



# **VERNON HARM REDUCTION AND OPIOID OVERDOSE RESPONSE STRATEGY**

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urban  
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## LAND ACKNOWLEDGEMENT

We want to acknowledge that we are gathered in the northern part of the unceded Okanagan First Nation territory and that many descendants of the Suqnaquinx can still live here.

## COMMITMENT TO WORKING TOGETHER

The opioid overdose crisis is immediate and urgent requiring the coordination and collaboration of many partners in communities. The following strategy represents the voices of those with lived experience, Indigenous cultural perspectives, and diverse community partners who acknowledge their role in addressing the crisis from a multi-faceted harm reduction approach.

As a result of this input, members of the Harm Reduction Action Team (HART) are committed to ongoing dialogue and action to address the crisis in the city of Vernon as a coordinated opportunity to reduce and prevent overdose deaths in the community.

The following organizations have demonstrated and confirmed their commitment to work together:

Canadian Mental Health Association

City of Vernon

Community Futures

Community Safety Office

Downtown Vernon Association

FASD Okanagan Valley Assessment & Support Society

Hope Outreach

Independent Living

Interior Health

Mental Illness Family Support Centre

Metis Nation BC

North Okanagan Friendship Centre Society

North Okanagan Youth and Family Services Society

Okanagan Indian Band

Partners in Resources Inc

RCMP

Restorative Justice

Round Lake Treatment Centre

Social Planning Council of the North Okanagan

Turning Points Collaborative

UBCO School of Nursing

Upper Room Mission

Vernon Native Housing

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## SECTION 1

### EXECUTIVE SUMMARY

From September 2018 to April 2019, 25 community partners known as HART (Harm Reduction Action Team) worked collectively to create the Harm Reduction and Opioid Response Strategy.

#### What is harm reduction?

“...the aim of harm reduction is to reduce the more immediate harmful consequences of drug use through pragmatic, realistic and low threshold programs.”

– Harm Reduction: A British Columbia Community Guide, 2005

#### FOCUS AREAS



**Prevention**



**Intervention**



**Referral / Treatment**



**Social Stabilization**

#### Strategic Goals

1. **Reduce opioid deaths** and overdoses
2. **Enhance access** to treatment, recovery and social stabilization supports
3. **Help problem solve** the community impacts of opioid misuse
4. **Advance reconciliation** by strengthening culturally relevant supports and services for Indigenous peoples
5. **Reduce stigmas** to increase community inclusion

#### Our Engagement Involved:

**15**

Indigenous peers with lived experience of opioid misuse

**12**

Family members with loved ones active in their substance misuse

**57**

**RESPONSES TO SURVEY**

**21**

peers active in their substance misuse

**&**

**5**

peers in recovery from opioid misuse

**25**

**PARTNER ORGANIZATIONS**

#### Issues and Recommendations

##### Top Issues Identified:

- Stigma and shame associated with substance misuse
- Lack of cultural supports and inclusion across all programs and services
- Lack of treatment and recovery options
- Transitions between programs/supports
- Lack of access to harm reduction supplies

##### Our Key Recommendations

**10**

focused on cultural awareness

**16**

identified by peers



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## SECTION 2

### INTRODUCTION

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Partners in Action, a local Vernon coalition, mobilized the Harm Reduction Action Team (HART), a local community coordinating body that would work together to plan a response to the crisis per the Provincial Government's new direction.

The community of Vernon has been successful over the years in coming together to address community challenges through the leadership of the City, Social Planning Council of the North Okanagan, and the many non-profit organizations and businesses who support the Partners in Action (PIA) committee. PIA mobilized the Harm Reduction Action Team (HART), a local community coordinating body that would work together to plan a response to the crisis per the province's new direction. HART is comprised of community leaders that represent a broad spectrum of involvement in the opioid crisis. In securing Community Action Initiative (CAI) grant funding to support a collective response in Vernon, key activities were established to provide a strong foundation for their response. They included:

