



## Resilience Unveiled:

# Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia

*Inspiring Transformation Through Dialogue  
Port Alberni Community Action Team*

Feb 20, 2024

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**Dedication:**

*This report is dedicated to the memory of the 140 family members, friends and neighbours who have died from the Poisoned Drug Catastrophe in the Alberni - Clayoquot Region between 2016 and December 2023. Our hearts weep in grief.*

## 1.0 Preface

This Blueprint is born from the leadership of the Tseshaht First Nation, who provided community guidance in 2023 by holding a two-day workshop on the opioid crisis. Our Blueprint supports the release of their Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy Report on Jan 31st, 2024.

This is a living document. As such it will evolve, especially as new science-based information becomes available. It is also subject to edits and refinement from the input of our many members and friends of the Port Alberni Community Action Team.

This report focuses on opportunities to help the Port Alberni Community Action Team, community agencies that provide services, and all levels of government identify and embrace scalable initiatives, project solutions, and tactical actions needed to solve the poisoned drug catastrophe in British Columbia.

The year 2016 marked a critical juncture for British Columbia. That is the year the Province declared the poisoned drug catastrophe a health emergency. Since then, we have lost more than 14,000 family members, friends, and neighbours to this catastrophic health emergency. Some would say that much has been done, however, to date, the death rates have not lessened across our Province, nor has it in our community of Port Alberni. In fact, in the Alberni-Clayoquot Region last year, we experienced the worst death rate since the health emergency declaration. This catapulted our community into the position of the third-worst death rate in the Province.

After eight long years, an effective, composite resolution to the catastrophe continues to elude British Columbia.

The Port Alberni Community Action Team is a community-led initiative in response to the poisoned drug supply/overdose catastrophe in British Columbia.

### 1.1 Our Four Guiding Principles Are:

1. Harm Reduction, both in the distribution of material and education in the community.
2. Reducing Stigma associated with those who have mental health or substance disorders (concurrent disorders).
3. Networking in the community that supports treatment and recovery.
4. Social Stabilization, working to improve conditions to assist people with substance/ mental health disorders or both together (concurrent disorders).

Although the Port Alberni Community Action Team's terms of reference are primarily within the Alberni Valley, it is clear that sustainable solutions are not achievable for our community without addressing the cause and solution factors at the British Columbia

Provincial level and in some cases the Canadian Federal government level.

The poisoned drug catastrophe continues to change, as have the complexities of the causes and evolving proposed solutions. Recently, two opposing factions have appeared in the drug policy change movement. Both represent extreme opposites in addressing solutions:

1. One faction is lobbying for a return to more traditional policies, such as the “War on Drugs” position – the idea that harsh punishment prevents people from seeking out and using substances.
2. The other view is positioned on relaxing or ending all existing regulations on the control of substances.

Reconciling these two factions is a key driver in the creation of this document or our position between these extremes. — We look to define a forward-looking role for solution elements that the Port Alberni Community Action Team supports.

An overriding factor in defining our position on all aspects of the Poisoned Drug Catastrophe is that the main mandate of Community Action Teams in the Province is to drive change. For this reason, our position always favours innovative perspectives, especially in driving ground-breaking evidence-based solutions.

It also means that as change agents, our role is to create a dialogue with our citizens, all Government levels, Health Authorities, and other agencies that provide community services. By adhering to the defined intention of CAT Team roles, dialogue involves moving organizations and people from existing comfort zones into innovative thinking and action.

## **2.0 Executive Summary**

Since the establishment of the Port Alberni Community Action Team (2018), the complexities of the Poisoned Drug Catastrophe have multiplied significantly. Many more substances have entered the unregulated drug supply. Primarily, fentanyl opioid-based substances continue to be the category that contributes to most poisoned deaths from unregulated drugs. However, additives like Benzodiazepines and Xylazine in all unregulated drugs have considerably worsened the situation. Other main unregulated drug categories include methamphetamines, cocaine derivatives, MDMA (Ecstasy), etc. also contributed to the catastrophe.

Unregulated substances, by their very nature, can include just about anything and almost always do in our BC unregulated drug supply. The unregulated drug supply of any main illicit drug category always includes contamination of other unexpected substances.

Although the British Columbia Provincial Government has moved forward on depenalization/decriminalization initiatives and some small trials of treatment options

that include access to certain types of regulated supplies, these steps have not curtailed the rising death toll in the Province. Nor have the trials made a dent in solving the major challenges.

The Port Alberni Community Action Team acknowledges the complexity and wide-ranging contributing factors that drive the poisoned drug catastrophe. We recognize that because of the complexities of the causes of the catastrophe in our Province, any plan(s) that deliver real, effective solutions that significantly reduce the death rate from the catastrophe in BC also have to be extensive, comprehensive, and inclusive in addressing not only the catastrophe but also the underlying social factors that contribute to the catastrophe.

When the Port Alberni CAT was first established in 2018, our original focus was on harm-reduction programs. These included supporting the launch of the Overdose Prevention Site (OPS), distributing harm reduction material, supporting a variety of programs by client services-based organizations in the community, and providing educational opportunities to increase the general public's awareness of the advantages of harm reduction.

Furthermore, we led community activities to increase stigma reduction awareness and the effects stigma has on those who are actively involved in substances/concurrent disorders. This includes people who are most visibly impacted, such as the visually marginalised in our community, those with concurrent disorders, and the under-housed. It also includes First Nation/Indigenous People, who are significantly overrepresented in the poisoned drug catastrophe. People are often discouraged from seeking help because of stigma. It demoralizes them and actively increases the continuance of their substance or concurrent disorders.

No one pillar in our terms of reference is more important than any other. To be a successful change agent, we focus on Networking with people and organizations at our table. The diversity of people that sit at our table is a key component of understanding the impact on those who may be affected by substance or concurrent disorders and the work that community agencies providing services are doing to combat the catastrophe. All voices are heard, always with respect. Especially the inclusivity and equality of the peer voice. Their voices provide the lived experience so very necessary for client/service organizations to deliver people-focused solutions addressing the catastrophe.

Our fourth pillar is addressing any challenges that contribute to social factors that add barriers to people impacted by the poisoned drug catastrophe. This piece of our work includes support, education, and informing the decision-making processes of all levels of government including First Nations government, Regional, Municipal, Provincial, and Federal levels.

Although the majority of health policies reside in the jurisdiction of the Provincial Government, all levels of government have influence. Leveraging that influence is

crucial in persuading change provincially and for the Province to understand that community-level governments actively support solutions in our community. In addition, we advocate with professional colleges, health authorities and other service-providing organizations who all play a part in driving change in policy and procedures that impact everyone affected by the poisoned drug catastrophe.

Throughout the work our Community Action Team has engaged in since its inception, it has become more and more apparent that defining causes and solutions is crucial in the allocation of our resources. Hence the main reason for defining solutions and policies that we support in this document.

Frankly, we never expected to be in a position where we would need to put down in writing long-term plans. In 2018, most of us fighting this catastrophe thought the then-referred to, “drug crisis”, would end quickly. We now find it necessary to re-evaluate objectives with an eye to longer-term actions in resolving the challenges of the unregulated supply in BC. For all intent and purpose, this document can be viewed as a 5-Year Plan.

This document identifies critical drivers and causes of the Poisoned Drug Catastrophe and solutions with strategies we support to drive change in achieving those solutions. We believe our recommendations create comprehensive opportunities for scalable projects by the Province in collaboration with other levels of government and organizations to address the poisoned drug catastrophe. There is an opportunity here for the Province and all levels of government to be seen as world leaders, and best-in-class jurisdictions in addressing all aspects of substance and mental health disorders.

## **2.2 Overview – Key Causes and Drivers of the Catastrophe**

We believe that the following key drivers and causes have contributed to both the creation of the Poisoned Drug Catastrophe as well as the continuation and ensuing severity of the catastrophe.

The “War on Drugs” has driven decades of public safety policies with this perspective: — that punishment, in some way reduces substance disorders. In addition, social policy and procedure factors add to the problem, such as:

- Increasing toxicity of the unregulated illicit supply.
- Stigma
- Homelessness.
- Poverty.
- Mental health disorders and lack of treatment, (as much as 70 per cent of people with substance disorders also have mental health disorders).
- Funding and access to recovery/detox facilities.
- Intergenerational trauma of First Nations/Indigenous People.
- Failure to embrace meaningful reconciliation strategies.
- Identifying addiction as a moral choice rather than a health condition.

- Lack of access to doctors who can prescribe and treat opioids and other substance addictions.
- Failure of health authorities to actively change and embrace new treatment options.
- Failure to embrace change culture in the delivery of services and best-in-practice addiction treatment medicine.

The most important driver of the continuation of the catastrophe is the Provincial Government's slow implementation of recommendations or investing enough resources in the majority of recommendations from their own committees' solutions for tangible sustainable transformation. For convenience, here is the list and links to those reports:

### 2.3 British Columbia Government Key Guiding Committee Reports

- [Pathway to Hope Plan](#) MMHA (pages 12)
- [BC Corners Special Death Panel Review Toxic Drug Deaths – March 2022](#) (pages 33-36)
- [BC Legislative Select Standing Committee on Health – Toxic Drug and Overdose Crisis Report Nov 2022](#) (pages 10 – 13)
- [BC Corners Service Death Review, An Urgent Response – November 2023](#)

On the solution side, we believe that significant change in deaths from the poisoned drug catastrophe relies on increased decriminalization of substances for personal use, and broadly distributed a regulated (safer) supply.

Our recommendations enhance the opportunities found in the mandate letters to the [Minister of Mental Health and Addiction](#) and the [Minister of Health](#). In other words, we have provided a plan that will make these two important Government Ministries successful in achieving their mandate to the people of British Columbia.

These are only the first building blocks of a solution strategy. Best-in-class jurisdictions that enjoy far better statistics than British Columbia also allocated significant resources to social determinants including homelessness, poverty, health and well-being, enhancing life skills programs, and ongoing (long-term) support for people with substance and/or mental health disorders. We identify each of the major solutions in Section 4, Recommendations.

### 2.3 Stories from The Gap (*A Fissure, Crack, or Chasm in Our Systems That Hurts People*)

Throughout this document you will find (*Stories from The Gap*) – real-life stories given to us by people who have experienced what happens when we fail them. When the gaps in our system left them with no options and no help.

## 2.4 Social Return on Investments (SROI)

Metrics are crucial in understanding not only the reason to invest in social programs that address the poisoned drug catastrophe but also progress as we implement solutions.

The horrendous cost in lives is the quantifying measurement for most of us fighting on the front lines of the catastrophe. However, from a purely pragmatic level, we recognize that there are other ways of measuring the cost and the impact of the catastrophe and programs meant to address it. Other metrics may help the general public in coming to terms with newer, more innovative and evidence-based drug policy reform. The provincial government must embrace metric reporting to the general public regularly and transparently.

One methodology that can be used is Social Return on Investment (SROI). SROI is a way to measure the positive impacts of a project or organization in terms of money. It goes beyond just looking at profits and includes other good things like making people's lives better. SROI helps us see if we're getting good value for the money we're spending and how much extra social value we're getting in return. It's a tool that can help the general public, governments, organizations, and groups figure out if they're doing a lot of good for the investment they're putting in.

Of course, quantifying social costs, benefits or values can be sometimes difficult. However, we do have some excellent statistics available in Canada regarding substance use and the poisoned drug catastrophe.

The Canadian Centre on Substance Use and Addiction puts out a report on substance use and harms (2015-2017. The next report update is scheduled for 2024). [Their report](#) is an excellent starting point and reference for SROI on the impacts of the poisoned drug catastrophe and corresponding programs addressing the catastrophe.

Some highlights from the report are:

- Opioid use costs in Canada accounted for \$5.9 billion during the report period.
- The costs associated with the use of Opioids increased by 20.9% from the previous report period.
- Healthcare system costs alone amounted to \$439 million.
- The largest increase in per-person lost productivity costs was associated with opioid use. These costs increased 34.1% from \$87 per person in 2015 to \$116 per person in 2017.
- Over \$9.2 billion was spent on criminal justice costs associated with SU, which amounts to \$253 for every Canadian. (Includes alcohol and unregulated substances)
- 2017 – 11.7% of people in Canada used Opioids.

## 3.0 Defining Key Drivers and Causes of the Catastrophe

**Stories from The Gap** – Facebook Post. *“Stop giving out free Narcan and the problem will go away .....*” – This single comment defines the huge gap in public understanding and the work that has to be done to solve the poisoned drug catastrophe. It also points out a disturbing trend that the lives of people with substance disorders are seen as being worthless.

The poisoned drug catastrophe in our community has emerged as a complex and multifaceted challenge with far-reaching consequences for individuals, families, and communities across BC and the country. To understand this catastrophe, it is imperative to delve into its key drivers and causes.

One of the primary factors contributing to the drug catastrophe is the proliferation of highly concentrated synthetic opioids, that have replaced organic opioids like Heroin. These include fentanyl and its analogues, which have inundated the unregulated/illegal drug market. The increased availability and potency of these substances have led to a surge in opioid-related overdose deaths, making it one of the most pressing public health concerns we have ever faced.

Furthermore, the catastrophe is worsened by systemic issues such as stigma, social inequality, housing, poverty, and mental health challenges, which disproportionately affect vulnerable populations and can drive people towards substance use as a coping mechanism.

The interplay of these factors has created a dreadful situation that requires comprehensive analysis and innovative intervention strategies.

Organized crime networks and illegal drug manufacturing, distribution, and trafficking operations have taken advantage of the catastrophe. These criminal enterprises thrive on the lucrative drug market, making it difficult for public safety agencies to stem the tide of unregulated/illicit substances.

Additionally, the lack of timely access to addiction treatment and harm reduction services remains a critical cause of the catastrophe. People struggling with substance use disorders often face barriers to seeking help and recovery. The lack of funding and resources for these services further hampers the efforts to combat the catastrophe effectively.

To address the poisoned drug catastrophe in our communities, it is crucial to unravel these key drivers and causes while implementing a wrap-around holistic approach that combines harm reduction, safer supply, public safety, and improved access to mental health and addiction services. A best-in-class system requires a continuous or comprehensive care model from an initial referral to detox programs to recovery programs, and finally to an outpatient model that follows people defined by their healing journey needs. These models also have few barriers in the timely handoffs between programs.

### 3.1 Impact on First Nations/Indigenous People

Hupacasath, Nuu-chah-nulth, Tseshaht First Nations and Metis People continue to be significantly over-represented in the Alberni Valley poisoned drug catastrophe. We acknowledge that the damage to First Nations/Indigenous People caused by residential schools, and deliberate strategies including residential schools to separate Indigenous People from their culture has caused intergenerational trauma. In addition, racism and poverty continue to factor into preventing First Nation People from taking their rightful places as equal partners in our community.

