoses transported to the hospital (BCCDC, 2021). It is important to consider points of care at hospitals, both on intake and discharge, as opportunities to support people who use substances.
- In March 2021, North Vancouver Island saw more than 30 opioid related deaths per 100,000 people. (BCCDC, 2021). This rate has been about the same over the last 12 months).
- Most overdoses are happening in private homes or outside where people may be at increased risk of using alone (BC Coroners Service, 2020). Comox Valley paramedics have responded to a higher rate of overdoses in private residences at 54%, as compared to the rest of Island Health at 41% for 2020.
- In the Comox Valley, opioid related deaths have increased dramatically, especially from 2014 to 2017, as can be seen in the following graph from Canadian Institute on Substance Use (CISUR):



Stimulants

- Publicly accessible and current stimulant use data for the Comox Valley is limited. At this time, the Comox Valley Community Health Network has a data partnership with Vancouver Island Health Authority (VIHA) and anticipate having more Comox Valley-specific data soon. Stimulant use, like other drugs, can range from beneficial to harmful, to dependence or disorder. Common stimulants used that may cause harm include methamphetamines, cocaine, and crack cocaine. Another risk is that stimulants may be contaminated with toxic opioids such as fentanyl (CCSA, 2019).

- The Canadian Institute for Substance Use Research has hospitalization data related to stimulants for 2007-2018, and rates increased on the North Island up until 2017, then began to decrease (CISUR, 2018). The rate for the North Island in 2018 was at 14 hospitalizations per 100,000 people as compared to 31 per 100,000 for the whole of BC.

- Accessible death records from stimulants in the Comox Valley are only accessible up to 2017 through the Canadian Institute for Substance Use Research (CISUR) but stimulant related deaths went up from 1.81 in 2016 to 1.93 in 2017 per 100,000 people (2015).

Tobacco + Vaping

- Studies show that pulmonary illness is linked to both smoking and vaping, with indicators including: coughing, shortness of breath, and chest pain. The Canadian Institute for Substance Use Research (CISUR) states that tobacco causes the highest number of hospitalizations and deaths in BC, although the rates are dropping (2018).

- Although tobacco and vaping products are only legally allowed to be sold to those aged 19 and older, many youths under 19 are using these products with potential harms to their health.

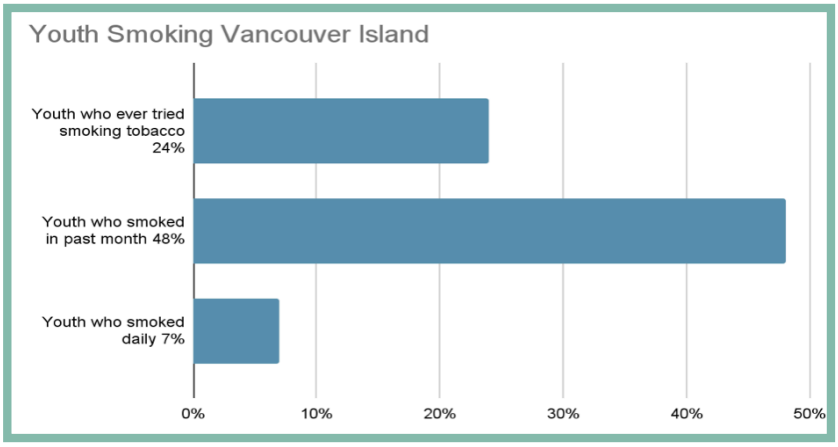
- The McCreary Centre Society report on Vaping and Tobacco Use on Vancouver Island states that from 2013 to 2018 youth smoking has been around 24%, down from 36% in 2003 (2020). This is lower than youth in Northern BC (28%), and higher than youth in Vancouver Coastal and Fraser health youth (about 15%).

- As of 2018, there were 498 hospitalizations per 100,000 people due to tobacco in the North Island (CISUR, 2020). Unfortunately, there is little research on the health impacts of vaping in Canada.

- Tobacco-related deaths have been steadily increasing in the Comox Valley since 2012, with the potential years of life lost from respiratory illnesses at about 3.6 years. In 2017 the deaths caused by tobacco in the Comox Valley were 136 per 100,000 people as compared to 126 per 100,000 as an average across BC (both partial and whole causes). (VIHA Local Health Area Profile, 2019)

- According to "Clearing the Air: A Youth-led Research Project", peer influence, supportive adults, community connection, spirituality, and meaningful activities decreased the chance that youth would smoke or vape (2019).

- A longitudinal study for the Courtenay Local Health Area showed that as youth move into higher grades in secondary school, tobacco and nicotine use increase. (VIHA Local Area Profile, 2019)

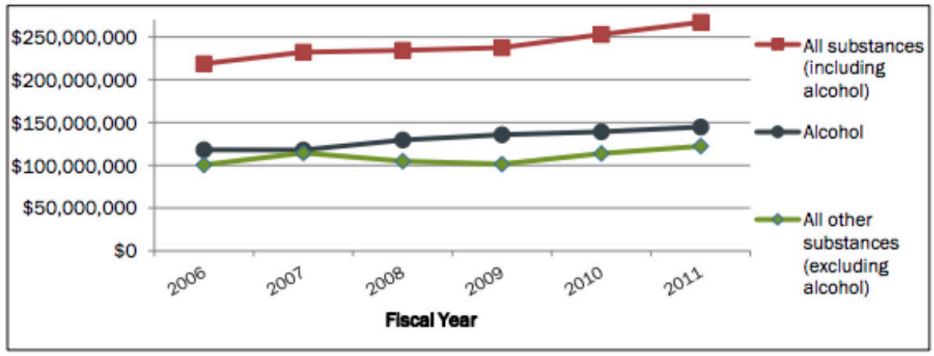


(McCreary Centre Society, 2020)