- **Development of a Harm Reduction and Opioid Overdose Response** Strategy designed to prevent and reduce the number of overdoses and deaths in Vernon
- **HART coordination** support
- **Community asset inventory** of harm reduction and opioid overdose response services
- **Communications strategy** focused on ending stigma and engaging stakeholders in collective action
- **Peer audit** focused on drawing out solutions from those active in their substance misuse, in recovery from opioid misuse, and family members with loved ones who have lived experience.
- **Cultural audit** is an opportunity to listen and learn from Indigenous peoples with lived experience and ensure that a cultural lens was applied in the development of the Strategy

Accompanying the main HART Coordinating Committee, the community formed a series of Action Teams focused on mobilizing their collective capacity in formulating and implementing solutions in parallel to this planning process.

The Action Teams include the following:

ACTION TEAM	PURPOSE	MEMBERS
COMMUNITY IMPACT	Engage business community in collective action to address stigma, discrimination and human rights through increased communication and awareness of collective efforts across the community to address the opioid crisis	<i>Social Planning Council Downtown Vernon Association Interior Health Chamber of Commerce Urban Matters</i>
SHARPS	Reduce the impact of discarded needles in the community  Develop and implement solutions related to reducing harm and the spread of communicable disease among peers and the broader community	<i>Social Planning Council Downtown Vernon Association Community Safety Office North Okanagan Youth &amp; Family Services (NOYFSS) Interior Health Turning Points Collaborative RCMP</i>
CULTURAL AUDIT	Support the design of the cultural audit engagement process and identify opportunities for improved cultural awareness throughout the community	<i>Social Planning Council Independent Living Vernon Mollie Bono Metis Nation BC Okanagan First Nation First Nations Health Authority Restorative Justice North Okanagan</i>
PEER AUDIT/COMMUNITY INVENTORY	Support the design of a peer engagement process  Collate an inventory of resources available to people in the community while noting the gaps	<i>Social Planning Council CMHA Street Clinic Turning Points Collaborative FASD Okanagan Valley Assessment and Support Interior Health Urban Matters</i>

ACTION TEAM	PURPOSE	MEMBERS
RCMP/OVERDOSE AGONIST THERAPY (OAT)	Support individuals who have contact with peers active in opioid use with access to harm reduction supports	<i>RCMP</i> <i>Interior Health</i> <i>Social Planning Council</i> <i>Restorative Justice Society</i>
INCREASING OVERDOSE AGONIST THERAPY (OAT) PROVIDERS IN VERNON	Explore the opportunity to work with local physicians to increase access to OAT treatment options	<i>Interior Health</i> <i>Shuswap/North Okanagan</i> <i>Division of Family Practice</i> <i>Social Planning Council</i>
NALOXONE/ANTI-STIGMA CAMPAIGN	Support community education, awareness and access to naloxone through training and increased distribution locations	<i>Interior Health</i> <i>NOYFSS</i> <i>Social Planning Council</i> <i>University of British Columbia</i> <i>Okanagan (UBCO)</i> <i>Canadian Mental Health Association (CMHA)</i>





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## SECTION 3

### CONTEXT: THE OPIOID CRISIS

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On April 14th, 2016 the Provincial Health Officer announced a Public Health Emergency due to the growing number illicit drug overdose deaths (IDD).

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In 2016, there were 991 illicit drug overdose deaths in British Columbia, in 2017 there were 1,489, and 2018 a tragic 1,510.<sup>1</sup> Recent findings from Public Health Association of Canada show that more than 10,300 apparent opioid-related deaths occurred across Canada between January 2016 and September 2018, highlighting the national scope of this crisis.<sup>2</sup> The introduction of illicit fentanyl (and related analogues) has been the primary driver of the increase in deaths, and accounts for more than 80% of IDD occurring in BC.

The nature of this emergency has not limited itself to larger urban centres. Our smaller, rural and remote communities have been significantly impacted as well. In the Interior Health region, there were 642 lives lost between January 1, 2016 and December 31, 2018. Four of the hardest hit communities include Kelowna, Kamloops, Vernon and Penticton. Vernon saw an average of 6 deaths per year between 2009 and 2015, with significant increases in total numbers of IDD in 2016 (12), 2017 (23), and 2018 (24).