**Stories from The Gap** – First Nations, Homeless and Hurting. *“I went to the ER because I had terrible sores on my legs. She said all I wanted was a bed to sleep on because I was a druggie living on the streets. I didn’t even get to see a doctor. They made me leave. I felt less than human. She didn’t call me any racist names, but I saw the look. I’m never going back!”*

### 3.2 Toxicity of the Unregulated Supply

A huge element in the British Columbia poisoned drug catastrophe is the ever-evolving addition of synthetic substances and their corresponding toxicity. The landscape of street drugs in 2024 is completely different than even a decade ago. The proliferation of fentanyl has completely replaced organic opioids like heroin in the illicit market. Add-on substances like Benzodiazepines, Xylazine and other substances aggravate an already dire situation. The constant addition of other substances being introduced onto the street like Nitazenes complicates both the treatment response for overdose care and the discovery and application of long-term solutions.

An accelerated evolution of the unregulated supply will almost certainly continue to occur, making corresponding innovative timely solutions imperative in addressing the poisoned drug catastrophe.

As an example, we are already experiencing that regulated safe supply options do not have the same strength as unregulated substances, and are considered a sub-standard option by some people using substances. Some opponents of safer supply point to this dichotomy as a reason not to implement safe supply. However, our position is that any regulated safer supply is better than none. In the end, closing the gap between a regulated safer supply and unregulated supply potency will be a challenging obstacle for health professionals.

**Stories from The Gap** – I Believed and It Almost Killed Me. *“I always ask my dealer – I only want down. My dealer told me his stuff was the same as always. I don’t remember taking it – when I woke up, paramedics were working on me. They told me they gave me 4 doses of naloxone and that I stopped breathing 3 times. I told my dealer when I saw him again that he almost killed me. He smiled and shrugged his shoulders.”*

### 3.3 Lack of Regulated Safer Supply

In our view, the reluctance of the Provincial Government to act on evidenced-based research around the benefits of a regulated safer supply is difficult to understand. One very good recent science-based research article from the Ontario Drug Policy Research Network reviews twenty Canadian evidence-based [research papers on safe supply](#) (July 2023). The evidence on the benefits of a safer supply in these research papers is overwhelming. Even so, the Province continues to drag its feet on any meaningful implementation of safer supply. It has even rejected recommendations for increasing safer supply by its own BC Coroners Service.

Quote from the BC Coroners' Death Review Panel – [November 1<sup>st</sup>, 2023](#). “Providing people at risk of dying with access to quality-controlled, regulated alternatives is required to significantly impact the number of people dying.”

You can have an unregulated supply that is known to contain poison and readily kills people or you can provide people with a regulated safe pharmaceutical-grade supply. Replacing a poisoned supply with a regulated safe supply is a simple concept and should be completely obvious in every sense of the idea.

British Columbia was one of the first Provinces to put in safe supply trials. However, the existing small safer supply trials are at best reaching around 5000 people. That is only 2% of the estimated 225,000 people currently at risk for using unregulated supply in some manner in the Province. (Data comes from page 13 [BC Death Review Panel Report 2023](#))

In addition, increasing the penetration of safer supply across the Province has been agonizingly slow. Scalability and reducing barriers to access, especially for marginalised and rural demographics, are massive obstacles in decreasing deaths from the poisoned drug catastrophe/supply.

In short, the lack of a regulated safer supply in any form is a major contributing factor in the ongoing deaths due to the poisoned drug catastrophe. Failure to rapidly expand/resolve the implementation barriers of safe supply will continue the catastrophe indefinitely.

Another excellent research article, ([Tackling the Overdose Crisis: The Role of Safe Supply](#)) takes an overall look at how Safe Supply can contribute to resolving the challenges we face.

### **3.4 Mental Health**

**Stories from The Gap** – The Nightmare Never Ends. *“My 27-year-old son is in his bedroom in the basement, screaming at his walls. He is high on Meth again, which he thinks helps the voices in his head. I guess I’ll call the police for the umpteenth time – they take him to the hospital, but he’ll be back tomorrow and then we’ll do another Groundhog Day. Maybe he’ll burn the house down or kill us – that would end our suffering.”*

The correlation between mental health and substance disorders is irrefutable. Statistics tell us that as many as 50% to 70% of people with substance disorders also have mental health disorder challenges. Concurrent disorders make treatment incredibly challenging.

Some of our health systems in BC continue to work under dated and obsolete policies that mental health disorders can not be defined or treated until patients are abstinent from unregulated substances. This delays or denies patients access to mental health treatment. It also sets up huge barriers, further isolating concurrent disorder patients and families.

Lack of mental health facilities and professionals (psychiatrists, counsellors, etc.) contributes to non-treatment or delayed treatment. Referral wait times to the Ministry of Mental Health and Addiction services are often measured in weeks, rather than hours.

For example, for some time in the Alberni Valley, we have only had one psychiatrist in our community. This results in patients having limited access to a qualified psychiatrist, and increasing wait times for referrals and treatment, including ongoing in-depth and timely case management. It also makes the response time greater and is less optimal for critical mental health events through our emergency department for concurrent disorder patients.

The [Canadian Psychiatric Association of Canada](#) recommends a ratio of 1 psychiatrist to 8,400 people. The Alberni Valley currently has a population of 27,771 (July 2022). At the recommended ratio, our community should have a minimum of three (3) psychiatrists.

The stigma of concurrent disorders continues to be a significant factor in barriers that patients experience. This stigma is not only evident in the general public but also within the primary care health system.

### 3.5 Housing

**Stories from The Gap** – Ridiculous – Female and Screwed Again *“I had nowhere else to go – our local slum lord offered me a bed in one of his rooms. I signed over my disability housing to him. What he didn’t tell me was the place came with three “men” roommates.! The first night was a living hell. I left at 4 AM. Later I asked for my rent money back. He just laughed at me. Frankly, the streets feel safer, so that’s where I live now.”*

Our community has one of the highest unhoused percentages per population in the Province (Page 22 BC 2019 [Homeless Cohort Phase 1 Findings](#)). In 2023, 163 people in our region were identified as unhoused in the Point-In-Time Homeless Count (PiT). This is an increase of 30% from the 2021 numbers. Note: Although the PiT homeless count is a good snapshot, it’s well-known and acknowledged as a gross understatement of actual homelessness in the province.

In 2019, Canada passed the [National Housing Strategy Act](#), which recognizes housing as a **basic human right**. Unhoused people with substance disorders or concurrent disorders can never be expected to begin the healing journey until they have a safe place to lay their heads every night. Dr P Denning, (excerpt - [Practicing Harm Reduction Psychotherapy 2000, revised 2005](#)) states that housing is also a significant harm reduction strategy. It is completely unreasonable to expect people with complex concurrent or substance disorders to accept treatment while living homeless.

We also see a significantly disproportionate number of Indigenous People reporting homelessness in our community. Sixty per cent of unhoused identify as Indigenous. (Page 32 of the 2021 [BC Homeless Count](#) and (Page 1 of the [Port Alberni 2023 Homeless Count](#)) This correlates with intergenerational trauma and increased representation of Indigenous people who experience substance disorders.

### **3.6 Poverty & Economic Factors**

An estimated 382,000 British Columbians live in poverty according to the BC Government's [2023 Poverty Reduction Service](#) Plan (Page 6).

During the last several decades, our community has seen significant changes in the industrial base that has long supported the economic welfare of the Valley. Changes in the fishing, lumber, paper and forest industries, have caused economic upheaval throughout the community.

These changes have had substantial ramifications on the social/economic welfare of the community at large. There has been a shift from well-paying industrial-based jobs to lesser-paying service industry work. Combined with the highly marginalised demographics and high rates of poverty for Indigenous People, poverty is a key factor in our community contributing to substance and mental health disorders.

There is a very high correlation between poverty, substance disorders and, homelessness due to the inability to pay basic needs like rent. (2021 [BC Homeless Count](#) Page 20). In addition, the pressure felt by middle-class demographics due to economic shifts has resulted in significant stressors for many people. Stress drives substance use and mental health critical events.

### **3.7 Government Resolve**

We recognize that the majority of work to solve the catastrophe is the responsibility of the Provincial Government. Internally, the Province has several committees and departments that have provided in-depth analyses and recommendations to the Government.

- [Pathway to Hope Plan](#)
- [BC Corner's Special Death Panel Review Toxic Drug Deaths – March 2022](#)
- [BC Corners Service Death Review, An Urgent Response – November 2023](#)

- [BC Legislative Select Standing Committee on Health – Toxic Drug and Overdose Crisis Report Nov 2022](#)

Although the Province has implemented parts of its own recommendations, it has not achieved the tipping point or momentum in any of the recommendation areas to drive any downward trend in the month-to-month overdose death rate in BC. We see this as a major disappointment in Government policy and resolve. We believe the lack of progress is driven by an absence of political will due to mixed public opinion and courage on the part of the Government to invest significant funds and resources to reach the watershed moment we are so desperately waiting for in drug policy reform.

Even the simplest recommendations such as metric reporting on the catastrophe to the public, attachment of objectives to performance plans for senior ministry and health authorities leaders, and/or simple changes in policies to make practising substance/addiction medicine more attractive to physicians, nurse practitioners and pharmacists, have been left on the table unimplemented.

It is difficult not to compare the tremendous resources, funds, and effort that the Government expended on the COVID-19 Health Emergency to the Poisoned Drug Health Emergency response. Probably the most significant difference between the two declared emergencies was the willingness of the government to make, and speedily implement, difficult decisions.

In addition, some other levels of Government have told us the poisoned drug catastrophe is not in their mandate. Our position is that all levels of Government including Municipal, Regional, First Nations, and Federal Governments play key roles. Some set policies and provide funding, while others drive change through influence. The importance of influence can not be overstated.

The inconsistencies and beliefs that “it’s not our problem” between municipalities throughout BC have fractured the opportunity to speak as one voice with the Province. Many municipalities are mired in old ideas driven by the “War on Drugs” ideology of the mid-20<sup>th</sup> century. Their preference is to adhere to old punitive policies of the criminal justice system rather than accepting new evidence-based drug and social policy reform.

Often this old-style ideology is driven by confusing the symptoms of our existing failed social and drug policies with the solutions that would resolve the root causes. For many, it’s tempting to wholly focus on prosecuting petty crime resulting from the needs of people with dependencies to source unregulated substance supplies.

We also see it in attempts by local governments to “move people along” or hide the marginalised and homeless in their communities. This concept seems to be driven by flawed thinking that if things are made as difficult as possible for the marginalised, they will go somewhere else.

### **3.8 Recovery Programs – In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT/OATi) Programs**

The traditional private (pay-for-service) in-residential recovery models and many outpatient models in British Columbia have been primarily based on required abstinence before admission into these programs. Most are based on the [12 Step Model](#) or the [Minnesota Model](#), which originated in the mid-20<sup>th</sup> century.

In-residential abstinence-based recovery programs usually have defined treatment program lengths from 30 days to 12 months. Because these programs require patients to be abstinent before admittance, Detox programs and facilities in BC are effectively completely separate from recovery programs. Often, abstinence recovery programs will not take patients unless they test “clean” and eject patients if they relapse during their stay.

The latest evidence-based knowledge and preferred recommended Substance Use Disorder (SUD) treatment per the [BC Centre on Substance Use](#) website. Their clinical guides under publications recommend Opioid Agonist Treatment (OAT), combined with counselling and life skill programs/models, with abstinence not a requirement, but rather driven by the patient’s self-determination of what recovery looks like for them. Best-in-practice models recognize that self-determination goals set by the patient develop and mature as the patient progresses in the program. An example of a recovery model of excellence is the [BC MHSUS Red Fish Centre](#).

The incongruity between these two approaches is a barrier to best practices and most importantly an access barrier to programs and retention of recovery for patients once they have begun recovery.

Programs that eject patients for relapse tell them only one thing – “You are not worth saving!”

### **3.9 Youth Challenges - Substance Use**

Substance use among youth is a pressing issue in the Alberni-Clayoquot Region and British Columbia society. The consumption of drugs at a young age can have profound implications on both the individual and societal levels, affecting health, education, and future prospects.

The adolescent brain is still developing, and substance use can interfere with this process, potentially leading to long-term cognitive and emotional problems. Young people who use drugs are at risk for a variety of health issues, including but not limited to addiction, mental health disorders, and overdose. There's also an increased risk of engaging in unsafe behaviours, such as unprotected sex or driving under the influence, which can result in accidents, unintended pregnancies, or the transmission of sexually transmitted infections (STIs).

Educationally, substance use can negatively impact a youth's academic performance. Attendance and grades often suffer, and the likelihood of dropping out of school

increases. This can have a cascading effect on the individual's future employment opportunities and socio-economic status.

Socially, youth who use substances may experience strained relationships with family and friends. They might find themselves in conflict with the law, leading to a record that can affect their future. Moreover, there's a risk of associating with peers or groups that encourage further drug use or other risky behaviours.

The reasons behind youth substance use are multifaceted. They can include curiosity, peer pressure, a desire to escape or cope with stress or trauma, or a lack of awareness about the risks. Moreover, the portrayal of drug use in media and entertainment can sometimes glamorize or normalize the behaviour, influencing young people's attitudes towards drugs.

Prevention and intervention strategies are critical in addressing this issue. Education about the risks associated with drug use, the development of life skills, and the promotion of healthy activities can serve as protective factors. Supportive environments, both at home and in schools, are essential. When substance use issues do arise, access to youth-friendly and evidence-based treatment and recovery services is crucial for the well-being of the affected individuals.

Addressing the problem of youth substance use requires a collaborative approach involving educators, healthcare professionals, community leaders, parents, and the youth themselves. By fostering open communication and providing the necessary support and resources, we can help guide young people towards making healthy choices and provide them with the tools to lead fulfilling lives.

Prevention is a major aspect of helping youth. For that information, please see sections 3.16 and 4.16.

### **3.10 Primary Care**

Primary Care Physicians (Family Practice) and Nurse Practitioners play key roles in both identifying substance disorders and ongoing care of patients utilizing [OAT/OATi Therapy](#). The ability to provide OAT/OATi Therapy in BC requires specialized training and authorization ([POATSP](#) education and training) for physicians and Nurse Practitioners. Currently, there are an estimated 1700 primary care physicians out of a total of 8000 holding certification to prescribe OAT/OATi Therapy in the Province.

Neither the overseeing professional colleges nor the government provides attractive incentive plans to Physicians and Nurse Practitioners to acquire this certification. This is a huge barrier to treatment options for patients. In our community, two physicians are prescribing OAT/OATi out of a base of approximately 45 family primary care doctors.

In addition, Emergency Department Doctors can not directly offer OAT/OATi to patients experiencing a substance disorder critical event via an ER visit without calling in one of the two doctors in our community who hold OAT/OATi therapy certification. This

becomes a timeliness issue. Many patients suffering from withdrawal symptoms will leave before an OAT/OATi-qualified physician is available.