Alcohol

- First substance of choice across Canada (Health Canada, 2016)
- 78% (23.3 million) Canadians reported consuming an alcoholic beverage in 2017 (Health Canada, 2017)
- 9.16 litres Annual per capita alcohol consumption in 2019 across BC (CISUR, 2021)
- 75% of substance use deaths in Canadian hospitals are directly related to alcohol use (CIHI,2021)
- Harms related to alcohol are often understated, but in 2018, it was estimated that each year some 15,000 deaths, 90,000 hospital admissions and 240,000 years of life lost are directly attributable to alcohol use in Canada (CCSA, 2019).
- According to the Canadian Low Risk Drinking Guidelines (LRDG), on one occasion men should not drink more than 3 drinks most days or 15 standard drinks per week, whereas women should not drink more than 2 standard drinks per occasion most days or 10 standard drinks per week. In BC, amongst individuals who identify as drinkers, 24.1% chronically exceed and 19.4% actually exceed the LRDG.
- In 2019 across BC, Vancouver Island had the second highest per capita alcohol consumption rate, at 11.24 litres, which was also higher than the provincial average of 9.07 (CISUR, 2020).
- Relative to other BC communities, who's reported alcohol consumption between 2013-2019 remained stable, in Vancouver Island health region and our local Comox Valley health area, consumption has steadily increased and is projected to continue. In 2017, Comox Valley per capita alcohol consumption was 11.70 litres (CISUR, 2020.
- In Canada, the Canadian Institute of Health Information found that alcohol contributes to more than half of all hospitalizations linked to substance use. This is also thirteen times more common than opioid-related hospitalizations (CIHI, 2021). Throughout 2017-2018 there have been 361 alcohol-related hospitalizations every day per 100,000 people in BC, which is the highest across Canada (CIHI, 2021). In 2018, there were 397.40 hospitalizations in the Comox Valley which was an increase from 2017.
- In 2017 there were 57 reported alcohol deaths in the Comox Valley compared to 48 deaths on average across BC. This is an increase from 37 deaths in 2014 in Comox Valley (CISUR, 2020).
- Throughout the COVID-19 pandemic, there was an increase in alcohol consumption relative to the standard drinks per adult. After the initial lockdown in March 2020, there has been a steady increase in consumption (CISUR, 2020)
- Costs related to substance use visits to the emergency departments across Canada have been increasing. Relative to other substances alcohol related hospitalizations costs far exceed any other single substance, including the combination of all other substances (CCSA, 2019).
- Economic costs of alcohol use are up to 10 times higher compared to other substances and related to criminal justice issues, lost productivity and health care (CISUR, 2018).
- In 2014 across Canada, alcohol, contribute $14.6 billion or 38.1% of the total costs of substance use (CCSA, 2019).

Figure 10: Cost associated with hospitalizations for those with a primary diagnosis of mental and behavioral disorder due to use of alcohol versus all other substances excluding alcohol

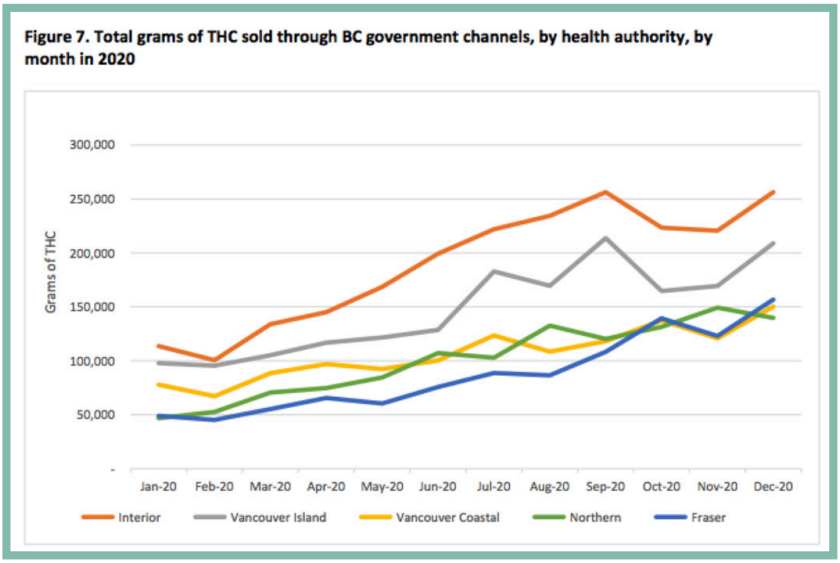


Source: CCSA, *The Impact of Substance Use Disorders on Hospital Use*, 2014

Cannabis Use

- 15% of Canadians aged 15 and older (or 4.4 million) have used cannabis in the past 12 months - 19% among age 15 to 19 years; 33% among age 20 to 24 years; and 13% among age 25 years and older (Health Canada, 2017).
- 18% of Canadian students in grades 7 to 12 (approximately 374,000) have used cannabis in the past 12 months (Government of Canada, 2019).
- 28% of British Columbians used cannabis throughout 2018 (BC Stats, 2019). Of this group 58% were men and 42% were women (BC Stats, 2019).
- Across BC health authorities, Island Health reported the highest rate of cannabis consumption, at 34% (BC Stats, 2019).
- Throughout 2020 BC there has been an increase in cannabis use and an increase in the legal sale of cannabis (Naimi, 2021).
- Vancouver Island Health Authority has the second highest total THC sold in BC sold by the government through wholesale (to licensed private retailers), government retail or government online channels (BC Stats, 2019).

Figure 7. Total grams of THC sold through BC government channels, by health authority, by month in 2020



- In BC cannabis products are becoming increasingly cheaper and more potent, and its year-over-year sales doubled between 2019 and 2020 (Naimi, 2021).
- In BC there is a 10:1 ratio of government run cannabis retail versus private run cannabis retail. Retail outlets are still on the rise, as the province went from 128 private and 11 government stores in Dec. 2019 to 270 private and 25 government in Dec. 2020 (Naimi, 2021).
- Prior to legalization (2004-2017), cannabis contributed $2.8 billion or 7.3% of the total costs of substance use in Canada (CCSA, 2019). Since the legalization of cannabis in 2018, there has been an ability to study the impacts of cannabis in more detail.
- From 2015 to 2018 the total hospitalizations due to cannabis use has been either below or at the same level of VIHA hospitalizations. In 2018, Comox Valley had 17.28 hospitalizations (BC Stats, 2019).
- Relative to other substances, cannabis has a low death rate in BC. In 2017, there were 4.9 deaths per 100,000 in Comox Valley, compared to 5.03 on Vancouver Island (BC Stats, 2019).

EXISTING SUPPORTS AND SERVICES

A survey was sent to service providers in the Comox Valley to ask about the supports and services they provided. The survey was completed by 27 programs or organizations and more in-depth conversations took place with agencies who wanted to give more information. A summary of the Report on Stakeholder Survey Results can be seen here.