Behind these numbers are faces and stories of real people, members of our community and our family. In the Interior Health region, nearly 80% of the individuals who have died are young males, and most deaths occurred within private residences (66%).<sup>3</sup> Most people also had contact with health services in the year

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<sup>1</sup> BC Coroner Service. Illicit Drug Overdose Deaths in BC, January 1, 2008 – January 31, 2019 (retrieved April 12, 2019). *Data are preliminary and subject to change.*

<sup>2</sup> Public Health Association of Canada. (April 2019). National Report: Apparent Opioid-related Deaths in Canada. Retrieved from <https://infobase.phac-aspc.gc.ca/datalab/national-surveillance-opioid-mortality.html>

<sup>3</sup> BC Coroner Service. (September 2018). Illicit Drug Overdose Deaths in BC: Findings of Coroners' Investigations. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeadsinbc-findingsofcoronersinvestigations-final.pdf>

preceding their death, with pain-related issues being the most common reason for seeking service. Regular or chronic substance use is most common, and most people used their drugs alone at the time of their death<sup>3</sup>. These important findings speak to one of the greatest outstanding aspects of this crisis – stigma. Stigma continues to be one of the leading reasons why people do not access service for substance use which leads to an increased risk of overdose when people are isolated and using alone.

## A COMMUNITY OVERDOSE RESPONSE PLAN

Effectively addressing the opioid overdose crisis requires the collective capacity of the impacted community as well as resources and supports from multiple levels of government. In understanding the mechanisms for change and how to foster resiliency, the University of Victoria and the Canadian Institute for Substance Use Research developed [A Public Health Guide to Developing A Community Overdose Response Plan](#).

This guide provides a foundation for this local community-based strategy and incorporates the four key elements necessary in a response plan:

1. Strengthen system resilience and community capacity for responding to and preventing overdoses,
2. Recognize and disrupt social and personal stigma and discrimination associated with substance use and addiction,
3. Implement a broad range of health promotion and harm reduction interventions to prevent overdoses,
4. Assess and strengthen pathways to substance use services and supports.

The Public Health Guide is available for reference by HART on an ongoing basis as a key resource for critical questions during implementation of this Strategy.

In addition to supporting these four elements, this strategy recognizes other important systems in the community that influence success in the opioid crisis. Most important is the availability and accessibility of housing and shelter to reduce harm and provide a sense of safety and belonging in the community. In April 2019, the Social Planning Council of the North Okanagan launched the *Moving Forward: Building Homes, Strengthen Community* Plan. The implementation of these two strategies will provide improved pathways addressing the social determinants of health in Vernon.

## PEER INVOLVEMENT AND CAPACITY BUILDING

Peer engagement and involvement is critical to the success of this response Strategy. Peers are people with lived experience of past or current substance misuse and are valuable contributors to the design, development and delivery of this response Strategy and harm reduction services.

HART acknowledged at the start of the planning process that peers would need to play a central part. The funding HART acquired from the Community Action Initiative identified core funds to remunerate peers for their involvement throughout the process. Best practices in peer engagement were implemented to support the development of this Strategy:

- Peers as HART coordinating committee members, encouraging their active participation in group discussions and facilitated exercises
- Check-ins with peers to ensure they were well-supported in the event of recurrent trauma
- Peer-specific focus groups conducted in spaces that were familiar to them and easy to access
- Peers re-engaged at the end to confirm their voice in the recommendations
- Peers supported by staff from the community who had previous and ongoing relationships to provide a sense of safety during the focus groups
- Expectations of participation were identified, and facilitator ensured confidentiality of their voices
- Establish opportunities for future peer-driven collaboration and action

The members of HART have committed to ongoing engagement and inclusion of peers to ensure it is not “about them without them” in the community.