### **3.11 Criminal Justice System, Decriminalization/Legalization, Public Safety Measures**

#### **3.11-1 Criminal Justice System**

The criminalization and harm done to citizens who use unregulated substances from the beginning of the 20th century to the present is well-documented. Especially in light of evidence-based research in the last few decades that clearly identified that problematic substance use is a health disorder. Punitive punishment of sick people is reprehensible.

However, major unregulated producers and suppliers are a different case. Several factors determine appropriate enforcement directions for these groups. They are:

- Producers and suppliers prey on the most vulnerable in our communities with no regard for safety. They are a direct cause of unregulated substances often being toxic.
- The huge profit associated with supplying unregulated substances encourages organized crime.

Unfortunately, although vast dollars have been spent fighting the supply chain in Canada, we see very little return on those invested dollars. Occasionally news releases from the Police will announce a large “Drug Bust”. Overall these arrests are a drop in the bucket and represent a very small level of inventory shrinkage for organized criminal suppliers and producers.

Once arrests have been made, the court process is agonizingly slow. During that period, the accused are almost always released pending trial. This allows them to immediately go back to producing and distributing.

It should be pointed out that there is a contradiction in the successful enforcement of the producer/supplier chain. Without a safer regulated supply, as the unregulated supply dries up, people who use drugs will experience higher costs – this results in more crime to source funds to pay those higher costs. People who use substances will also experience substance withdrawal, which will result in critical healthcare events, possibly up to, and including, death.

Two final pieces play a part in our current unregulated substances Justice System. The first is any person who perpetrates violence. Violent offences, no matter why, must be dealt with swiftly and definitively.

The second is people on parole with probation orders requiring forensic monitoring and intervention. (Forensics in BC is the process where a person with mental health challenges who has been convicted of a crime is court-mandated to be treated for their

mental health or substance disorders) Many families who have loved ones in the probation system with forensic orders have told us that the follow-through for violations is at best ineffective. When people ignore forensic stipulations under their parole, the system referring back to the Courts is ineffective. If an incident does result in standing before a Judge again, the consequences are ineffectual. We believe this isn't a symptom of the Forensic /Court system so much as it is a result of not enough mental health beds and an overtaxed prison system.

### **3.11-2 Decriminalization/Legalization**

There is a huge difference between decriminalization and legalization. One maintains the status quo that substances are illegal, however, in certain cases, citizens will not be prosecuted. The other normalizes the consumption of substances. Examples of legalization are tobacco, alcohol and cannabis.

British Columbia made a start in February of 2023 by entering into a three-year trial agreement with the Federal Government to decriminalize certain drugs and quantities for adults in BC. Unfortunately, as of November 2023, the Province is considering legislation to roll back parts of the decriminalization trial. Specifically, around the use of substances in public places. This is a direct result of protests from many municipalities concerned about an upswing of people using substances on city streets in view of the general public. It seems as though the BC Provincial Government is reacting to political pressure rather than listening to their own health experts and evidence-based knowledge.

It is important to point out that a major benefit of decriminalization was to remove the stigma of using substances in our society. When people are no longer afraid they'll be arrested, they are more likely to seek help through official health channels. This drives the major principle of shifting substance use of people towards the public health system. A major component of this is referral options for police and others to health channels. Unfortunately, those channels were not increased or readily identified by the government for police and others as part of the decriminalization initiative.

In addition, the highest risk of overdose happens when people use substances alone. Forcing them off streets, to back alleys, or behind dumpsters directly contradicts harm reduction strategies.

Lastly, people who have homes would most likely go there when they want to use substances. The need to "police" people using substances in public is a symptom of the root cause – homelessness. Trying to address the root cause of anything by fixing only a symptom is doomed to failure.

### **3.11-3 Public Safety Measures**

**Stories from The Gap – Nowhere To Go!** *"I set up my tent in a city park. The police and bylaw people came at 7 AM. They took my tent, and all my belongings, including my naloxone. All of it went into a dumpster, including my stash. No money to replace*

*any of it and now I can feel drug sickness coming on.”*

We also know that people with the most complex concurrent disorders often end up homeless. Our 2023 Point in Time Homeless count statistics show that 60% of respondents identified as having Mental Health Challenges and 70% identified as having substance disorders.

Although homelessness is not a crime, community public safety enforcement often endeavours to control the visibility of homelessness through oppressive measures. An example is, police or bylaw enforcement sweeps in areas of cities most populated by marginalised people. These sweeps have included forcing homeless people to “move along” with the removal/destruction of personal property including tents, personal possessions, harm reduction equipment, (including naloxone kits and clean needles) and unregulated substances within quantity levels allowed under Provincial Guidelines. Thankfully our Alberni Valley has seen a minimum of these actions, although they have happened. Provincially this trend continues in many communities and is very troubling.

These punitive measures are almost always driven by community members reacting to the visibility of marginalised people in the community. It is a knee-jerk reaction that focuses on the symptoms of mental health, substance disorders and homelessness rather than addressing the root causes, which are far more difficult to solve. However, all this approach does is further marginalise and stigmatise the already most vulnerable in our community. A recent science-based [research paper](#) clearly shows the negative outcomes both for marginalised people and the community at large. Sweeps also increase criminal behaviour – replacing personal possessions and drugs requires money, which our marginalised population have precious little of. Finally, and most significantly it increases their risk of overdose death.

### **3.12 Harm Reduction**

Harm Reduction has been a long-proven evidence-based strategy that is effective in addressing many health challenges including the poisoned drug catastrophe. Overall, harm reduction in BC is probably one of the most effective programs that have been implemented. For example, Overdose Prevention Sites (OPS) have saved countless lives. The Federal Government [reports](#) over 4.3 million visits to OPS Facilities between 2017 and 2023. The greater the access to OPS sites, the more lives will be saved.

Overall, OPS sites

- Save lives
- Reduce the sharing of needles that cause HIV and hepatitis C
- Increase the use of detox and addiction treatment services
- Provide opportunities to connect people to health care services, housing and other supports
- Reduce public drug use
- Reduce the number of inappropriately discarded needles
- Do not contribute to increased crime in the surrounding area

OPS sites are, of course, only one of many effective harm-reduction strategies. Any service that keeps people alive until they are ready for treatment is effective harm reduction.

Two areas that need continued improvement, are increasing channels for the distribution of harm reduction information and equipment, plus public awareness of the benefits of harm reduction. There remains a significant fraction of the general public who continue touting the misinformation that harm reduction enables the use of substances despite the continued mounting science-based evidence and research to the contrary.

### **3.13 Stigma**

**Stories from The Gap – He Died Alone.** *“I found my husband dead in our garage. They told me he died from an overdose of fentanyl. We never even knew he took drugs. He had a job and was a great father and husband. The kids don’t understand. I’m a stay-at-home mom, but that ends because there was no insurance and I need a job to pay for the mortgage ... if we can even keep this home.”*

Stigma continues to be an enormous challenge for people with mental health and substance disorders. Both conditions carry huge negative connotations across a wide spectrum of our society.

Mental health stigma challenges are perpetuated by the lack of understanding of mental health causes, difficulty in seeing positive treatment outcomes and atypical behaviours that often accompany people suffering from serious mental health disorders, especially in the marginalised demographics so often seen living on our streets.

Substance disorder stigma is driven by decades of criminalization policies in Canada and across the world. Stigma not only impacts society in the perceived negative stereotype of a person who uses substances but also by people suffering from substance disorders. The majority of people who have substance disorders carry guilt and stigma that often prevents them from reaching out for help. Stigma is pervasive across our society. We even see it in our healthcare system. For example, people wishing to access help through our emergency departments are told they only want a bed for the night and are discharged rather than treated with dignity and the same expectations for care as any other health concern a patient might present.

It is important to talk about one demographic that often gets missed when discussing the stigma associated with substance disorders. We know from the BC Coroners Service report that 78% of the deaths in our Province are men, between the ages of 30 and 59. We also know that approximately 50% of all deaths occur in private residences.

Some thought around these numbers would lead us to conclude that there is a huge demographic of men that for want of a better term, are functional or recreational users of substances. These men have homes, jobs and families. Blue collar, white collar doesn’t matter. They prefer to keep their use of substances secret (mostly because of

stigma) Almost always they use substances alone, which is the worst possible scenario with the present toxic unregulated supply.

Stigma for concurrent disorders will continue to be a barrier to solving the poisoned drug catastrophe until as a society we normalize substance use and governments seriously invest in changing the narrative via acceleration and intensifying public relations strategies to educate the public on stigma and concurrent disorders.

### **3.14 Recovery Treatment Time Frames**

**Stories from The Gap** – Detox and Then A Black Hole. *“I was lucky enough to get a bed in detox – 30 days later, they told me the only recovery program was a private one. I can’t afford \$15,000 – They told me a government recovery bed was a 3-month wait. I went home. Two days later, I was back using drugs.”*

One of the most serious gaps or barriers to resolving the poisoned drug catastrophe is the time frame for treatment. Best-in-class jurisdictions concentrate on a wrap-around model that begins with referrals to treatment measured in hours, rather than weeks. These best-in-class models include immediate referrals to detox within the initial admission into the hospital or treatment facility, similar to a patient needing an emergency X-ray. The referral and subsequent taking of the X-ray are done before the patient is discharged from the hospital – if required, the patient would be admitted for further treatment.

We continue to hear horror stories from people seeking treatment who have said, “I asked for detox or a referral to recovery and was told, here is a referral slip – someone will call you in a few weeks. I spent five hours in the ER for nothing. When I was discharged, I was getting dope sick, so I had to call my dealer. He was there in 20 mins”

The poisoned drug catastrophe is won or lost in seconds or minutes – not hours, days or weeks.

### **3.15 Treatment/Recovery Programs**

**Stories from The Gap** – It Might as Well Be Forever! *“I want off drugs so bad! When I checked into a recovery centre, they said they had a 6-month wait. I asked about the detox at-home program. They said I’d have to go to Richmond, cause it’s the only trial they knew about. I asked when the trial would come to our town. They laughed and said it would never happen.”*

Best-in-class models in other jurisdictions have enveloping programs that include immediate referrals to detox, encompassing hand-offs to recovery programs that monitor and progress a patient from recovery to in-community care programs. Included in the recovery and in-community programs are life skills/employment education.

Typically, detox programs are approximately 30 days, recovery programs are a minimum of 3 months to a maximum of 2 years. Included in these best-in-class models

are life skills assessment and training, job skill assessment and training, as well as housing placement before re-entering the community. Finally, the in-community programs are tailored to the needs of the patient. Some people may require a short time or in some cases, lifetime in-community follow-up. In-community programs also have a loopback component, wherein a patient may be referred back to recovery or detox.

Relapse is not seen as a failure, but rather a natural part of the journey of recovery.

All of these programs are interconnected which creates an umbrella-like system where once a patient enters, they are continuously supported until they no longer require treatment.

BC has a long way to go to have such a system supporting people with substance or concurrent disorders. The closest we get to best-in-class models is our [Red Fish Centre](#) in the Lower Mainland.

Another very important barrier is the tendency to regionalize services into major centres in the Province. This creates obstacles to recovery by forcing patients to choose between in-community options or being ripped out of their family and community support networks. There may be a case for centralized detox centres, as those programs are typically one month long. However, more successful recovery programs are a minimum of three months. To be removed from your family and community for an extended period is a legitimate hardship.

### **3.16 Prevention Programs**

**Stories from The Gap** – What A Waste of Time! *“My kid came home from school. He told me this lady came and gave them a presentation on staying away from drugs. He said she was super nice but clueless about their real world. I realized how jaded he felt when he told me that was 30 minutes of his life he’d never get back!”*

Prevention is a missed opportunity that is sadly lacking in the Provincial strategies. Possibly because prevention messages have gotten a bad name over the last several decades. Campaigns that concentrated on (Just Say No) or (Your Brain on Drugs) messages did not resonate with the general population, especially youth.

The latest evidence-based research points out that prevention messages must be peer-driven and that messages must clearly explain the why part of the dangers of unregulated substances, rather than messages that just tell people not to use. In addition, recent marketing research tells us that messages that use “No” or other negative phrases actually create the desire to continue a behaviour.

Adults and youth are by far more suspicious of government-driven messages in today’s web/social media world. Often people rely on opinion-based non-expert posts and websites. Public service messages around prevention must be focused on channels that adults and youth frequent.

No matter the difficulties of prevention strategies, they are crucial long-term required plans. If prevention messages stopped even 1 per cent of people from developing substance disorders, it would have a major impact on future community health and healthcare expenses.

## 4.0 Solution Recommendations

The poisoned drug catastrophe in our community and across the country poses a significant and urgent challenge, demanding a comprehensive set of recommended solutions to address its complex and multi-layered nature.

In this pivotal section of this report, we present a series of evidence-based and holistic approaches that aim to tackle the root causes and consequences of the catastrophe. These recommendations have been developed using a variety of methodologies, including research, experience, experts, and consultations with stakeholders, and community members (peers with lived experience) who have firsthand experience with the impact of substance disorders, including concurrent disorders and related issues.

To mitigate the poisoned drug catastrophe effectively, a multi-pronged strategy is essential. Firstly, implementing some form of regulated safe supply universally and available as soon as possible is critical. In addition, enhanced and timely access to recovery treatment and mental health services stands as a cornerstone of our recommendations. By bolstering resources, formalizing some form of regulated safe supply, expanding treatment capacity, and reducing barriers to entry, we can provide people struggling with substance use disorders the support they need to embark on the path to healing.

Furthermore, a strong emphasis on harm reduction strategies, such as supervised injection sites and naloxone distribution programs, is pivotal in preventing overdose deaths and mitigating the immediate risks associated with substance use. Alongside these efforts, public education campaigns and community outreach initiatives play a vital role in reducing stigma and raising awareness about the dangers of unregulated substance use. The interconnected nature of these solutions underscores the importance of a collaborative, community-driven approach to combating the poisoned drug catastrophe effectively.

**Note** – By necessity, in some sections, the same or similar recommendations will appear. Many of the same solutions address multiple causes.

### 4.1 First Nations Indigenous People Support Recommendations

The Port Alberni Community Action Team embraces recommendations that call for culturally sensitive and First Nations community-led initiatives that empower local First Nation leaders and organizations to develop and implement solutions tailored to their specific circumstances, led by them.

As a critical component of Indigenous-First Nations recommendations to address the poisoned drug catastrophe in our communities, we recognize and prioritize the unique needs and challenges faced by First Nations populations. Historically marginalized and underserved, First Nations communities have borne a disproportionate burden of the drug catastrophe, worsened by challenges including racism, intergenerational trauma caused by the residential school system and colonial policies, poverty, housing and

inadequate access to healthcare services.

Any solutions for First Nations involve partnering with Indigenous organizations, respecting traditional healing practices, and promoting holistic wellness programs that address not only substance disorders but also all the underlying social determinants of First Nations People. By engaging in meaningful consultation and collaboration with First Nations, we seek to ensure that the solutions are First Nations-driven and are both culturally relevant and sustainable, fostering resilience and well-being within First Nation communities.