Provided below is a snapshot of the supports and services in the Comox Valley. It is not an exhaustive list as services and supports change frequently. Also note that some programs and services have a waitlist. It is a beginning point and will see changes as the strategy is developed. One change that will be implemented is to identify services and supports that encompass the Four Fires and Indigenous Harm Reduction Frameworks.

***Please note:** the services listed below in alphabetical order by agency have been described by the agencies and organizations themselves. In our work with Peers and those who support them in the community we learned that there is often a discrepancy between the perspective of services offered by the providers, and the experience people have in accessing those services. As we move into Phase Two of this work, this discrepancy will be addressed through facilitated conversations between service providers and people accessing services

AIDS Vancouver Island (Comox Valley) Health and Community Services provide education, advocacy and support to clients and education and prevention information to schools, the broader community and target populations that include educational materials promoting improved health, safer drug use, safer sex and more; Naloxone distribution and training; harm reduction supplies, support and education: education for safer drug use: referrals and links to other services; referral to and assistance navigating social and health care systems.

Alano Club of Courtenay is a drug and alcohol-free zone that offers social interaction, cafe and 12 step (Alcoholics Anonymous) meetings on a regular basis. Membership is required to attend.

BC Emergency Health Services address the acute phase (overdose, poisoning, accidental ingestion) of any type of substance use situation or crisis. Paramedics often have to administer naloxone in suspected narcotic overdoses. Paramedics also promote harm reduction and are able to hand out "Take Home Naloxone" (THN) Kits. Rural and remote community paramedics, such as on Denman and Hornby also have a role in education and outreach services - they do everything from client visits to community outreach programs.

Cocaine Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from their addiction. The only requirement for membership is a desire to stop using cocaine and all other mind-altering substances. There is a meeting in the Comox Valley on Friday evenings.

Community Justice Center (CJC) supports restorative justice between those who have participated in a criminal activity or created hurt towards another person, and those who have been hurt or have had a crime committed against them. The CJC operates from a relationship building and a person-centered approach where participants who offend can take responsibility for their actions to help heal the hurt they caused. The CJC does this through education, creating safe spaces for healing communication and restorative actions. This preventative approach supports those with mental health and/or substance use issues at an early point of engaging in criminal activity. People who go through the process also make healing connections and informal connections to other social service and/or health providers and are instead given an opportunity to learn and grow rather than "fall through the cracks" in our systems.

EXISTING SUPPORTS AND SERVICES

Comox Bay Care Society the Care-A-Van provides low-barrier, ethical and compassionate heath and social development services through a Mobile Health Care Unit. The Care-A-Van has a regular route throughout the community which can change in response to the needs of the people using our Services. Changes in schedule are publicized in advance. People using out services can immediately speak to and interact with nurses, physicians, mental health workers, harm reductionists, and peers, and affiliated professionals on site regarding their health needs. They can receive services such as health assessments/services, wound care, foot care, health assessments & monitoring, mental health services, harm reduction education, supplies and services, overdose prevention strategies, initial vision screening, free hygiene/ water supplies, sundries, food & clothing. Coordinated support services and referral services are provided for dental/denture service, audiology screening, vision screening, short term case management mental health supports, overdose prevention, referral to detox treatment, mental health service, outreach programs and support with health promotional strategies, provision of onsite phone services to arrange appointments and facilitate transportation.

Comox Valley Addictions Clinic (CVAC) offers Opiate Agonist Therapy (OAT) such as Methadone, Suboxone, and Kadian as well as medications to reduce the cravings of alcohol. There is a peer who works at the clinic and people report feeling welcome and safe.

Comox Valley Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are several meetings every week at various locations in the Comox Valley. One of the weekly meetings is a Rainbow LGBTQ2 group.

Comox Valley Community Action Team works in the community to strengthen the multi-sectoral response to the overdose/drug poisoning crisis and has successfully brought on 10 peer advisors including three Indigenous peer advisors. Three peer-led projects, initiated in 2020, include Comox Valley Street Outreach, Drug Testing Project and Brave App Pilot Project. More peer projects are being initiated in 2021.

Comox Valley Primary Care Network provides primary care, substance use and mental health referrals and support, access to Opioid Antagonist Therapy, Counselling, Life Skills.

Comox Valley Recovery Centre offers 10 supportive recovery beds for men for 30, 60, or 90 days, two social withdrawal/ stabilization beds (non-medical) for up to a max of 14 days at discretion of Mental Health and Substance Use withdrawal management nurse. The program is group based with individual counselling sessions.

Comox Valley Transition Society

Lilli House Transition House is for women fleeing violence.

Amethyst House offers 9 supportive recovery beds for women for 30, 60, or 90 days and 1 or 2 withdrawal or stabilization beds (non-medical) for a maximum of 14 days at discretion of withdrawal management nurse. Trained staff are on-site 24 hours a day, 7 days a week, and facilitate a structured program that takes a holistic approach to recovery focusing on the physical, mental, social, cultural, and spiritual realms of each woman's life.

Other Housing 23 units of provincially subsidized housing: 40 units of temporary supportive housing for unhoused people at a local motel.

Housing supports (access to resources, develop skills, practical supports) and rental supplements for women, children and families.

Connect Warming Centre offers refuge for unhoused people, temporary storage of belongings, access to washrooms, on-site outreach workers who offer access to housing, assistance filling out forms, assistance with ID replacement, vulnerability assessments, referrals to social services, access to living supports, literacy and education, volunteer opportunities, scheduled workshops, training, and activities, and visits from social service providers.

First Nations Health Authority: Virtual Substance Use and Psychiatry Service: The First Nations Virtual Substance Use and Psychiatry Service provides individuals with access to specialists in addictions medicine and psychiatry as well as mental health and wellness care coordinators. This is a referral-based service and is available at no cost to all First Nations people and their family members living in BC, including family members who are not Indigenous.
Specialists and care coordinators are dedicated to the principles and practices of cultural safety and humility, and to delivering trauma-informed care.

The Hornby and Denman Community Health Care Society provides free, confidential, community-based mental health services for Hornby and Denman adults, children, youth and families including counselling, referrals, bridging to community resources, harm reduction information and supplies, and parent support groups. We support people who are facing many different types of challenges including depression, anxiety, grief, substance use, school-related, relationship, child behaviour and parenting.