As a guide, HART will refer to best practices and consider the following benefits to best support peer action in the community:

- Peers have unique knowledge and experience that is essential to designing safe and accessible services that are trustworthy
- Peers have insider knowledge of the community and can provide valuable knowledge of substance use and factors influencing substance use that others on the team do not have
- Peers can help shift common perceptions and misperceptions of substance use among professional service providers and reduce stigma
- Peers can provide appropriately tailored education on safer use and overdose prevention
- Peers are known, respected and trusted by people accessing services and they can pave the way for other service providers
- Peers can act as navigators to support others to access the system and improve experiences of those accessing the system<sup>4</sup>

## A FEDERAL GOVERNMENT RESPONSE

The Government is working to coordinate a whole-of-government response and has committed to a series of specific actions to address the crisis in a way that is comprehensive, collaborative, compassionate and evidence-based.

Key actions are summarized under the four-pillars of the Canadian Drugs and Substances Strategy.

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<sup>4</sup> <https://www.uvic.ca/research/centres/cisur/assets/docs/resource-community-overdose-response-plan.pdf>

Figure 2. Public Health Emergency Response - Enabling a coordinated Pan-Canadian Response to the Opioid Crisis

PREVENTION	TREATMENT	HARM REDUCTION	ENFORCEMENT
Preventing Problematic Opioid Use	Supporting Innovative Approaches to Treatments	Supporting a Range of Tools and Measures for Individuals and Communities	Addressing Illegal Drug Production, Supply and Distribution
Implement the Health Portfolio's Problematic Prescription Drug Use Strategy	Better access for rural and remote First Nations communities	Support the establishment of supervised consumption sites	Continue enforcement on the importation, exportation and trafficking of illegal opioids
Improve prescribing practices	Improve access to medication-assisted treatments for opioid use disorder	Support legislation to protect individuals who seek emergency assistance for overdose	Pursue legislative, regulatory, policy and programmatic changes to better control substances and equipment
Better inform Canadians about the risks of opioids	Improve treatment options for pain management	Ensure timely laboratory drug analysis information is shared between partners	Collect, assess and share information with law enforcement agencies domestically and internationally
	Share knowledge on treatments for opioid use disorder	Reduce health consequences of problematic substance use	Support education and training for law enforcement
	Increase cooperation between the criminal justice system and social service sector (e.g., Drug Treatment Courts)	Facilitate access to naloxone	

#### AN APPROACH SUPPORTED BY STRONG EVIDENCE

- Better identify trends, target interventions, monitor impacts and support evidence-based decisions
- Facilitate timely and comparable data collection and methodologies
- Consult experts and support research and knowledge sharing

Progress has been made on many of these actions. Several of these actions will have direct and/or indirect impacts on outcomes in Vernon.

## FEDERAL ROLE AND CONTRIBUTIONS TO MUNICIPAL RESPONSE

There are potential opportunities for Vernon to benefit from leveraging federal government actions, such as:

- Using federally collected data to characterize the issues and identify appropriate actions
- Using federally developed informational resources (public education, online public education toolkit, and best practice scientific research – Canadian Centre for Substance Use and Addiction)

There are also important indirect impacts of federal actions on the local context in Vernon:

- Improved access to medication-assisted treatments for opioid use disorder
- Improved options for pain management
- Increased cooperation between the criminal justice system and social services sector
- Improved prescription practices
- Facilitated access to naloxone
- Increased federal funding to provincial governments for mental health and addictions services
- Alerts to provincial health authorities about emerging illegal drugs in their region

## MUNICIPAL ADVOCACY WITH THE FEDERAL GOVERNMENT

Municipal governments have been advocating with the federal government for a national coordinated response that includes all levels of government and Indigenous communities. Advocacy has primarily been conducted through the Big City Mayor's Caucus, which has issued a report with a series of recommendations to the Federal Government under the four pillars of the Canadian Drugs and Substances Strategy. Many of the recommendations are aligned with the Government's committed actions. Mid-sized cities are also organizing to advocate with the Federal Government, as context and actions in a mid-sized city are not the same as a large city.