### **Recommendations:**

- Actively support, participate and engage in **ALL** the [calls for action](#) of the Truth and Reconciliation Commission.
- We fully support all recommendations of the Tseshaht First Nations Alberni Valley Poisoned Drug Crisis Strategy 2023.
- Actively search for and implement partnership opportunities between First Nations, and the Port Alberni Community Action Team.
- Engage and actively support the needs of First Nations with the community at large, all service providers, Health Authorities and all levels of Government.

We acknowledge and support all the existing work First Nations have achieved in the following areas and support increases in these programs led by First Nations through increased support by all levels of Government:

- Culturally Tailored Treatment Programs: Develop addiction treatment programs that incorporate traditional healing practices, cultural teachings, and spiritual guidance to resonate with the values and beliefs of First Nations communities.
- Elders and Knowledge Keepers Involvement: Involve Elders and Knowledge Keepers in the healing process, allowing them to share their wisdom, provide mentorship, and support people in their journey to recovery.
- Community Healing Circles: Facilitate community healing circles or talking circles, where members can openly discuss their challenges, seek guidance, and receive emotional support in a culturally appropriate setting. An example is the Walk With Me Program.
- Land-Based Healing Programs: Offer land-based healing programs that connect individuals with the land, fostering a deeper sense of belonging and spiritual renewal. In Port Alberni, The Somass River is the lifeblood of its First Nations People.
- Cultural Awareness Training: Provide cultural awareness training to healthcare professionals and service providers to ensure respectful and culturally competent care.

- Community-Driven Solutions: Empower First Nations communities to design and implement their harm reduction and treatment programs, tailored to their unique needs and values.
- Language Revival Programs: Support language revival initiatives to strengthen cultural identity, which can be a protective factor against substance disorders.
- Traditional Medicine: Integrate traditional healing practices, such as smudging, and medicinal plant use, into substance disorder treatment and recovery plans.
- Family Support Programs: Establish family support programs that engage families and promote healing within the family unit, recognizing the importance of kinship ties in First Nations communities.
- Crisis Response Teams: Form culturally competent crisis response team(s) that can quickly address emergencies in a respectful and understanding manner.
- Cultural Mentorship for Youth: Offer cultural mentorship programs for youth to connect them with their heritage, promote positive self-identity, and steer them away from unregulated substance use.
- Community Public Safety Agreements: Collaborate with law enforcement agencies to establish community public safety agreements that prioritize cultural sensitivity and restorative justice principles.
- Community-Run Safe Spaces: Create community-run safe spaces for First Nations people to gather, share experiences, and access support without fear of judgment or discrimination. (Friendship Centres)
- Trauma-Informed Care: Ensure that all service providers are trained in trauma-informed care, recognizing the historical trauma that impacts many people in First Nations communities.
- Access to Traditional Elders and Healers: Facilitate access to traditional Elders and Healers as part of a support network for people in crisis or recovery.
- Cultural Resilience Programs: Promote cultural resilience through programs that celebrate cultural practices, art, storytelling, and song as a means to combat the negative effects of substance disorders.

## 4.2 Toxicity of the Unregulated Supply Recommendations

**Stories from The Gap – Three Days! – It Might As Well Be Forever.** *“I took a sample of my drugs in to get tested. They have to mail the sample to Victoria. I could come back in three days to get the results. It’s pretty funny (sad) – I’ll have used those drugs 4 times over when the results are ready.”*

The challenges of the toxicity of the unregulated supply in our communities are by itself an incredibly complex and diverse problem. Toxicity is certainly driven by inconstancy in the purity and strength of the active substance in any unregulated supply. Toxicity is worsened by the “cutting” agents used by all levels of unregulated supply to increase profit margins.

## Recommendations:

- The Province leads the way, in partnership with the Federal Government, by implementing a scalable program of Regulated Safe Supply to a minimum of 80% of the Province by the end of 2024. (Details of the recommended models of safe supply will be found in Section 4.3).
- The Province will Implement Overdose Prevention Sites in all communities in BC with populations of more than 15K by the end of 2024.
- The Province will Implement drug testing facilities including an onsite Fourier Transform Infrared Spectroscopy (FTIR) or Paper-Spray Mass Spectrometry in all communities across BC with populations of more than 15K by the end of 2024.
  - The objective is to provide people who use substances testing results of samples in less than 15 minutes.
- Federal and Provincial governments modify the criminal code of Canada with graduating penalties for major suppliers of unregulated substances based on the level of toxicity. Suppliers caught with excessive quantities of illicit drugs, weapons or violence during an arrest are to be held without remand until trial.

### 4.3 Regulated Safer Supply Recommendations

**Stories from The Gap** – Shit! Crap! and Cement -“*I got something called (CVD) chronic venous disease from injecting drugs. It didn't take that long. It isn't just the damage from injecting all the time – stuff they (drug suppliers) use for fillers in drugs, including baby powder, flour, corn starch and baking soda did me in. At least that's what the doctor told me when I got gangrene in my leg.*”

Any regulated safer supply model implementation is an enormous stumbling block for the BC Provincial Government. This is demonstrated by the absence of progress in rolling out the current small regulated safe supply trials and more recently the [rejection](#) by the Government of the BC Coroners Service recommendation on a regulated safe supply model.

The Port Alberni Community Action Team fully supports the BC Coroners Service November 1, 2023 [recommendations](#).

We acknowledge the real-world aspects of the political obstacles the Government feels it faces in implementing some form of safer supply. However, it's important to point out that the slow progress towards regulated safe supply is measured in lives lost every day a regulated safe supply is not available to the majority of British Columbians in need.

The [science-based evidence](#) is irrefutable in supporting safe supply models. Safe supply saves lives! Any safe supply model must meet people where they're at and

reduce barriers while increasing the universality of access.

### **Recommendations:**

- The Provincial Government will be at all times guided by its evidence-based health experts on drug policy implementation strategy.
- The Province adopts and implements innovative intensive education initiatives for physicians, health professionals and the general public on the benefits of a regulated safe supply
- The Province implement a graduated system of regulated safe supply models, starting with a roll-out of the existing models to 80% of the Province by the end of 2024.
- On an ongoing basis, the Province will modify the regulated safe supply model to reduce barriers and increase access.

## **4.4 Mental Health Recommendations**

**Stories from The Gap** – In and Out in 2 Seconds. *“I got sent to the West Coast General Hospital for observations under the Mental Health Act because they say I have Schizophrenia. They put me in the mental health ward. The next day they sent me to the Nanaimo Hospital via Ambulance. That afternoon a psychiatrist talked to me and released me. Thirty-six hours total, and no way to get back home to Port Alberni! (Note: This person has years of documented mental health challenges, and after release spiralled down into serious psychosis that went untreated until a critical event occurred in their community. They were told at the time, there were no beds available.)*

Timely mental health interventions and programs are of vital importance in our communities. Many people who use substances also struggle with mental health disorders.

Concurrent disorders and their health challenges impact an ever-increasing portion of our community. When left unaddressed, they lead to severe consequences, including emotional distress, decreased quality of life, and even increased risk of self-harm or suicide. By providing timely concurrent disorders health intervention and programs, we can offer crucial support to those in need, helping them navigate the complexities of their mental health issues and build resilience.

These interventions not only alleviate individual suffering but also have broader societal benefits, such as reducing the strain on healthcare systems, improving productivity, and fostering healthier, more connected communities. Ultimately, recognizing the significance of timely concurrent disorders health support is a crucial step in creating a more compassionate and resilient society where everyone has the opportunity to lead a fulfilling and productive life.

### **Recommendations:**

- Island Health actively recruit psychiatrists for the Alberni Valley, meeting the recommended guidelines of the [Canadian Psychiatric Association of Canada](#)

which recommends a ratio of 1 psychiatrist to 8,400 people. This requires an additional two (2) psychiatrists in our community.

- Health authorities and the Province will increase mental health hospital beds and staff so that admitted patients through the ER can be treated until they are stabilised. Currently, we hear many stories of people experiencing critical mental health events who are discharged from the ER without admission into the hospital or if they make it to the mental health ward, are discharged from the hospital, often within 24 hours. (See Stories From the Gap, Section 4.4)

## 4.5 Housing Recommendations

**Stories from The Gap – Boy, Was That Ever A Mistake!** *“I told my landlord I was having some health challenges with back pain and now I was hooked on pain (meds – my word for drugs). I guess he told everyone in our building. Somehow, I’ve become a leper. No one talks to me anymore. The landlord keeps coming up with problems that he says I’m causing. I think he’s working his way up to trying to evict me. I won’t ever make that mistake again.”*

Housing for everyone is the bedrock of the foundation required to begin addressing the poisoned drug catastrophe. The catastrophe has disproportionately affected vulnerable and marginalised populations, many of whom lack stable housing.

Basic housing is not only a fundamental human right but also a crucial component in the fight against drug poisoning. It provides people with a safe and stable environment where they can access necessary support, healthcare, and rehabilitation services. A 2024 [study](#) shows the direct link of increased homelessness to increase overdose deaths.

Ensuring that every person has access to adequate housing not only helps prevent substance-related harm but also offers a foundation for recovery and reintegration into our community. By recognizing and upholding the right to basic housing, we can take significant steps towards a more humane and effective response to the drug poisoning catastrophe, ultimately reducing the devastating impact it has on all communities in British Columbia.

### Recommendations:

- All levels of government will increase the Point-in-Time homeless count to a quarterly count.
- BC Housing will match temporary shelter beds in the community to the annual point-in-time homeless count.
- In partnership, the Province, Regional District and City will create a long-term scalable plan to replace temporary shelter beds with permanent housing, including assisted living housing as required. (5-year plan for full completion of required units, reviewed annually)
- Provincially remove municipal bylaws intended to restrict shelter and housing projects oriented to serving the marginalised demographics in communities.

- The Province will Incentivise municipalities that embrace shelter and housing projects in their communities. — The faster the implementation, the greater the incentive.
- BC Housing and the Province in partnership with municipal bylaws to incorporate housing models that integrate the placement of units throughout the community. This is to prevent concentrated poverty and social exclusion. Distributing housing options throughout the community ensures that people from diverse backgrounds and economic statuses have access to a range of housing opportunities. By avoiding the concentration of low-income or marginalized populations in one specific area, we can promote social inclusion, reduce stigmatisation, and create more inclusive, diverse, and vibrant communities.
- Local government, First Nation, Regional District and City to request from the provincial government for the implementation of a [Complex Care Housing Facility](#) in Port Alberni to be agreed upon by the end of 2024 and then implemented as soon as possible.

## 4.6 Poverty & Economic Recommendations

**Stories from The Gap – If Only, I Would.** *“I’m on social assistance. I get \$560 a month. If I could find an apartment, my landlord would directly receive a few hundred dollars more from the Government. What a laugh. There is nothing decent in our town under \$1000 a month to rent. If I could find something, I’d have to kick in most of my food money for rent. I’d be left trying to live on \$60 a month. Yesterday, I was walking to the OPS and some guy drove by yelling at me to get a job! – I would, if I could.”*

21% of all residents in the Alberni-Clayoquot Regional District (ACRD) live in poverty. Poverty worsens the risk of substance disorders as people facing economic hardship may turn to drugs as a coping mechanism or escape from their challenging circumstances.

Poverty also limits access to education, employment, and healthier lifestyles which further compound the challenges associated with substance and mental health disorders. It also worsens recovery outcomes. Moreover, impoverished families are often forced to live in areas that make them more vulnerable to drug-related harm.

Addressing poverty and its associated social determinants is crucial in breaking the cycle of the poisoned drug catastrophe. It plays a significant role in both the initiation of substance use and the challenges people face in seeking treatment and support.

### Recommendations:

- The Port Alberni Community Action Plan fully supports the ACRD [Poverty Reduction Action Plan](#), prepared by the Alberni Clayoquot Health Network 2021.
- We encourage the City of Port Alberni to build on its endorsement of the Alberni-Clayoquot Health Network Poverty Reduction Action Plan 2021 by creating its own tactical action plan to address economic prosperity, economic diversity and poverty reduction.

## 4.7 Government Resolve Recommendations

**Stories from The Gap – A Mother’s Grief.** *“My son died four years ago. It took time, but I finally got to talk to the Minister of Health and the Minister of MMHA. I thought they listened. They assured me that changes were coming. That was 3 years ago. Nothing has changed. My son’s death seems meaningless. Just another number in every increasing count of meaningless deaths.”*

The BC Government bears the majority of responsibility for drug policy changes and implementation of programs that effectively address the poisoned drug catastrophe in our communities. We acknowledge that it faces barriers in making timely changes to drug policies to address the catastrophe, including the complexity of the issue, political challenges, public perceptions and the need for substantial resource allocation. So far, the government response has been agonisingly slow and ineffective in reducing the rates of deaths from the unregulated poisoned drug supply in the province.

However, the importance of the government's resolve to implement evidence-based recommendations cannot be overstated. Evidence-based policies are crucial in crafting effective solutions, as they draw on science and health expert data and research to inform decisions. By concentrating on expert health recommendations instead of choices driven by politics, the government can make timely, informed, targeted changes that prioritize harm reduction, treatment, and prevention. The most controversial opportunities are also those most likely to make significant differences in the catastrophe.

This commitment is not only vital in saving lives and reducing the devastating impact of the poisoned drug catastrophe but also in demonstrating a responsive, compassionate, and accountable approach to governance. Timely, evidence-based policy changes will set the foundation for a more resilient and supportive society that addresses the root causes of substance abuse, ultimately fostering a safer and healthier British Columbia.

### Recommendations:

- The Province to Introduce metrics and consequences in Government Minister mandate letters for the Minister of Health and the Minister of Mental Health and Addictions. Current government ministers’ mandate letters provide objectives but are very soft on measurable metrics and performance consequences.
  - The mandate – to reduce the impact of the poisoned drug catastrophe on British Columbians
  - The Metric – (example) Reduce the Provincial death rate by 10% by the end of the 4th quarter of 2024.
  - The Consequence - This is a commitment to the well-being of all British Columbians. We recognize the complexity of the task, but make no mistake – we firmly expect this target to be met. Failure to do so will result in a critical examination of performance, including potential consequences, as we hold ourselves accountable to the people we serve. This is not

merely a goal; it is a mandate, and we will not shy away from making difficult decisions if our commitment is not upheld. The urgency of addressing the poisoned drug catastrophe requires nothing less than full accountability and action.

- The Province and Health Authorities introduce the same metrics and consequences to senior government bureaucrats of the MOH/MMHA ministries and senior Health Authority(s) Leaders' performance plans.
- Emphasize the importance of meeting performance metrics to reduce deaths from the poisoned drug catastrophe is so key, that failure to meet metrics set for government leaders, MOH/MMHA bureaucrats and health authorities, would at the very least result in no bonus payouts or wage increases, despite all other positive performance criteria.
- Our Community Action Team will advocate with the BC Government to embrace the courage to implement drug policy reforms based on the advice of its health experts and evidence-based knowledge. Exactly like it did with hard choices made during the COVID Crisis.
- The Province modify the BC Government Strategic Plan (Pathway To Hope) to include specific measurable goals with actionable dates.
- The Province implement a government-wide transparent monthly progress report on the Pathway to Hope action plan to the people of British Columbia.