Indigenous Women's Sharing Society: Unbroken Chain, Indigenous Harm Reduction Program, provides support to individuals impacted by the overdose crisis, including people with lived and living experiences, family and friends, and youth. Unbroken Chain programming is Indigenous peer-led, managed. They provide Naloxone training, harm reduction workshops, peer support and peer counseling, positive wellness support groups, sharing & healing circles, various workshops, peer training, connections & support from Elders, healing circles, beading circles, community gatherings and community outreach, advocacy and education.

Island Health

Overdose Prevention Site provides a fixed location at a designated site for people to IV use called "episodic OPS" at a Mental Health and Substance Use site. Staff provide a confidential, safe space for people to access harm reduction, naloxone kits, fentanyl testing, drug alerts and to IV use substances on-site. Located at 941-c England Ave (blue door on the left).

Harm Reduction Services (through Public Health) All Mental Health and Substance Use (MHSU) sites provide Take Home Naloxone training. Harm Reduction initiatives at VIHA include HR supply distribution, Needle disposal boxes, Drug Alerts, HIV testing services, HIV/HCV/BBI's care treatment and support.

Harm Reduction Education that is evidence informed, compassionate and non-stigmatizing, acknowledges the context of colonization and systemic oppressions, and identifies substance use dependency as a health condition. School based substance use education includes peer to peer education programs, broad population-based media campaigns and public forums.

Outpatient recovery services provide Substance Use assessment, treatment planning, referrals, individualized counselling and group services. Services are offered both 1 to 1 and also in group settings. People may be self, or health care provider referred.

Early Recovery Program A 5-week psychoeducational based drop-in group program where each session provides a mindfulness component, daily plan and a specific session topic. These sessions are currently limited to 5 participants (under current COVID19 restrictions) and run Wed/Thur/Fri in-person currently 9:30am to 10:45am.

Intensive Case Management Team is an interdisciplinary, outreach team that practices from a harm reduction, strength-based philosophy with individuals who are actively using substances. They provide support for people 19 years of age or older who have persistent and severe substance use disorder with or without mental health concerns; are experiencing moderate to severe impacts in their daily functioning due to a high level of substance use and may have regular involvement with emergency services including the legal system. People can self-refer or be referred by a health care provider and/or community partner.

Withdrawal Management Nurse: 4 days/week for intake, assessment and access to non -medical withdrawal services at CV Recovery Centre and Amethyst House. Services are for all substances (opioids, stimulants, alcohol, pharmaceuticals, etc). Also supports people to access medical detox at Clearview Community Medical Detox in Nanaimo and connects them to supports when they return to the Comox Valley. This program also works to align withdrawal management services with support recovery/program beds to decrease transition points between services.

Comox Valley Nursing Centre Health Connections Clinic provides primary care along with addictions medicine and opioid agonist therapy (OAT) through a unique team-based approach that works best for those challenged with finding a Primary Care Practitioner and who have medical and non-medical needs. OAT gives people who use substances another option for treatment and can help treat opioid addiction to drugs that may include fentanyl, heroin, Percocet, or oxycodone (VIHA, 2021). Therapy involves taking medications that prevent withdrawal and reduce cravings. Medications include Methadone and Buprenorphine (Suboxone).

John Howard Society of North Island (Comox Valley) offers prevention education and support to youth in schools and community; youth (12-19) outreach support for such things as anxiety, stress, life skills, substance use, sexual exploitation, access to community resources, advocacy as necessary; youth alcohol and drug counselling; substance use counselling; second stage supported recovery for youth, and adult supportive housing (46 units) for people experiencing chronic homelessness.

The Junction includes 46 units of adult supportive housing for people experiencing chronic homelessness.

The Station includes 5 units of youth transitional housing and will open 5 supportive recovery beds for youth in mid-2021. Supports includes recreation and community access, group sessions, life skills, counselling, and harm reduction, as well as access to cultural activities and supports. Youth will also be linked to Island Health funded-substance use counselling.

Kwakiutl District Council Health (KDC): Mental Health and Addictions Programs offer programming that is culturally sensitive and steeped in the traditions of Kwakwaka'wakw people. They offer ceremony and tradition as a part of every program. Programs that address mental wellness and substance include Suicide or ideation; substance use; trauma; grief & loss; mental wellness; stress, anxiety, depression, and parenting/attachment.

Narcotics Anonymous is a fellowship of recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs and has only one requirement for membership, desire to quit using. Provides a 24 hour helpline and several options for meetings in the Comox Valley.

Royal Canadian Mounted Police (RCMP) The Comox Valley RCMP is responsible for responding to crime in our community, including the investigation of offences under the Controlled Drugs and Substances Act. Additionally, RCMP Victim Services is based within the Comox Valley RCMP Detachment. RCMP Victim Services provides emotional support, information, court support, and referrals to community agencies for victims of crime and trauma. The RCMP offers online prevention resources for any member of the public as well as resources specific for educators and youth in our community.

School District 71 (SD71) supports a proactive and comprehensive approach to substance use which emphasizes preventative curriculum, early intervention, counseling and disciplinary actions" (2019). They also support an environment free from tobacco, vapour and cannabis on all school property and have education programs for the prevention and cessation of smoking.

Stepping Stones Recovery House for Women provides a safe and supportive environment for a maximum of six resident women who have committed to participate in a three-month, (up to six months), program. During the 3 months residents will receive Group Therapy, Life Coaching, participate in 12 Step Study Group, in-house 12 Step Meetings, Fitness, Community 12 Step Meetings and more. It is a private pay and faith based but not faith restrictive program. Stepping Stones also has a Second Stage Transitional Housing facility with 8 beds for women who have completed 3 months of a treatment program somewhere. These residents will also receive Group Therapy, Life Coaching, be part of 12 Step in-house meetings, also do Community Volunteer work, schooling, or a part-time job.

Wachiay Friendship Centre: Homeless & Housing Programs: The Homelessness Prevention Program (HPP) provides temporary housing subsidies for Indigenous People, women fleeing domestic violence, youth (including those leaving care) and individuals leaving corrections or health systems and **Homelessness Outreach Program (HOP)** connects homeless or at risk of homelessness people to housing, income assistance and community-based services.