#### **4.8 Recovery Programs –, In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Programs Recommendations**

**Stories from The Gap – I Gave Up!** *“I wanted to stop using drugs. My dad even paid for my first stay in recovery after I detoxed. It cost him over \$20 grand. I never thought you could get drugs in a recovery place, but you can. Three weeks in, I broke down and took some. They caught me. I got kicked out – my dad lost all his money and won't talk to me anymore. – I guess I'm just not worth it.”*

Frankly, the detox and recovery models in our province need to be completely revamped. We believe there are incredible opportunities to change the methodology of current detox programs, recovery programs, and how OAT (Opioid Agonist Treatment) is administered through physicians and nurse practitioners in the province.

The challenges posed by the poisoned drug catastrophe call for innovation and a bold reimagining of our approach to addiction treatment and recovery. By harnessing these opportunities, we can better serve our communities, empower people on their journey to recovery, and make substantial strides in addressing the complex and pressing issues associated with substance disorders.

The time has come for a fresh perspective, a commitment to current evidence-based practices, and a dedication to improving the lives of those affected by addiction. This transformative approach represents a cornerstone in our collective efforts to create a healthier and more resilient British Columbia.

## Recommendations:

- The Province flip the current model of 20% recovery centres publicly funded versus 80% private pay to 80% public funded versus 20% private pay.
- The Province and Health Authorities base new or changing recovery centres on the [clinical guidelines](#) outlined by the BC Centre on Substance Use. The foundation of all recovery centres should be based on section 2.6 *Self-defined Recovery and Wellness-oriented Care* of those clinical guidelines. (Mirror the Red Fish Centre as much as possible throughout the province.)
- BC Ministry of Health adopt policies that recognize that abstinence from substance use before entering into recovery centres is based on obsolete models developed in the mid-20<sup>th</sup> century. Set in place plans to move the majority of recovery centres to models based on present evidence-based knowledge that accept that recovery can start before detox. That relapse is part of recovery and NOT a reason to be ejected people from recovery programs.
- BC Ministry of Health and the Ministry of Mental Health and Addictions investigate amalgamating detox programs into recovery programs. This would decrease overall costs, but more importantly, make sure patients do not fall through the system cracks between detox and recovery programs. Embracing recovery models not requiring complete abstinence would allow the province to question the need for separate detox centres.
- The Province funds recovery beds in the province to meet the goal of every person wishing to enter into recovery having access to a recovery bed within 48 hours.
- The Province through the Ministry of Health change critical care procedures to provide beds in the hospital until recovery beds are available.
- The Province makes OAT/OATi therapy available in every hospital with an ER.
- The Province expand access to the at-home detox model trials (Substance Use Treatment and Response Team ([START](#))) to 80% across the province by the end of 2024.
- The Province makes OAT/OATi Therapy certification required for physicians or nurse practitioners specializing in ER medicine by the end of 2024.

## 4.9 Youth Challenges Recommendations

Addressing the problem of youth substance use requires a collaborative approach involving educators, healthcare professionals, community leaders, parents, and the youth themselves. By fostering open communication and providing the necessary support and resources, we can help guide young people towards making healthy choices and provide them with the tools to lead fulfilling lives.

To address youth substance use effectively, a comprehensive approach that involves various sectors of our community society is required. Here are several recommendations to help mitigate challenges youth face around substance use based on the issues identified:

- Increase support of organizations like ADAPS (Alberni Drug and Alcohol Prevention Services) offers information, counselling, and support for youth (age 12 - 24) and their supports affected by the use of substances. Services are harm-reduction-based and cover early intervention/information through intensive treatment and health maintenance. Open to anyone affected by a youth's use of substances, whether in their own use or someone else's. Organizations like ADAPS play a key role in solution-based work with youth.
- Education and Awareness: Implement age-appropriate drug education programs in schools that inform about the risks and consequences of substance use. This education should also extend to online platforms where youth spend a significant amount of time.
- Parental Involvement: Encourage open dialogue between parents and children about substance use. Parents should be educated on the signs of drug use and effective communication strategies.
- Mental Health Support: Enhance access to mental health services for youth. Early intervention for mental health issues can reduce the risk of self-medicating with drugs.
- Positive Role Models: Promote positive role models and mentors for young people. Having someone to look up to can inspire youth to make healthy choices.
- Healthy Alternatives: Provide and promote engaging activities and hobbies as alternatives to substance use. Sports, arts, and community service can offer a sense of belonging and accomplishment.
- Peer Support Programs: Develop peer-led initiatives and support groups where young people can share experiences and encourage each other to stay drug-free.
- Community Engagement: Involve the community in creating safe and supportive environments for youth. Community centres and programs can offer resources and a haven for young people.
- Enforcement: Ensure that police and public safety measures/regulations regarding the sale and distribution of substances are actively utilized to reduce the availability of drugs to minors.
- Early Intervention Programs: Implement programs that identify at-risk youth early and provide them with the support they need before they turn to drugs.
- Access to Treatment: Ensure that there are accessible, youth-friendly treatment programs that offer a range of services, including counselling, therapy, and rehabilitation.
- Aftercare and Relapse Prevention: Provide ongoing support for youth who have gone through treatment to prevent relapse. This could include mentorship programs, support networks, and educational opportunities.
- Research and Evaluation: Support research to better understand the reasons behind youth substance use and to evaluate the effectiveness of different intervention strategies.

Addressing youth substance use requires a balanced approach that combines prevention, treatment, and enforcement, as well as community involvement. These

recommendations must be tailored to the specific needs and circumstances of the youth population they aim to serve.

Prevention recommendations, including youth, are found in section 4.16.

#### **4.10 Primary Care**

**Stories from The Gap – No Family Doctor Now!** *“I told my family doctor I was hooked on opioids because my friend gave me some oxycontin when I hurt my back. He asked me how much and what I was taking. When I told him anything I could get from my dealer, he told me he couldn’t treat me. Now what?”*

In the face of the ongoing unregulated poisoned drug epidemic/catastrophe, it has become increasingly evident that expanding the availability of Opioid Agonist Treatment (OAT) in primary care settings is both a pragmatic and compassionate response.

Physicians and Nurse Practitioners, with their unique position as frontline medical professionals, are well-placed to offer timely and comprehensive support to individuals struggling with substance use disorders. By integrating OAT into primary care, we not only enhance accessibility to treatment but also reduce stigma, improve coordination of care, and foster a more holistic approach to patients' health and well-being. This transformative shift holds the potential to save lives, alleviate suffering, and contribute significantly to our collective efforts in addressing the complex challenges posed by the unregulated drug catastrophe in our communities.

#### **Recommendations:**

- The Province makes acquiring OAT/OATi certification so attractive for existing primary care physicians and nurse practitioners that it increases the base of primary health care professionals certified to administer OAT/OATi to a minimum of 80% of primary health care professionals by the end of 2024
- The province in consultation with the College of Physicians and Universities makes OAT/OATi certification mandatory for graduating physicians and nurse practitioners. Also, existing healthcare professionals from other jurisdictions wishing to practice in British Columbia are required to obtain OAT/OATi certification before being issued a license in BC.
- Drop the requirement for mentorship after OAT/OATi training in favour of an examination model.

#### **4.11 Criminal Justice System, Decriminalisation/Legalisation, Public Safety Measures Recommendations**

##### **4.11-1 Criminal Justice System Recommendations**

The poisoned drug catastrophe in Canada is accentuating the urgent need for a transformative shift in our approach to our criminal justice system. The current system has been completely ineffective in addressing the complexities of unregulated substance supply, often worsening the challenges faced by people grappling with

substance disorders use and accompanying mental health challenges.

In addition, our justice system is not effective or timely in addressing those who supply and deal unregulated substances at the mid-level or top of the supply chain.

A call to action is required. We urge Federal and Provincial policymakers and stakeholders to commit to comprehensive reform immediately. The consequences of inaction are severe. It will result in more lives lost, families destroyed, and communities devastated. It is time to acknowledge that a new approach is needed, one that embraces innovation and progress in the Canadian criminal justice system.

By recognizing the importance of changing the criminal justice system, we acknowledge the need for a more compassionate, evidence-based, and rehabilitative approach for people who use substances. For them, we need to shift the focus from punishment to substance disorder treatment, mental health disorder treatment and harm reduction in breaking the cycle of substance use disorder and fostering rehabilitation. At the same time, we need to effectively deal with the major suppliers of unregulated substances.

This shift not only aligns with the principles of social justice but also holds the potential to reduce the burden on the legal system while simultaneously addressing some of the root causes of the poisoned drug catastrophe.

### **Recommendations:**

Note: These recommendations exclude any criminal behaviours that result in violence, weapons possession, or people possessing more than 250 grams of substances identified as [illicit drugs](#) in Canada.

- The Province allocates resources to enhance and expand addiction treatment infrastructure, that ensures access of justice system clients to timely and comprehensive support for people seeking recovery.
- The Federal Government in partnership with Provinces expand restorative justice programs across Canada, especially for people who use substances and have committed nonviolent petty crimes in sourcing substances for their substance use disorders.
- The Province expands diversion programs - and rolls out the implementation of Drug Courts. Drug treatment court is a special court that works to redirect non-violent offenders with substance disorders into programs of treatment and supervision, instead of sentencing them to prison. The court is supported by immediate access to programs consisting of addiction recovery services, social service agencies and individual case planning.
- The Province creates systems and procedures that divert people with mental health disorders and substance disorders into immediate access to forensics-driven treatment and recovery. This includes making alternatives to incarceration a first choice for nonviolent offences related to substance use, such as community service, restitution, or supervised treatment programs.

- The Province establishes a special diversion program for youth involved in non-violent offences driven by substance use, emphasizing education, counselling, and community service rather than punitive measures.
- All levels of government collaborate with Indigenous Justice Systems – where possible, refer Indigenous people to an Indigenous-led justice system.
- The Province introduces incentives within the justice system for people who complete substance disorder treatment programs, promoting positive outcomes and rehabilitation.
- All levels of government encourage proactive community policing models that prioritize harm reduction strategies over punitive measures, fostering trust and cooperation between law enforcement and communities.
- The Province Implements cross-sector collaboration programs between the justice system, healthcare providers, and community organizations to create a coordinated and comprehensive response to the poisoned drug catastrophe.
- The Province establish education and sensitisation programs for legal professionals, especially Judges and Crown Prosecutors to increase awareness of the complexities of substance use disorders and to reduce stigma.
- The province modifies the current legal aid model to provide specialized legal aid for people facing legal challenges related to non-violent substance use/concurrent disorders. This would include specially trained Public Defenders who are trained in all the diversion opportunities.
- The Federal Government and Province, in partnership, develop metrics to continuously monitor changes to our justice system, and implement data-driven decision-making processes that evaluate the impact of interventions and adjust strategies accordingly.

#### **4.11-2 Decriminalisation/Legalisation Recommendations**

The Federal/Provincial trial of Decriminalization in British Columbia is a great first step in normalizing access to substances currently designated illegal. Like all controlled substances, the difference between decriminalisation and legalisation is huge

The decriminalization or legalization of substances stands as a paradigm shift in addressing the poisoned drug catastrophe. It offers a spectrum of benefits that transcend traditional punitive approaches. By moving away from criminalizing individuals for personal drug possession, society gains the potential to redirect resources towards more effective harm reduction, treatment, and prevention strategies.

Decriminalization fosters an environment where people with substance use disorders are viewed through a public health lens, encouraging them to access crucial services without the fear of legal repercussions.

In time as the perception of the general public changes, legalisation of certain substances should also be explored, as they offer potential benefits in reducing the harms associated with drug use. By regulating the drug market and implementing safety

measures, we can ensure quality control and protect the well-being of those who currently use unregulated substances.

Legalization, when carefully regulated, allows for safer drug consumption environments, reducing the risks associated with unregulated substances. Moreover, these approaches acknowledge the complex nature of substance disorders, aiming to destigmatize substance use and promote compassionate, evidence-based solutions. Embracing decriminalisation or legalisation offers a pathway to shift the narrative from punishment to rehabilitation, ultimately contributing to a more humane, equitable, and effective response to the poisoned drug catastrophe.

### **Recommendations:**

- Stop police sweeps in municipalities intent on circumventing the BC provincial decriminalization trial.
- The Province evaluates decriminalisation/legalisation policies, allowing for adjustments on science and evidence-based emerging research, public health needs, and community feedback.
- The Province implement an extensive public service ad campaign focusing on the evidence-based advantages of decriminalization.
- Restore the original BC Provincial Government policies of the decriminalisation trial and legislation.
- The Federal Government and Province, in partnership, make the decriminalisation trial permanent as soon as possible
- The Federal Government and Province, in partnership, increase the decriminalised quantity of substances allowed for personal use to an average one-week supply.

### **4.11-3 Public Safety Measures Recommendations**

**Stories from The Gap** – I Wasn't Doing Anything! *"I'm homeless in downtown Lower East Side, Vancouver. I was walking to the place that provides hot meals. A cop car and van pulled up beside me. Five cops got out. They demanded to know why I was there. Then they searched me. They took my drugs (I only had one dose of down, which is supposed to be okay now) and put me in a patty wagon. After four hours, they let me back on the streets, no drugs, no money to replace them and a long way to where I left my stuff. When I got back to my shopping cart, all my stuff was gone. Now I'm beginning to get drug sick."*

Public safety measures are tools that help deal with the poisoned drug catastrophe. They focus on keeping communities safe and helping people who are affected by substance disorders. However, it is crucial to reorient these methods to a health-based lens. Best-in-class public safety programs use smart, evidence-based ideas that we know work. They include prevention messages, working together, and being ready to help.

The goal is to stop harm from substances both for the person who is using drugs and also for the broader community. These recommendations empower communities to

tackle some of the root causes of the catastrophe and ensure the well-being of everyone. By embracing public safety measures, we lay the foundation for a more secure, informed, and compassionate response to the poisoned drug catastrophe, fostering a collective commitment to the safety and vitality of our communities.

Public Safety is about balancing the needs of the entire community. Striking a balance requires a compassionate approach that supports people experiencing homelessness and concurrent disorders while maintaining a standard for everyone within our community. Collaborative initiatives can be implemented to address the unique challenges faced by unhoused or people suffering from concurrent disorders, providing access to resources, shelter, and support services. Resolving root causes rather than symptoms should always be the priority approach.