WHAT WE HEARD: COMMUNITY ENGAGEMENT

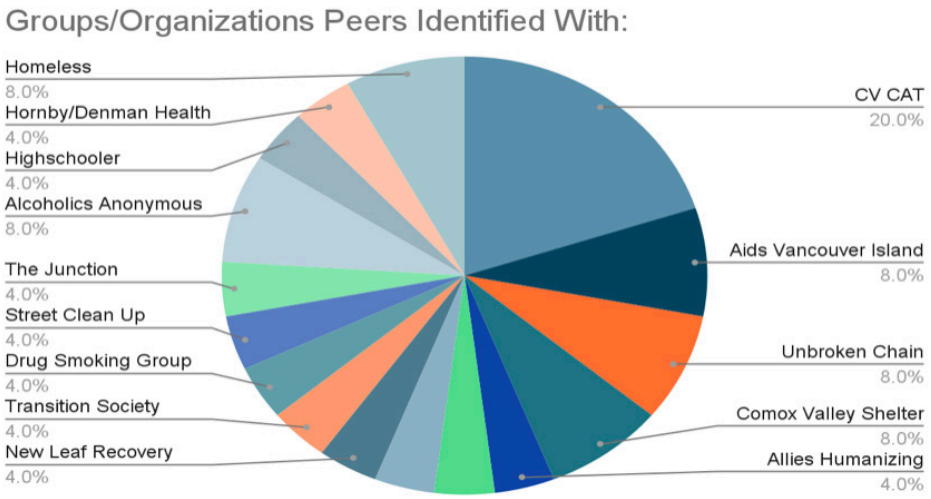
Understanding substance use and creating solutions can only happen with people at the center of this work. Phase One of Comox Valley Substance Use Strategy development included several engagement opportunities with peers, key community organizations and stakeholders in the Comox Valley.

PEER ENGAGEMENT: GROUP CONVERSATION, SURVEY + INDIVIDUAL CONVERSATIONS

People with lived and living experience of substance use (peers) provided their valuable input in the development of this report in multiple ways. These included an in-person group conversation, individual conversations and a Peer Survey. Best Practices for Peer Engagement were used and peers were paid a stipend for their time according to the BCCDC Peer Payment Standards (2018) and Peer Engagement Principles and Best Practices (2017).

Peer Group Conversation

The Peer Group conversation was held for two hours outdoors at Simms Park with COVID-19 safety precautions in place, and included 21 people. A diverse group of community members from Courtenay, Cumberland and Comox aged 18-72 years old joined the conversation. There was representation from all types of use including drugs, alcohol, pharmaceuticals, cannabis, tobacco, and other substances. Substance use ranged from past, recent and recreational use and included people who had used for as long as 37 years.



PEER ENGAGEMENT

Peers were informed that their input would contribute to the development of a community substance use strategy and that their responses would be confidential. Consent was received from all participants. Peer and facilitator supports were offered with multiple options for debrief if desired. The Peer Survey Questions were used as the basis for the conversation.

Peer Survey and Individual Conversations

Six people responded to the Peer Survey from the communities of Hornby, Denman, Courtenay, and Cumberland. In addition, six individuals provided input by phone. Because of the low number of respondents, these results have been combined with the Peer Group Conversation information.

KEY THEMES

Stigma

Stigma was one of the key themes that emerged through conversations with peers, with education and videos being named as one of the most powerful ways to reduce it.

"I mean, the biggest problem for addiction is stigma. And, uh, because it drives people into being labeled, and NOBODY wants to be labeled a drug addict."

Insufficient Local Detox and Recovery Beds

Peers identified that substance use is not only about the person using but includes biopsychosocial factors such as the lack of local detox and recovery spots, lengthy wait lists, and an inability to access needed supports when the person is ready. Eight peers reported having attended detox services, and of those, five people had to wait a month or less, one wait was 2-6 months, and one wait was between 6 months to a year. In addition, two people had experience receiving safe supply. Peers also shared that excitement about having another treatment option through a new Comox Valley Addictions Clinic started by a local physician who has employed a peer.

"There's not enough detox and recovery beds for the people who want to get in"

Unrecognized Work of Peers

We also heard that almost everyone who attended worked or volunteered in areas of harm reduction, prevention, treatment, and helping make communities safer. Most peers reported doing this work between 3-7 days a week, and at least half of them did this work unpaid. This highlights the often unseen, important work happening in the community, but also the unstable nature of this work. Greer et al. state that beneficial harm reduction work can be diminished "if inequities in peer work are perpetuated, unrecognized and unaddressed" (2020).

"I want to bring it back to my friends. There's a bunch of missing spots here. I've lost six friends in the last month and they don't do heroin, but somehow they got it into the drugs that are deadly. I've recovered 24 years, and I brought three people back from death in the last eight months to help. I do what I can to help people"

Perceived Strengths of Substance Use Supports

Peers discussed that some of the best education to and from peers came from the sharing of personal stories. There were also multiple mentions of the importance of building self esteem throughout discussions with peers. They saw success in the community in the needle exchange program, video education on anti-stigma, mindfulness practices like yoga, therapy, Naltrexone, 12 Step programs like AA and NA, some housing supports, recovery groups and the SMART recovery model. There was also multiple mentions of the support and community built through the community organization AIDS Vancouver Island (AVI).

Perceived Weaknesses of Substance Use Supports

Longer wait times to access substance use services was one of the key concerns for peers, especially around access to medical detox and treatment supports. Again, stigma came up as a concern throughout the discussion in relation to accessing healthcare such as at the emergency department, and stigma towards people who relapse.

Peers talked about low-income housing having too many rules, not enough shelter beds, and the need for more low-barrier housing. There were concerns about limited places to safely smoke substances in a supervised way and the toxic contamination of the drug supply. As well, there was a theme of mistrust in some institutions and structures due to a perceived lack of meaningful involvement and unclear communication.

"With the housing that's available for folks, there is all kinds of red tape. You've got to fit into a slot. You don't fit into that slot and you're not considered, you know, and it's a hurry up and wait game constantly for people"

Peers were very grateful to be involved in the conversation about substance use for the Comox Valley and requested more opportunities like this to continue the conversation. One peer stated that being involved in the conversation made them feel heard and seen, and that in itself helps with breaking down stigma and discrimination. See the full report from the peer conversations, survey and consultations for more details.