### **Recommendations:**

- The Province increases the accessibility of recovery treatment services, including detoxification programs, rehabilitation facilities, and mental health support, in-community to provide **timely** assistance to those in need. The goal is immediate referral into recovery through critical care hospital beds and then transfer to recovery programs within 48 hours.
- The Province invests in increasing province-wide public awareness/education programs to raise understanding about the poisoned drug catastrophe, promote harm reduction practices, and reduce the stigma associated with substance disorders.
- The Province expands the availability of safe consumption/overdose prevention sites, providing supervised environments for people to use substances safely while accessing support services. In Port Alberni, increase the OPS hours to a 24/7 model.
- Island Health investigates creating a 2<sup>nd</sup> OPS in the Argyle/3<sup>rd</sup> Ave corridor of Port Alberni. This area is frequented by many of our marginalized family, friends and neighbours of our community. It's also far enough away from our existing OPS that clients are unwilling to travel to the current OPS.
- The city provides public toilets in areas of the city frequented by our marginalized demographics.
- The Federal Government and Province, in partnership, accelerate the Implementation of community policing models that prioritize harm reduction strategies over punitive measures, building trust and collaboration between law enforcement and communities.
- The Province moves towards integrating mental health services with policing models, recognizing the co-occurrence of mental health challenges and substance use. 911 reports of a critical mental health event respond with police and mental health experts. We recommend the expansion of the Assertive Community Treatment (ACT) Team in Port Alberni to enable them to respond in conjunction with police in mental health crises 24/7 by the end of 2024.

- The Province significantly increase public awareness campaigns to destigmatize substance disorders, increase understanding of the poisoned drug catastrophe, and encourage people to seek help without fear of judgment by the end of 2024.
- School Boards provide a formal training program for educators and school staff on recognizing signs of substance use, facilitating early intervention, and connecting students to appropriate support services.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province significantly increases public awareness that harm reduction and treatment are part of the same recovery process. Our strongest ask is for all levels of government, especially the provincial government, to campaign hard on educating the public with real information based on science/evidence-based information.
- The province increases support for programs like Community Action Teams (CAT). These programs are community-led initiatives and concentrate on networking with service providers, peers and the community. Community Action Teams focus on harm reduction, reducing stigma and addressing social determinants of the poisoned drug catastrophe. Support and funding of CAT Teams allow local communities to tailor strategies to their unique needs and challenges.

## 4.12 Harm Reduction Recommendations

**Stories from The Gap – Only Once!** *“I’m one of the few that still injects the drugs I use. It was a long way to the OPS to get more clean needles. I shared once. Now I have HIV.”*

Harm reduction strategies stand as a basic building block in all the work addressing the complexities of the poisoned drug catastrophe. It requires aggressively challenging misconceptions and fostering a more informed and compassionate response within our communities.

The significance of harm reduction lies not only in its ability to minimize the adverse effects of substance use but also in bridging the gap of misunderstanding that seems so prevalent in the general public. By promoting evidence-based strategies for safe supply, needle exchange programs, supervised consumption sites, and supporting innovative programs like DULF, and education initiatives, harm reduction aims to mitigate risks and enhance the overall well-being of people affected by addiction. It emphasizes the need to meet people where they are, providing support without judgment.

Harm reduction is also the umbrella that resists the ban on public consumption legislation.

The benefits of harm reduction extend beyond the individual, contributing to safer communities and fostering a culture of empathy and understanding. By embracing harm

reduction recommendations, we are not only saving lives but also dismantling stigmas and building a foundation for healthier and more inclusive communities.

### **Recommendations:**

- Island Health Authority increase the Port Alberni OPS hours of operation to a 24/7 model as soon as possible.
- The Province increases access to harm-reduction supplies.
- Significantly increase public awareness that harm reduction and treatment are part of the same recovery journey. Our strongest ask is for all levels of government, especially the provincial government to campaign hard on educating the public with real information based on science/evidence-based information.
- The Province implements mobile harm reduction units to reach underserved and remote communities, providing on-the-spot support, education, and resources.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province through its Ministry of Health, integrates harm reduction methods into primary care settings, ensuring that healthcare providers offer non-judgmental support and resources to people with substance use disorders based on trauma-informed care principles.
- All levels of government and service providers provide cultural competency training for healthcare professionals to ensure that harm reduction services are inclusive and respectful of the diverse backgrounds and experiences of all people, (especially indigenous – due to their over-representation in the catastrophe) seeking support.
- All levels of government and service providers collaborate with Indigenous communities to incorporate traditional healing practices into harm reduction strategies, respecting cultural diversity and enhancing the effectiveness of interventions.
- The Province increases access to transitional housing, permanent housing and support services for people with substance use disorders. This provides stability and assistance in their recovery journey. (no healing begins without a safe place to lay your head every night)
- School Boards integrate harm reduction education into school curricula to equip students with knowledge about substance use, risks, and harm reduction practices from an early age.
- The Province develops and supports peer-based initiatives (Community Action Teams) that provide individuals with lived experience, and an opportunity to connect, share knowledge, and offer support in harm reduction efforts.
- The Province through Island Health augment existing drug-testing services in Port Alberni to allow people to test the contents of unregulated substances using an onsite FTIR Spectroscopy or Paper-Spray Mass Spectrometry by the end of 2024. This promotes informed choices and reduces the risk of unintentional poisoning.

- Island Health Authority to investigate a mobile drug testing unit that can meet people where they are. Possibly consider a scalable model that utilizes a travelling unit between communities. (Mondays and Fridays in Port Alberni, Tuesdays in Oceanside, etc.)

#### 4.13 Stigma Reduction Recommendations

**Stories from The Gap** – I’m A Huge Failure. *“Nobody hates me more than me. Even so, when I walk on the streets, people yell vile comments all the time. When I go to the hospital, I see the looks. It all makes me hate myself even more. All I want is to get help.”*

We reshape the narrative around stigma by addressing the profound impact of the societal judgment on people, families and communities affected by substance use disorders. By emphasizing the need to close the gap in the general public's perception, these recommendations strive to dispel misconceptions and foster empathy.

The benefits of stigma reduction extend beyond removing barriers to treatment and support. They also encompass the creation of more inclusive and understanding communities.

By challenging stereotypes and encouraging open conversations, stigma reduction initiatives aim to create an environment where people grappling with substance disorders are seen not as moral failures but as individuals with severe health disorders who are deserving of compassion, support, and access to comprehensive care.

Embracing stigma reduction recommendations is fundamental to building a more compassionate and informed community response to the poisoned drug catastrophe, ensuring that those affected can seek help without fear of judgment or exclusion.

#### **Recommendations:**

- The Province through Work Safe BC implements permanent strategies that include education for all employers on substance disorders, the impact on men (functional and recreational use) and harm reduction that specifically addresses stigma and using substances alone.
- Work Safe BC is to make the information in the bullet above a yearly mandatory subject in safety meetings for all employees in BC.
- The Province launches specific campaigns promoting the use of inclusive and non-stigmatizing language in public discourse, shaping a narrative that emphasizes health and recovery rather than moral judgment.
- The Province change the name of the Ministry of Mental Health and Addictions to a more inclusive language.
- The Province significantly increase targeted public awareness campaigns to educate the public about the complexities of substance use disorders and corresponding stigma, dispelling myths and challenging stereotypes by the end of 2024.

- Utilize public figures, including policymakers, celebrities, and community leaders in media campaigns, to openly discuss and advocate for stigma reduction, leveraging their influence to challenge societal attitudes.
- The Province implement a targeted program to educate media professionals with sensitivity training to ensure accurate and compassionate reporting on issues related to substance use, avoiding sensationalism and reinforcing harmful stereotypes.
- The Province and Health Authorities promote storytelling initiatives where people with lived experience share their journeys of recovery. This humanizes people’s struggle with substance disorders and challenges preconceived notions in the general public.
- The Province establishes provincial support programs for families affected by substance use disorders, offering resources and guidance to reduce internalized stigma and foster healthy family dynamics.
- BC Emergency Health Services provides specialized training for all 1<sup>st</sup> Responders on stigma reduction, emphasizing compassionate approaches when interacting with individuals experiencing substance use challenges.
- All levels of government facilitate peer-led community events that bring together individuals in recovery, community members, and service providers, fostering a sense of unity and reducing isolation.
- All levels of government encourage community art projects and expressions that challenge stereotypes and showcase the diverse experiences of individuals affected by substance use, promoting understanding through creativity.
- The Province through BC Corrections, establishes reintegration programs for individuals leaving correctional facilities, offering support, employment opportunities, and stigma-reduction initiatives to prevent recidivism.
- The Province develops programs that empower individuals in recovery through employment opportunities, reducing stigma by showcasing the potential for success and contribution to society.

#### **4.14 Recovery Treatment Time Frames Recommendations**

The poisoned drug catastrophe is won or lost in seconds or minutes – not hours, days or weeks.

Recovery treatment time frame recommendations place a strong emphasis on the urgency of initiating people into recovery at the earliest possible step. Recognizing the time-sensitive nature of substance disorders, these recommendations prioritize swift access to evidence-based treatments and support services.

We draw inspiration from the comprehensive approach adopted by world best-in-class jurisdictions, where the decriminalization of drug use is coupled with a robust system of treatment, harm reduction, addressing social determinants, and comprehensive, timely in-facility recovery programs and post-recovery programs in-community after discharge.

## Recommendations:

- The Province through the Ministry of Health and Health Authorities streamline referral processes between emergency departments, primary care providers, and treatment facilities to minimize delays in transitioning people from crisis to recovery.
- The Province through the Ministry of Health and Health Authorities implements 24/7 crisis intervention services, providing immediate support and assessment for people in acute distress, with a focus on facilitating entry into treatment.
- The Province increases the availability of crisis stabilisation beds, providing short-term intensive support for people in acute distress while facilitating a smooth transition into longer-term treatment.
- The Province through the Ministry of Health and Health Authorities expands inpatient detox services utilizing critical care beds in hospitals to accommodate the immediate needs of people seeking to overcome physical dependence on substances. (Model after the Vancouver St Paul's Hospital Seamless program)
- The Province through the Ministry of Health and Health Authorities expands at-home detox programs.
- The Province introduce mobile outreach and treatment units to reach underserved and remote communities, providing on-the-spot assessments and initiating the treatment process promptly.
- The Province through the Ministry of Health and Health Authorities establishes fast-track access for high-risk populations, such as people with a history of overdose or those facing severe health complications, recognizing the urgency of their treatment needs.
- The Province through the Ministry of Health and Health Authorities expands telehealth and virtual treatment options to enhance accessibility for people in remote areas or those facing barriers to in-person visits, ensuring timely access to OAT treatment and recovery support.
- The Province prioritizes same-day access to Medication-Assisted Treatment (MAT) (OAT/OATi) options, such as methadone or buprenorphine, reducing withdrawal symptoms and supporting people immediately.
- The Province through the Ministry of Health and Health Authorities integrates peer support programs to assist people during transitions between different phases of treatment, providing guidance, encouragement, and understanding from those with lived experience.
- The Province increases access to primary care providers (GPs and Nurse Practitioners) to ensure seamless integration of substance use treatment into routine healthcare, minimizing delays in accessing comprehensive care.
- The province reduces waiting times for outpatient treatment services, ensuring people can access counselling, therapy, and support groups without prolonged delays.
- The Province develops post-overdose outreach programs that connect people who have experienced an overdose with immediate support and treatment options, promoting a pathway to recovery.

- The Province through the Ministry of Health and Health Authorities implements strategies to engage and support families in facilitating the recovery process for loved ones, recognizing the crucial role of familial support in sustained recovery for people suffering from substance disorders.

#### **4.15 Comprehensive Treatment/Recovery Program Recommendations**

**Stories from The Gap – What Help?** *“I was helping my brother, who was trying to detox his son at his home, as there was no other option. To say the least, it was extremely stressful for all of us. As I was driving home one evening, I saw an Island Health bus-stop sign that read: “Too many men have been lost to overdose. We’re here for you because we want you to be here too. Find help, hope, and connection. [IslandHealth.ca/StopOverdose](https://IslandHealth.ca/StopOverdose)”. I started laughing so hard that I had to pull off the road. Then I started sobbing. There is almost zero help for families in this life-and-death situation. - I should add, that Help is certainly not a phone call away.”*

Comprehensive treatment and recovery program recommendations represent a holistic and transformative approach to addressing the poisoned drug catastrophe. We are advocating for an all-encompassing model that addresses the entire spectrum of a person’s recovery journey.

Emphasizing the importance of comprehensive care, this model recognizes that the journey to recovery extends beyond isolated interventions and must be woven into the fabric of a person's substance disorder healing journey at every stage. Drawing inspiration from the pioneering efforts in world best-in-class jurisdictions, where a comprehensive program combines decriminalization with robust treatment and harm reduction measures, we see the profound impact of an all-inclusive approach.

By integrating prevention, early intervention, and sustained support throughout an individual's recovery journey, comprehensive treatment and recovery programs not only address immediate crises but also foster resilience, healing, and a sustained commitment to well-being. Embracing this model is fundamental to dismantling some of the most serious root causes of the poisoned drug catastrophe and nurturing communities where every person is valued and supported in their journey toward recovery.

#### **Recommendations:**

- At a provincial level, work towards creating a recovery model that embraces people beginning at critical events, hand-offs to detox, through to recovery and then onto outpatient recovery programs.
- The Province creates a scalable end-to-end system that is provincially funded for 80% of the population of BC with a target date by the year-end of 2024.
  - Model this end-to-end recovery system to embrace the evidence-based concept that relapse is a necessary part of recovery and should not result in ejection from recovery programs.

- The Province through the Ministry of Health and Health Authorities looks at diversifying as much as possible regional facilities. One possible model is to have sub-facilities in communities that are part of a larger central regional facility.
- The Province through the Ministry of Health and Health Authorities ensures that this inclusive model (hand-offs) is transparent to the patient. (Preceding programs must hold patients until succeeding programs can accept them) Once a patient embarks on the process, there are no gaps between programs.
- The Province through the Ministry of Health and Health Authorities designs programs to comprise social determinants skills including life skills, work skill training, job placement and housing placement before exiting people to outpatient programs in the community.

#### **4.16 Comprehensive Preventative Programs Recommendations**

Preventive program recommendations intend to capitalize on current missed opportunities in the efforts to reduce the impact of the poisoned drug catastrophe through increasing prevention efforts in British Columbia.

By focusing on prevention at its core, these recommendations prioritize a spectrum of interventions designed to target risk factors, increase resilience, and create a community-wide understanding of the dangers associated with unregulated substance use.

From early childhood education initiatives to community outreach campaigns and targeted interventions for at-risk populations, we believe comprehensive preventive programs can disrupt the trajectory of people most at risk of substance use before it takes hold in their lives.

Emphasizing education, community engagement, and early intervention, these recommendations not only aim to reduce the incidence of substance use but also create a resilient and informed society that is equipped to address the catastrophe and build a healthier future for all residents of British Columbia.

#### **Recommendations:**

- The following recommendations require that they be driven Provincially.
- The Province Initiates transformative and innovative provincial prevention public awareness campaigns on TV, Radio, traditional media channels, and social media
  - Utilize famous people to deliver prevention messages.
- Implement age-appropriate substance use education in early childhood programs to build foundational awareness and resilience against future substance-related challenges.
- Develop comprehensive youth prevention programs in schools, combining education, mental health support, and positive recreational activities to discourage early substance use.

- Conduct ongoing community outreach and education campaigns to raise awareness about substance use, its risks, and available preventive resources, fostering a supportive community environment.
- Establish family-centred prevention services that engage and empower families in recognizing and addressing substance use issues, promoting a collaborative approach to prevention.
- Introduce school-based prevention and intervention services that identify and address substance use concerns among students promptly, providing counselling and support to prevent escalation.
- Implement targeted prevention programs for populations at higher risk of substance use, addressing social determinants and providing support for vulnerable communities, especially in Indigenous communities who are disproportionately impacted by the poisoned drug catastrophe
- Provide cultural competency training for educators to ensure that prevention programs are inclusive and respectful of the diverse backgrounds and experiences of students.
- Develop online and digital resources for preventive education, reaching a wide audience and leveraging technology to disseminate information about substance use risks.
- Conduct community-based prevention workshops that address local factors contributing to substance use, tailoring interventions to the unique needs and challenges of specific communities.
- Establish programs that provide parental guidance and support in navigating conversations about substance use with children, promoting open communication and early intervention.
- Implement peer-led prevention initiatives in schools and communities, leveraging the influence of peers to promote positive behaviours and discourage substance use.
- Develop programs that focus on building community resilience as a preventive measure, addressing underlying social and economic factors that contribute to substance use.
- Involve youth in the planning and implementation of prevention programs, ensuring that initiatives are relevant, engaging, and resonate with the youth audience.
- Integrate preventive measures within primary care settings, ensuring that healthcare providers actively engage in discussions about substance use risks with patients.
- Increase the accessibility of community health clinics, providing preventive services, resources, and information related to substance use in a community-centered setting.
- Forge partnerships with local businesses to promote preventive messages, providing resources and education to employees and customers about the risks of substance use.
- Incorporate preventive measures into recreation centres and community spaces, offering information, resources, and activities that discourage substance use.

## Summary of Recommendations

### 4.1 First Nations Indigenous People Support Recommendations

- Actively support, participate and engage in **ALL** the [calls for action](#) of the Truth and Reconciliation Commission.
- We fully support all recommendations of the Tseshaht First Nations Alberni Valley Poisoned Drug Crisis Strategy 2023.
- Actively search for and implement partnership opportunities between First Nations, and the Port Alberni Community Action Team.
- Engage and actively support the needs of First Nations with the community at large, all service providers, Health Authorities and all levels of Government.

We acknowledge and support all the existing work First Nations have achieved in the following areas and support increases in these programs led by First Nations through increased support by all levels of Government:

- Culturally Tailored Treatment Programs: Develop addiction treatment programs that incorporate traditional healing practices, cultural teachings, and spiritual guidance to resonate with the values and beliefs of First Nations communities.
- Elders and Knowledge Keepers Involvement: Involve Elders and Knowledge Keepers in the healing process, allowing them to share their wisdom, provide mentorship, and support people in their journey to recovery.
- Community Healing Circles: Facilitate community healing circles or talking circles, where members can openly discuss their challenges, seek guidance, and receive emotional support in a culturally appropriate setting. An example is the Walk With Me Program.
- Land-Based Healing Programs: Offer land-based healing programs that connect individuals with the land, fostering a deeper sense of belonging and spiritual renewal. In Port Alberni, The Somass River is the lifeblood of its First Nations People.
- Cultural Awareness Training: Provide cultural awareness training to healthcare professionals and service providers to ensure respectful and culturally competent care.
- Community-Driven Solutions: Empower First Nations communities to design and implement their harm reduction and treatment programs, tailored to their unique needs and values.
- Language Revival Programs: Support language revival initiatives to strengthen cultural identity, which can be a protective factor against substance disorders.
- Traditional Medicine: Integrate traditional healing practices, such as smudging, and medicinal plant use, into substance disorder treatment and recovery plans.

- Family Support Programs: Establish family support programs that engage families and promote healing within the family unit, recognizing the importance of kinship ties in First Nations communities.
- Crisis Response Teams: Form culturally competent crisis response team(s) that can quickly address emergencies in a respectful and understanding manner.
- Cultural Mentorship for Youth: Offer cultural mentorship programs for youth to connect them with their heritage, promote positive self-identity, and steer them away from unregulated substance use.
- Community Public Safety Agreements: Collaborate with law enforcement agencies to establish community public safety agreements that prioritize cultural sensitivity and restorative justice principles.
- Community-Run Safe Spaces: Create community-run safe spaces for First Nations people to gather, share experiences, and access support without fear of judgment or discrimination. (Friendship Centres)
- Trauma-Informed Care: Ensure that all service providers are trained in trauma-informed care, recognizing the historical trauma that impacts many people in First Nations communities.
- Access to Traditional Elders and Healers: Facilitate access to traditional Elders and Healers as part of a support network for people in crisis or recovery.
- Cultural Resilience Programs: Promote cultural resilience through programs that celebrate cultural practices, art, storytelling, and song as a means to combat the negative effects of substance disorders.

## 4.2 Toxicity of the Unregulated Supply Recommendations

- The Province leads the way, in partnership with the Federal Government, by implementing a scalable program of regulated Safe Supply to a minimum of 80% of the Province by the end of 2024. (Details of the recommended models of safe supply will be found in Section 4.3).
- The Province Implement Overdose Prevention Sites in all communities in BC with populations of more than 15K by the end of 2024.
- The Province implements drug testing facilities including an onsite Fourier Transform Infrared Spectroscopy (FTIR) or Paper-Spray Mass Spectrometry in all communities across BC with populations of more than 15K by the end of 2024.
  - The objective is to provide people who use substances testing results of samples in less than 15 minutes.
- Federal and Provincial governments modify the criminal code of Canada with graduating penalties for major suppliers of unregulated substances based on the level of toxicity. Suppliers caught with excessive quantities of illicit drugs, weapons or violence during an arrest are to be held without remand until trial.

### 4.3 Regulated Safer Supply Recommendations

- The Provincial Government be at all times guided by its evidence-based health experts on drug policy implementation strategy.
- The Province adopts and implements innovative intensive education initiatives for physicians, health professionals and the general public on the benefits of safe supply
- The Province implement a graduated system of safe supply models, starting with a roll-out of the existing models to 80% of the Province by the end of 2024.
- On an ongoing basis, the Province modifies the regulated safe supply model to reduce barriers and increase access.

### 4.4 Mental Health Recommendations

- Island Health actively recruit psychiatrists for the Alberni Valley, meeting the recommended guidelines of the [Canadian Psychiatric Association of Canada](#) which recommends a ratio of 1 psychiatrist to 8,400 people. This requires an additional two (2) psychiatrists in our community.
- Health authorities and the Province increase mental health hospital beds and staff so that admitted patients through the ER can be treated until they are stabilised. Currently, we hear many stories of people experiencing critical mental health events who are discharged from the ER without admission into the hospital or if they make it to the mental health ward, are discharged from the hospital, often within 24 hours. (See Stories From the Gap, Section 4.4)

### 4.5 Housing Recommendations

- All levels of government increase the Point-in-Time homeless count to a quarterly count.
- BC Housing matches temporary shelter beds in the community to the annual point-in-time homeless count.
- In partnership, the Province, Regional District and City create a long-term scalable plan to replace temporary shelter beds with permanent housing, including assisted living housing as required. (5-year plan for full completion of required units, reviewed annually)
- Provincially remove municipal bylaws intended to restrict shelter and housing projects oriented to serving the marginalised demographics in communities.
- The Province incentivises municipalities that embrace shelter and housing projects in their communities. — The faster the implementation, the greater the incentive.
- BC Housing and the Province in partnership with municipal bylaws incorporate housing models that integrate the placement of units throughout the community. This is to prevent concentrated poverty and social exclusion. Distributing housing options throughout the community ensures that people from diverse backgrounds

and economic statuses have access to a range of housing opportunities. By avoiding the concentration of low-income or marginalized populations in one specific area, we can promote social inclusion, reduce stigmatisation, and create more inclusive, diverse, and vibrant communities.

- Local government, First Nation, Regional District and City request from the provincial government the implementation of a [Complex Care Housing Facility](#) in Port Alberni to be agreed upon by the end of 2024 and then implemented as soon as possible.

## 4.6 Poverty & Economic Recommendations

- The Port Alberni Community Action Plan fully supports the ACRD [Poverty Reduction Action Plan](#), prepared by the Alberni Clayoquot Health Network 2021.
- We encourage the City of Port Alberni to build on its endorsement of the Alberni-Clayoquot Health Network Poverty Reduction Action Plan 2021 by creating its own tactical action plan to address economic prosperity, economic diversity and poverty reduction.

## 4.7 Government Resolve Recommendations

- The Province Introduces metrics and consequences in Government Minister mandate letters for the Minister of Health and the Minister of Mental Health and Addictions. Current government ministers' mandate letters provide objectives but are very soft on measurable metrics and performance consequences.
  - The mandate – to reduce the impact of the poisoned drug catastrophe on British Columbians
  - The Metric – (example) Reduce the Provincial death rate by 10% by the end of the 2<sup>nd</sup> quarter of 2024.
  - The Consequence - This is a commitment to the well-being of all British Columbians. We recognize the complexity of the task, but make no mistake – we firmly expect this target to be met. Failure to do so will result in a critical examination of performance, including potential consequences, as we hold ourselves accountable to the people we serve. This is not merely a goal; it is a mandate, and we will not shy away from making difficult decisions if our commitment is not upheld. The urgency of addressing the poisoned drug catastrophe requires nothing less than full accountability and action.
- The Province and Health Authorities introduce the same metrics and consequences to senior government bureaucrats of the MOH/MMHA ministries and senior Health Authority(s) Leaders' performance plans.
- Emphasize the importance of meeting performance metrics to reduce deaths from the poisoned drug catastrophe is so key, that failure to meet metrics set for government leaders, MOH/MMHA bureaucrats and health authorities, would at the very least result in no bonus payouts or wage increases, despite all other positive performance criteria.
- Our Community Action Team will advocate with the BC Government to embrace the courage to implement drug policy reforms based on the advice of its health

experts and evidence-based knowledge. Exactly like it did with hard choices made during the COVID Crisis.

- The Province modify the BC Government Strategic Plan (Pathway To Hope) to include specific measurable goals with actionable dates.
- The Province implement a government-wide transparent monthly progress report on the Pathway to Hope action plan to the people of British Columbia.

#### **4.8 Recovery Programs –, In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Programs Recommendations**

- The Province flips the current model of 20% recovery centres publicly funded versus 80% private pay to 80% public funded versus 20% private pay.
- The Province and health authorities base new or changing recovery centres on the clinical guidelines outlined by the BC Centre for Substance Use. (Mirror the Red Fish Centre as much as possible throughout the province.)
- BC Ministry of Health adopts policies that recognize that abstinence from substance use before entering into recovery centres is predicated on obsolete models developed in the mid-20<sup>th</sup> century. Set in place plans to move the majority of recovery centres to models based on present evidence-based knowledge that accept that recovery can start before detox. That relapse is part of recovery and NOT a reason to be ejected people from recovery programs.
- BC Ministry of Health and the Ministry of Mental Health and Addictions investigate amalgamating detox programs into recovery programs. This would decrease overall costs, but more importantly, make sure patients do not fall through the system cracks between detox and recovery programs. Embracing recovery models not requiring complete abstinence would allow the province to question the need for separate detox centres.
- The Province funds recovery beds in the province to meet the goal of every person wishing to enter into recovery having access to a recovery bed within 48 hours.
- The Province through the Ministry of Health change critical care procedures to provide beds in the hospital until recovery beds are available.
- The Province makes OAT/OATi therapy available in every hospital with an ER.
- The Province expand access to the at-home detox model trials (Substance Use Treatment and Response Team ([START](#))) to 80% across the province by the end of 2024.
- The Province makes OAT/OATi Therapy certification required for physicians or nurse practitioners specializing in ER medicine by the end of 2024.

#### **4.9 Youth Challenges Recommendations**

- Increase support of organizations like ADAPS (Alberni Drug and Alcohol Prevention Services) offers information, counselling, and support for youth (age 12 - 24) and their supports affected by the use of substances. Services are harm-reduction-based and cover early intervention/information through intensive

treatment and health maintenance. Open to anyone affected by a youth's use of substances, whether in their own use or someone else's. Organizations like ADAPS play a key role in solution-based work with youth.

- **Education and Awareness:** Implement age-appropriate drug education programs in schools that inform about the risks and consequences of substance use. This education should also extend to online platforms where youth spend a significant amount of time.
- **Parental Involvement:** Encourage open dialogue between parents and children about substance use. Parents should be educated on the signs of drug use and effective communication strategies.
- **Mental Health Support:** Enhance access to mental health services for youth. Early intervention for mental health issues can reduce the risk of self-medicating with drugs.
- **Positive Role Models:** Promote positive role models and mentors for young people. Having someone to look up to can inspire youth to make healthy choices.
- **Healthy Alternatives:** Provide and promote engaging activities and hobbies as alternatives to substance use. Sports, arts, and community service can offer a sense of belonging and accomplishment.
- **Peer Support Programs:** Develop peer-led initiatives and support groups where young people can share experiences and encourage each other to stay drug-free.
- **Community Engagement:** Involve the community in creating safe and supportive environments for youth. Community centres and programs can offer resources and a haven for young people.
- **Enforcement:** Ensure that police and public safety measures/regulations regarding the sale and distribution of substances are actively utilized to reduce the availability of drugs to minors.
- **Early Intervention Programs:** Implement programs that identify at-risk youth early and provide them with the support they need before they turn to drugs.
- **Access to Treatment:** Ensure that there are accessible, youth-friendly treatment programs that offer a range of services, including counselling, therapy, and rehabilitation.
- **Aftercare and Relapse Prevention:** Provide ongoing support for youth who have gone through treatment to prevent relapse. This could include mentorship programs, support networks, and educational opportunities.
- **Research and Evaluation:** Support research to better understand the reasons behind youth substance use and to evaluate the effectiveness of different intervention strategies.

## 4.10 Primary Care

- The Province makes acquiring OAT/OATi certification so attractive for existing primary care physicians and nurse practitioners that it increases the base of primary health care professionals certified to administer OAT/OATi to a minimum of 80% of primary health care professionals by the end of 2024

- The province in consultation with the College of Physicians and Universities makes OAT/OATi certification mandatory for graduating physicians and nurse practitioners. Also, existing healthcare professionals from other jurisdictions wishing to practice in British Columbia must acquire OAT/OATi certification before being issued a license.
- Drop the requirement for mentorship after OAT/OATi training in favour of an examination model.