Restrictions due to the pandemic limited the way in which we were able to meet and consult stakeholders. Best practice would be to bring peers, their families and friends as supporters, service providers and other key stakeholders together in person to meet and discuss recommended actions for the community.

COMMUNITY MEETINGS

Community input sessions took place by Zoom (due to COVID-19 restrictions) over two consecutive days for 3 hours each day. There were peers, staff, managers, coordinators, educators, service providers, elected officials, and others. The agenda for the sessions is here and the complete report for the two sessions is here. Participants reported that having the option of in person and online engagement was important.

In addition to the input sessions, seven one on one key informant consultations either by phone or Zoom were conducted. These included consultations with Population Health Assessment and Epidemiology (VIHA), Mental Health and Substance Use (VIHA), Overdose Prevention Site (VIHA), Community Action Team (CAT) Comox Valley, Pride Society of Comox Valley, and Comox Valley Community Justice Center.

IDEAS AND SUGGESTIONS FROM THE COMMUNITY MEETINGS

The following information was collected at the Community Meetings held in May 2021. It is presented the way the sessions were structured using the 4 Pillars model. Moving forward we will include the Four Fires and FNHA Harm Reduction models when presenting and collecting information.

These ideas are not exhaustive of all potential recommendations, strategies or priorities to be implemented in Comox Valley. The solutions to address substance use are multiple and often interconnected.

Health Promotion + Prevention

The theme of prevention came up throughout all community consultation especially in relation to youth and education topics such as stigma. Some of the more commonly discussed ideas from the engagement sessions include:

- Professional development and training programs for clinical staff, professionals and staff who support people who use substances.
- Evidence-based education for parents on topics such as trauma, resiliency, emotional connection to youth, and how to support youth to prevent or delay substance use.
- Peer empowerment: fair and equitable pay for peer work, more peers in health service delivery.
- Decolonization, work in circles, cultural awareness training.
- Indigenous healing training.
- Implement a community development approach to build capacity and enhance relationships.
- Assess for intentional or unintentional marketing and advertising by community groups and businesses that encourage substance use.
- Decrease stigma of those living with addiction and reduce harms from substance use through community education on substance use as a health issue, brain development, and addiction science.
- Health Human Resource cultural training - speak to classism and othering of folks who have different lifestyles then the practitioners/providers who serve them.
- Promote health of the community through a social marketing campaign.
- Raise awareness around impacts of stigma on community members through a social marketing campaign.

Harm Reduction

priority area of work identified by peers and service providers. We heard many recommendations around enhancing existing services and programs, in addition to developing and implementing new initiatives and interventions. Some key suggestions and ideas include:

- Decriminalization: Decriminalization is a policy strategy in which non-criminal penalties, such as fines, are available for designated activities, such as possession of small quantities of a controlled substance. It has been proposed as a way to reduce the harms associated with the opioid crisis.
- Fund, develop and implement a peer-centered and youth specific overdose prevention site (OPS).
- Fund, develop, and implement a mobile OPS.
- Increase total number of community members trained in naloxone administration.
- Increase availability and access to barrier free Take-Home-Naloxone kits.
- Ensure service providers are accessible by addressing how language, power, classism, culture impacts service provision.
- Establish a barrier free and accessible local drug testing site using specifically spectrometers.
- Enhance overdose prevention services to include safer inhalation space.
- All health and social service staff who provide direct care to community members (eg. patient, client) receive harm reduction training and have access to supplies.
- Initiate harm reductions services within all acute care (eg. hospital).
- Continue promotion of Lifeguard app.
- Fund and deliver larger open door drop-in center.
- Fund and provide outreach services that offer harm reduction in the evenings and on weekends.
- Fund, develop, and implement a barrier free Managed Alcohol Program (MAP) for folks who use alcohol.

Treatment

Some treatment services exist in the Comox Valley however many consulted reported the need for more locally-based treatment options. These treatment options need to be available to diverse community members and available to people who need them within a timely manner. Of specific concern was more medical detox spots for all substances and that cultural safety, trauma informed practice and anti-stigma training should apply for all treatment options. Other key ideas and suggestions include:

- Increased availability of safer supply as treatment including rapid taper, safe supply prescribers, teaching on medication side effects (like Methadone).
- Culturally safe and supportive Indigenous local treatment center.
- More local detox and treatment beds available rapidly accessible to all, and financial supports for programs/services that cost money.
- Improved access to psychiatry and addictions medicine specialists.
- Increase supports within the community for those wishing to access treatment options, and the friends and family who support them.
- Create more capacity within treatment programs (such as detox spaces with medical support).
- Housing based treatment options should be local, affordable, and easily accessible for all.
- Need for safe childcare or family supports when a parent/s enters a treatment or support bed and ways for parents and children to have some planned contact.
- Need for a different funding structure that is less complicated, easier to understand and access and does not cover the full cost of treatment.
- Identify a system that allows for costs to be fully covered so people can still cover their cost of living and maintain housing while in treatment.
- Program length should be done based on an individualized clinical treatment plan.
- A better understanding of the continuum of substance use services and in particular the local Substance Use Outpatient Clinic service which helps those seeking service to determine what type of support they are looking for.

- A holistic approach to treatment that includes supports or mentorships to help to create a sense of belonging for everyone in our community.
- Sessional physician funding to treatment programs to act as interface with the medical system.
- Encourage a belief in support within and around the local continuum of substance use services as those who are seeking help need some part of or all of it and depending on their needs.
- Understand local linkages between Mental Health and the Substance Use Continuum of services as many people have concurrent concerns. Adopting the "Every Door is the Right Door" philosophy.

Community Safety

- Establish a community committee to develop a Community Safety Strategy.
- Establish a needle recovery program and more harm reduction supply pickup options.
- Enhance and expand existing community restorative justice programs that support people & divert them from being criminalized.
- Explore the option of funding and implementing a CAHOOTS style model of care to addressing mental health and substance use crises.
- Seek support by all levels of government to increase collaboration between RCMP and social services.
- Decolonize and de-centering power in all systems and practices.
- Stop police from responding to mental health calls and OD responses and more staffing for Intensive Case Management teams.