## **4.11 Criminal Justice System, Decriminalisation/Legalisation, Public Safety Measures Recommendations**

### **5.10-1 Criminal Justice System Recommendations**

Note: These recommendations exclude any criminal behaviours that result in violence, weapons possession, or people possessing more than 250 grams of substances identified as [illicit drugs](#) in Canada.

- The Province allocates resources to enhance and expand addiction treatment infrastructure, that ensures access of justice system clients to timely and comprehensive support for people seeking recovery.
- The Federal Government in partnership with Provinces expand restorative justice programs across Canada, especially for people who use substances and have committed nonviolent petty crimes in sourcing substances for their substance use disorders.
- The Province expands diversion programs - and rolls out the implementation of Drug Courts. Drug treatment court is a special court that works to redirect non-violent offenders with substance disorders into programs of treatment and supervision, instead of sentencing them to prison. The court is supported by immediate access to programs consisting of addiction recovery services, social service agencies and individual case planning.
- The Province creates systems and procedures that divert people with mental health disorders and substance disorders into immediate access to forensics-driven treatment and recovery. This includes making alternatives to incarceration a first choice for nonviolent offences related to substance use, such as community service, restitution, or supervised treatment programs.
- The Province establishes a special diversion program for youth involved in non-violent offences driven by substance use, emphasizing education, counselling, and community service rather than punitive measures.
- All levels of government collaborate with Indigenous Justice Systems – where possible, refer Indigenous people to an Indigenous-led justice system.
- The Province introduces incentives within the justice system for people who complete substance disorder treatment programs, promoting positive outcomes and rehabilitation.

- All levels of government encourage proactive community policing models that prioritize harm reduction strategies over punitive measures, fostering trust and cooperation between law enforcement and communities.
- The Province Implements cross-sector collaboration programs between the justice system, healthcare providers, and community organizations to create a coordinated and comprehensive response to the poisoned drug catastrophe.
- The Province establish education and sensitisation programs for legal professionals, especially Judges and Crown Prosecutors to increase awareness of the complexities of substance use disorders and to reduce stigma.
- The province modifies the current legal aid model to provide specialized legal aid for people facing legal challenges related to non-violent substance use/concurrent disorders. This would include specially trained Public Defenders who are trained in all the diversion opportunities.
- The Federal Government and Province, in partnership, develop metrics to continuously monitor changes to our justice system, and implement data-driven decision-making processes that evaluate the impact of interventions and adjust strategies accordingly.

#### **4.11-2 Decriminalisation/Legalisation Recommendations**

- Stop police sweeps in municipalities intent on circumventing the BC provincial decriminalization trial.
- The Province evaluates decriminalisation/legalisation policies, allowing for adjustments on science and evidence-based emerging research, public health needs, and community feedback.
- The Province implement an extensive public service ad campaign focusing on the evidence-based advantages of decriminalization.
- Restore the original BC Provincial Government policies of the decriminalisation trial and legislation.
- The Federal Government and Province, in partnership, make the decriminalisation trial permanent as soon as possible
- The Federal Government and Province, in partnership, increase the decriminalised quantity of substances allowed for personal use to an average one-week supply.

#### **4.11-3 Public Safety Measures Recommendations**

- The Province increases the accessibility of recovery treatment services, including detoxification programs, rehabilitation facilities, and mental health support, in-community to provide **timely** assistance to those in need. The goal is immediate referral into recovery through critical care hospital beds and then transfer to recovery programs within 48 hours.
- The Province invests in increasing province-wide public awareness/education programs to raise understanding about the poisoned drug catastrophe, promote

harm reduction practices, and reduce stigma associated with substance disorders.

- The Province expands the availability of safe consumption/overdose prevention sites, providing supervised environments for people to use substances safely while accessing support services. In Port Alberni, increase the OPS hours to a 24/7 model.
- Island Health investigates creating a 2<sup>nd</sup> OPS in the Argyle/3<sup>rd</sup> Ave corridor of Port Alberni. This area is frequented by many of our marginalized family, friends and neighbours of our community. It's also far enough away from our existing OPS that clients are unwilling to travel to the current OPS.
- The city provides public toilets in areas of the city frequented by our marginalized demographics.
- The Federal Government and Province, in partnership, accelerate the Implementation of community policing models that prioritize harm reduction strategies over punitive measures, building trust and collaboration between law enforcement and communities.
- The Province moves towards integrating mental health services with policing models, recognizing the co-occurrence of mental health challenges and substance use. 911 reports of a critical mental health event respond with police and mental health experts. We recommend the expansion of the Assertive Community Treatment (ACT) Team in Port Alberni to enable them to respond in conjunction with police in mental health crises 24/7 by the end of 2024.
- The Province significantly increase public awareness campaigns to destigmatize substance disorders, increase understanding of the poisoned drug catastrophe, and encourage people to seek help without fear of judgment by the end of 2024.
- School Boards provide a formal training program for educators and school staff on recognizing signs of substance use, facilitating early intervention, and connecting students to appropriate support services.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province significantly increases public awareness that harm reduction and treatment are part of the same recovery process. Our strongest ask is for all levels of government, especially the provincial government, to campaign hard on educating the public with real information based on science/evidence-based information.
- The province increases support for programs like Community Action Teams (CAT). These programs are community-led initiatives and concentrate on networking with service providers, peers and the community. Community Action Teams focus on harm reduction, reducing stigma and addressing social determinants of the poisoned drug catastrophe. Support and funding of CAT Teams allow local communities to tailor strategies to their unique needs and challenges.

## 4.12 Harm Reduction Recommendations.

- Island Health Authority increase the Port Alberni OPS hours of operation to a 24/7 model as soon as possible.
- The Province increases access to harm-reduction supplies.
- Significantly increase public awareness that harm reduction and treatment are part of the same recovery journey. Our strongest ask is for all levels of government, especially the provincial government to campaign hard on educating the public with real information based on science/evidence-based information.
- The Province implements mobile harm reduction units to reach underserved and remote communities, providing on-the-spot support, education, and resources.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province through its Ministry of Health, integrates harm reduction methods into primary care settings, ensuring that healthcare providers offer non-judgmental support and resources to people with substance use disorders based on trauma-informed care principles.
- All levels of government and service providers provide cultural competency training for healthcare professionals to ensure that harm reduction services are inclusive and respectful of the diverse backgrounds and experiences of all people, (especially indigenous – due to their over-representation in the catastrophe) seeking support.
- All levels of government and service providers collaborate with Indigenous communities to incorporate traditional healing practices into harm reduction strategies, respecting cultural diversity and enhancing the effectiveness of interventions.
- The Province increases access to transitional housing, permanent housing and support services for people with substance use disorders. This provides stability and assistance in their recovery journey. (no healing begins without a safe place to lay your head every night)
- School Boards integrate harm reduction education into school curricula to equip students with knowledge about substance use, risks, and harm reduction practices from an early age.
- The Province develops and supports peer-based initiatives (Community Action Teams) that provide individuals with lived experience, and an opportunity to connect, share knowledge, and offer support in harm reduction efforts.
- The Province through Island Health augment existing drug-testing services in Port Alberni to allow people to test the contents of unregulated substances using an onsite FTIR Spectroscopy or Paper-Spray Mass Spectrometry by the end of 2024. This promotes informed choices and reduces the risk of unintentional poisoning.
- Island Health Authority to investigate a mobile drug testing unit that can meet people where they are. Possibly consider a scalable model that utilizes a

travelling unit between communities. (Mondays and Fridays in Port Alberni, Tuesdays in Oceanside, etc.)

#### **4.13 Stigma Reduction Recommendations**

- The Province launches specific campaigns promoting the use of inclusive and non-stigmatizing language in public discourse, shaping a narrative that emphasizes health and recovery rather than moral judgment.
- The Province change the name of the Ministry of Mental Health and Addictions.
- The Province significantly increase targeted public awareness campaigns to educate the public about the complexities of substance use disorders and corresponding stigma, dispelling myths and challenging stereotypes by the end of 2024.
  - Utilize public figures, including policymakers, celebrities, and community leaders in media campaigns, to openly discuss and advocate for stigma reduction, leveraging their influence to challenge societal attitudes.
- The Province implements a targeted program to educate media professionals with sensitivity training to ensure accurate and compassionate reporting on issues related to substance use, avoiding sensationalism and reinforcing harmful stereotypes.
- The Province and Health Authorities promote storytelling initiatives where people with lived experience share their journeys of recovery. This humanizes people's struggle with substance disorders and challenges preconceived notions in the general public.
- The Province establishes provincial support programs for families affected by substance use disorders, offering resources and guidance to reduce internalized stigma and foster healthy family dynamics.
- BC Emergency Health Services provides specialized training for all 1<sup>st</sup> Responders on stigma reduction, emphasizing compassionate approaches when interacting with individuals experiencing substance use challenges.
- All levels of government facilitate peer-led community events that bring together individuals in recovery, community members, and service providers, fostering a sense of unity and reducing isolation.
- All levels of government encourage community art projects and expressions that challenge stereotypes and showcase the diverse experiences of individuals affected by substance use, promoting understanding through creativity.
- The Province through BC Corrections, establishes reintegration programs for individuals leaving correctional facilities, offering support, employment opportunities, and stigma-reduction initiatives to prevent recidivism.
- The Province develops programs that empower individuals in recovery through employment opportunities, reducing stigma by showcasing the potential for success and contribution to society.

## 4.14 Recovery Treatment Time Frames Recommendations

- The Province through the Ministry of Health and Health Authorities streamline referral processes between emergency departments, primary care providers, and treatment facilities to minimize delays in transitioning people from crisis to recovery.
- The Province through the Ministry of Health and Health Authorities implements 24/7 crisis intervention services, providing immediate support and assessment for people in acute distress, with a focus on facilitating entry into treatment.
- The Province increases the availability of crisis stabilisation beds, providing short-term intensive support for people in acute distress while facilitating a smooth transition into longer-term treatment.
- The Province through the Ministry of Health and Health Authorities expands inpatient detox services utilizing critical care beds in hospitals to accommodate the immediate needs of people seeking to overcome physical dependence on substances.
- The Province through the Ministry of Health and Health Authorities expands at-home detox programs.
- The Province introduce mobile outreach and treatment units to reach underserved and remote communities, providing on-the-spot assessments and initiating the treatment process promptly.
- The Province through the Ministry of Health and Health Authorities establishes fast-track access for high-risk populations, such as people with a history of overdose or those facing severe health complications, recognizing the urgency of their treatment needs.
- The Province through the Ministry of Health and Health Authorities expands telehealth and virtual treatment options to enhance accessibility for people in remote areas or those facing barriers to in-person visits, ensuring timely access to OAT treatment and recovery support.
- The Province prioritizes same-day access to Medication-Assisted Treatment (MAT) (OAT/OATi) options, such as methadone or buprenorphine, reducing withdrawal symptoms and supporting people immediately.
- The Province through the Ministry of Health and Health Authorities integrates peer support programs to assist people during transitions between different phases of treatment, providing guidance, encouragement, and understanding from those with lived experience.
- The Province increases access to primary care providers (GPs and Nurse Practitioners) to ensure seamless integration of substance use treatment into routine healthcare, minimizing delays in accessing comprehensive care.
- The province reduces waiting times for outpatient treatment services, ensuring people can access counselling, therapy, and support groups without prolonged delays.

- The Province develops post-overdose outreach programs that connect people who have experienced an overdose with immediate support and treatment options, promoting a pathway to recovery.
- The Province through the Ministry of Health and Health Authorities implements strategies to engage and support families in facilitating the recovery process, recognizing the crucial role of familial support in sustained recovery for people suffering from substance disorders.

#### **4.15 Comprehensive Treatment/Recovery Program Recommendations**

- At a provincial level, work towards creating a recovery model that embraces people beginning at critical events, hand-offs to detox, through to recovery and then onto outpatient recovery programs.
- The Province creates a scalable end-to-end system that is provincially funded for 80% of the population of BC with a target date by the year-end of 2024.
  - Model this end-to-end recovery system to embrace the evidence-based concept that relapse is a necessary part of recovery and should not result in ejection from recovery programs.
- The Province through the Ministry of Health and Health Authorities looks at diversifying as much as possible regional facilities. One possible model is to have sub-facilities in communities that are part of a larger central regional facility.
- The Province through the Ministry of Health and Health Authorities ensures that this inclusive model (hand-offs) is transparent to the patient. (Preceding programs must hold patients until succeeding programs can accept them) Once a patient embarks on the process, there are no gaps between programs.
- The Province through the Ministry of Health and Health Authorities designs programs to comprise social determinants skills including life skills, work skill training, job placement and housing placement before exiting to the out-patient program in the community.

#### **4.16 Comprehensive Preventative Programs Recommendations:**

- The following recommendations require that they be driven Provincially.
- The Province Initiates transformative and innovative provincial prevention public awareness campaigns on TV, Radio, traditional media channels, and social media
  - Utilize famous people to deliver prevention messages.
- Implement age-appropriate substance use education in early childhood programs to build foundational awareness and resilience against future substance-related challenges.
- Develop comprehensive youth prevention programs in schools, combining education, mental health support, and positive recreational activities to discourage early substance use.

- Conduct ongoing community outreach and education campaigns to raise awareness about substance use, its risks, and available preventive resources, fostering a supportive community environment.
- Establish family-centred prevention services that engage and empower families in recognizing and addressing substance use issues, promoting a collaborative approach to prevention.
- Introduce school-based prevention and intervention services that identify and address substance use concerns among students promptly, providing counselling and support to prevent escalation.
- Implement targeted prevention programs for populations at higher risk of substance use, addressing social determinants and providing support for vulnerable communities, especially in Indigenous communities who are disproportionately impacted by the poisoned drug catastrophe
- Provide cultural competency training for educators to ensure that prevention programs are inclusive and respectful of the diverse backgrounds and experiences of students.
- Develop online and digital resources for preventive education, reaching a wide audience and leveraging technology to disseminate information about substance use risks.
- Conduct community-based prevention workshops that address local factors contributing to substance use, tailoring interventions to the unique needs and challenges of specific communities.
- Establish programs that provide parental guidance and support in navigating conversations about substance use with children, promoting open communication and early intervention.
- Implement peer-led prevention initiatives in schools and communities, leveraging the influence of peers to promote positive behaviours and discourage substance use.
- Develop programs that focus on building community resilience as a preventive measure, addressing underlying social and economic factors that contribute to substance use.
- Involve youth in the planning and implementation of prevention programs, ensuring that initiatives are relevant, engaging, and resonate with the youth audience.
- Integrate preventive measures within primary care settings, ensuring that healthcare providers actively engage in discussions about substance use risks with patients.
- Increase the accessibility of community health clinics, providing preventive services, resources, and information related to substance use in a community-centered setting.
- Forge partnerships with local businesses to promote preventive messages, providing resources and education to employees and customers about the risks of substance use.
- Incorporate preventive measures into recreation centres and community spaces, offering information, resources, and activities that discourage substance use.

## References

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