Housing

Community discussions identified housing as an important first step to address substance use. Stable housing aids and facilitates access to prevention, harm reduction and treatment. Key ideas and suggestions in this area include:

- Increase homelessness services, low income & low barrier housing options.
- Tiny home communities built to support specific needs including for people who use substance, people in recovery, youth, LGBTQ2S, and female and trans identified.
- Supported green spaces for community to gather and for people to camp as needed (for people experiencing homelessness).
- Political advocacy at the local level to support the Federal Housing Strategy.
- Continue to support the work of the Comox Valley Coalition to End Homelessness Action Coalition.
- Advocate for housing options (e.g. shelters beds) that supports and welcome those who use alcohol (i.e. MAP).

Youth

Throughout the consultations we engaged with youth and people who work with youth. It was clear that this population is under-served and there was a shared perception that services and providers were 'out of touch' with how best to access, support and influence youth. It was highlighted that youth often go to their peers to learn about substance use and substances more broadly. There was consensus that the traditional models of education were not reaching youth either by outdated language and methods or inaccessible services. Some of the more commonly discussed suggestions and ideas were:

- More effective, researched, and peer led education programs for youth.
- Change substance use education in school system from science to an educated peer-based model (with more real-life examples and formalizing the informal process already happening).
- Create strengths-based substance use education programs for youth in schools, as well as supports for any youth with addiction.
- Provide training & education to school district staff on harm reduction.
- Fund and implement harm reduction services within schools.
- Integrated education on harm reduction (drugs, alcohol, smoking) life skills, safer sex, youth mental health.
- More support for youth experiencing bullying.
- Support a Comox Valley Strategy for Youth Health and Well Being.
- Continue Pathways to Hope (SD71).
- Elect a school-based youth council to talk about substance use.

Collaboration + Political Action

This section includes a strong focus on rethinking and reorganizing the way in which planning, coordinating and delivery programs and services are currently done. It was clear more needed to be done to include peers at all levels of this work. Many ideas and suggestions are political in nature and will require significant political will and leadership. In addition, federal and provincial policy requirements were considered and have been included here.

- Collaboration across sectors (government, not for profit, business, community and peers) to advocate, lobby and support decriminalization.
- Fund, develop, and facilitate a regional process for regular communication and networking between peers, community members, and service providers. This would include sharing of ideas, knowledge dissemination, resource sharing, and mapping of groups working in substance use and "how they all relate".
- Centering peers and ensuring mandatory involvement at all levels of services and programming.
- Fair compensation and pay for peers involved in work.
- Collaboration across all levels of government.
- Actively engage with priority populations including members and organizations from the following communities: BIPOC, LGBTQ2S, people with disabilities and others.
- Update the Comox Valley Drug & Alcohol Services Directory.
- Develop a user-friendly resource to help people navigate local substance use services.
- Foster partnerships with the K'ómoks First Nation, honouring their strengths, wisdom, and insights on closing the gaps in care for those with substance use.
- Acknowledgement and community information sharing on success of existing programs that support people who use substances within the community (i.e., Unbroken Chain Indigenous Harm Reduction, Walk With Me, Warming Shelter, AVI, healing spaces such as Traditional Plants and Medicines gardens).

ASSETS, GAPS AND BARRIERS IN THE COMOX VALLEY

Outlined below are several assets, gaps and barriers to substance use supports and services in the Comox Valley that peers and service providers identified.

Assets

Increased collaboration between acute care, medical services and community supports – some examples are: the primary care network, the wellness collaborative, the community action team, Walk with Me, etc.

Commitment by many service providers towards meeting people where they are – this can include substance use counselors, parent groups or medical staff.

Increased Peer involvement – many service providers commented on the role of peers in the development of programs and supports as an asset.

Local Outreach Services – local outreach workers were identified as an asset in the community, providing support, accesses to services and saving lives. However, a recent conversation held with these frontline workers in the Comox Valley identified a strong needs for more structured supports for frontline workers in the face of serious burnout from dealing with two concurrent health crisis'. This issue was recently highlighted in this Globe and Mail article (2021) "Toxic drug crisis, pandemic have left front-line workers struggling to cope."

Building a sense of belonging – find ways to hold onto the sense of community, to meet this human need to be together, and to work together. Keep working together as "we" – not as "us and them."

Gaps

Lack of a System of Mental Health and Substance Care across all sectors where all providers are respected and treated as equal partners working towards a common goal. This includes improved communication between all sectors as too many clients have to tell their stories over and over again.

Lack of Weaving Together Indigenous and Western Approaches to Care – invite Indigenous elders to be involved in front line programming and healing and employ Indigenous healers as part of mental health and substance use teams.

Lack of trauma informed care and cultural safety policies and practices across all services - including anti-racism, anti-oppression policies in place to hold people accountable. Work with Indigenous leaders and service providers, frontline workers and peers to redesign the healthcare system to better serve those who have been systemically excluded.

Lack of services for people who identify as Non-Binary Genders and 2SLGBTQIA+ - there are currently no spots within shelters, the withdrawal systems, or housing specifically designated to those who do not identify as male and female even though the 2SLGBTQIA+ population are at a higher risk for substance use compared to the heteronormative population. Some organizations speak of being open to those who are non-binary, however those individuals are often designated a spot that is not necessarily safe or welcoming to them. It has been reported that the 2SLGBTQI+ sector experience discrimination not only from other clients, but from service providers as well.

Lack of Housing – there is a huge affordable housing gap and Comox Valley needs all types of housing from supportive, transitional to affordable rentals for all types of people including Indigenous, seniors and family. There is also a need for more second-stage/transitional housing for people leaving supportive recovery. See CVRD Housing Needs Assessment.

Lack of Medical Withdrawal Management (detox) - there is no Medical Withdrawal Management in the Comox Valley. The closest medical detox is Clearview Community Medical Detox in Nanaimo and the emergency department at the North Island Hospital Comox Valley does not do medical detox, although some Primary Care Physicians with admitting privileges do medical detox if needed.

Lack of Managed Outpatient Alcohol Program – there is no program in the Comox Valley and could prevent people needing more intensive programs.

Lack of Services in Rural Communities - young adult mental health and substance use (MH/SU) services for Hornby & Denman Islands are extremely limited in scope. A community social worker to address both serious MH/SU challenges for a significant portion of our population would be helpful. The Care-a-Van is the only mental health and addiction services in the Village of Cumberland. The Village also lost its only doctors office in July of 2021.

Lack of Primary Care Physicians - substance use disorder and addictions medicine seen as a speciality instead of part of the continuum of normal primary care needs.

Lack of Option for Inhalation Use at Overdose Prevention Site – more and more people are inhaling substances and there is no ability to do this at the CV OPS even though it is available at other sites on the island. The CV OPS is also underutilized compared to other sites on the island which is a concern.

Lack of Safe Supply Providers and Advocacy for Decriminalization – need to see substance use as a health issue not a legal issue.

Lack of service that partners RCMP and Mental Health and Substance Use Practitioners – this is done informally when possible but there needs to be a wrap around process (e.g., CAHOOTS model) to ensure people's needs are addressed. The RCMP have expressed interest in exploring this.

Barriers

Wait Times for Supportive Recovery – people need treatment immediately when they are ready for it and for some services in the Comox Valley there are waits between 2 and 3 months. This often creates a gap between detox and a supportive recovery bed. In addition, a lack of housing contributes to making this gap even more difficult as once they are back on the street the potential for using again is greater.

Wait Times for Outpatient Mental Health and Substance Use Services (including Child and Youth Mental Health Services) – similar to above people report having to wait a long time for individual counselling and outpatient services when they are ready for help and if they get it in a timely manner, it might prevent the need for more intensive services.

A PATH FORWARD: KEY NEXT STEPS

With positive political will, more data and funding, and improved engagement and collaboration across multiple populations and sectors, the Comox Valley can make meaningful action towards a comprehensive peer-centered substance use strategy. Three core areas of focus for Phase Two of this strategy are identified below, along with proposed immediate and ongoing actions.

PHASE TWO CORE AREAS OF FOCUS

Funding & Staffing

This work began with a small amount of funding from the City of Courtenay, however more funding will be required from a variety of sources to create a comprehensive substance use strategy in Phase Two.

Community & Stakeholder Engagement

Phase Two of the development of a strategy requires inclusion of people with lived/living experience of substance use, Elders/ Knowledge Keepers, all levels of government, service providers, businesses and community members. This work will require coordination, planning and, commitment to working together that builds on the relationships and work established to date. Engagement in potentially challenging conversations on what is working, what and where gaps are and what requires change will be necessary to address issues, explore solutions and create recommendations for action.

Data

Throughout Phase One key gaps to be able to access, collate, analyze and report on relevant local or regional data were identified. A key to successful and appropriate planning, coordination, funding and delivery of programs and services is up-to-date data. Therefore, the need to enhance data collection and analysis will be important in Phase Two and ongoing as the strategy is implemented and updated.

PHASE TWO ACTIONS

Immediately/As Soon As Possible

Present Phase One Report to all local government councils and introduce Phase Two engagement plan which is to:

- Support the recommendations in the Walk With Me Report.
- Support the provincial governments intervention into the toxic drug poisoning by encouraging participation of all local stakeholders in the Comox Valley Community Action Team.
- Partner with the Walk with Me project on a joint initiative that includes a launch event for this Phase One Report and Walk With Me's Research Report followed by a series of facilitated conversations and cultural mapping that will help inform Phase Two of the Substance Use Strategy and the Recommendations in the Walk With Me Report.

These conversations will help to identify actions the community could take to change policies and practices locally and identify key recommendations for the final strategy.

- Build on the Comox Valley Substance Use Committee to form a Comox Valley Substance Use Collaborative of local municipalities, Comox Valley Regional District, School District #71, Island Health, Division of Family Practice/ Primary Care Network, Community Action Team and RCMP to coordinate the next phase and implementation of the strategy.
- When formed the Comox Valley Substance Use Collaborative become a partner of the Comox Valley Community Health Network with the Network's other community partners.

- Align the work of the Comox Valley Substance Use Collaborative as appropriate with the work outlined in the Regional Poverty Assessment and Reduction Plan to work with local governments and other community groups on intersecting community issues (e.g. Game Changer #1; Game Changer #2; Game Changer #3; Game Changer #4; Game Changer #8; Game Changer #10; Game Changer #14).
- Request all local governments (municipalities, Comox Valley Regional District and School District #71) collaborate to fund the coordination and implementation of Phase Two of a Substance Use Strategy.
- Request Comox Valley local governments (municipalities, Comox Valley Regional District and School District #71) and Island Health include the work towards a substance use strategy in their strategic planning and priorities and support the monitoring and evaluation of actions.
- Collaborate to monitor and apply for federal and provincial funding opportunities to support the implementation of the strategy.
- Collaborate to secure funds to enable good, in person, relationship building with First Nation, and other priority partners in the development of the strategy.
- Collaborate to secure funding to support ongoing involvement and leadership from peers and elders/traditional knowledge keepers.

Ongoing

- Act on lived experience of people who use substances, their families and the people who support them in the design and implementation of policies, services, changes to existing services, and as qualitative evidence that supports action in our community response to substance use.
- Engage more intensively with members and organizations from key priority groups such as youth, Indigenous, spiritual and religious, community organizations (e.g., Rotary, Indigenous, and 2SLGBTQIA).
- Leverage existing political will in the community to advocate for organizational commitment (e.g., coordination, funding and staffing) from service providers (e.g., VIHA, AVI, John Howard Society etc.) and stakeholders (e.g., RCMP, SD71) for ongoing implementation of the strategy actions.
- Advocate for peer delivered services and paid positions within all organization for people with lived/living experience.
- Secure commitment of key partners & regional stakeholders to apply for provincial and national funding when available.
- Seek endorsement letters from key partners.
- Establish ongoing Data Sharing Agreements between the Comox Valley Substance Use Collaborative and local data collectors.
- Establish ongoing Data Sharing Agreement between the Collaborative and service providers to share program and service evaluation data (e.g., number of individuals who access service, number of naloxone kits distributed, demographic data).
- Advocate for ongoing provincial and regional collection of data on social determinants about substance use (e.g., why people use substances, social determinants and how they contributed to death or drug poisoning, etc.).
- Increase collection and reporting of data around access to services & service impact and data on the benefits of substance use.
- Innovate ways to collaborate across government, academia and community agencies on collection of data.
- Strengthen reporting, charting and resources provided on discharge diagnosis for the emergency departments.

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