Municipal governments are dealing with the front-line impacts of the opioid crisis, so it is critically important that advocacy with the Federal Government continue so that it can be used to inform the Federal response.

## PROVINCIAL GOVERNMENT RESPONSE AND RESOURCES

Following the 2016 declaration of a Public Health Emergency in BC, the Ministry of Mental Health and Addictions was created in 2017. This Ministry has the overall responsibility for the leading the immediate response, working in collaboration with other agencies to strengthen social supports and services impacting mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).<sup>5</sup>

The new mandate led to the launch of the Overdose Emergency Response Centre (OERC). The purpose of the OERC is to mobilize resources provincially, regionally and locally within communities to intervene quickly to save lives and deliver proactive treatment and support on the ground to proactively identify and support people at risk from overdose. To support this direction, the Government allocated \$322 million over three years (2017-2020) to save lives, end stigma, and improve access to services for people struggling with addiction.

The Ministry developed a Terms of Reference for the OERC to support its direction and how it is intended to work with communities on their response to the crisis. Four key focus areas were identified:<sup>6</sup>

1. Save lives
2. End stigma associated with mental health and substance use
3. Build a network of addiction and mental health services
4. Address the range of social supports that influence health

In responding to the four key areas, building OERC relationships with regional health authorities and local communities are supported through the funding identified.

### INTERIOR HEALTH

Shortly following the declaration of the Public Health Emergency in BC, Interior Health formed an Emergency Incident Management Team (EIMT) to support direction and coordination of the health authority's response. The priorities identified by the team includes:<sup>7</sup>

1. Enhance fatal and non-fatal overdose surveillance;
2. Increase accessibility to harm reduction tools including Take Home Naloxone (THN);
3. Implement Supervised Consumption Services (SCS) in high risk communities;
4. Scale up substance misuse services for people who use drugs that are at highest risk of overdose; and
5. Population based education and prevention.

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<sup>5</sup> <https://www.bcbudget.gov.bc.ca/2019/sp/pdf/ministry/mh.pdf>

<sup>6</sup> [https://www2.gov.bc.ca/assets/gov/overdose-awareness/terms\\_of\\_reference\\_nov\\_30\\_final.pdf](https://www2.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf)

<sup>7</sup> <https://www.interiorhealth.ca/AboutUs/Leadership/MHO/PHEmergency/Pages/default.aspx>

Interior Health supports provincial coordination both through public health teams deployed throughout communities to support their priorities and through reporting from the EIMT to the OERC on a regular basis. Information and resources for services providers and the public can be found on their website - [Public Health Overdose Emergency](#)

## PROVINCIAL ROLE AND SUPPORT TO THE LOCAL RESPONSE

The investments identified by the Ministry for Mental Health and Addictions included the provision for funding to communities impacted by the overdose emergency. There were 18 communities identified in the first round based on urgency of need. In subsequent rounds, funding was made available to other communities to mobilize their own responses. The funding was intended for communities to create Community Action Teams (CATs) that were inclusive of diverse partners engaged in local overdose response efforts including: First Nations, Metis and Urban Aboriginal communities, municipalities, first responders, community organizations and local not-for-profits, people and families with lived experience, businesses, local provincial Government officers, and the Divisions Of Family Practice.

Currently, within the Interior Health region, there are 3 Community Action Teams (Vernon, Kelowna, and Kamloops) with additional ones starting in Penticton and Williams Lake. Interior Health facilitates a monthly call among these CATs to share progress, learn from each other, and report to the EIMT and OERC.

This Strategy is being developed with the Community Action Team in Vernon known as the Harm Reduction Action Team (HART).

## MUNICIPAL GOVERNMENT RESPONSE

### COMMON MUNICIPAL OBSERVATIONS AND CHALLENGES

Municipalities are on the front lines of this crisis and have been compelled to do what they can to respond. Municipalities have also widely recognized that they can't "arrest their way out" of the problem. The opioid crisis is a public health problem, and a broader strategy is needed. Below are common challenges faced by municipalities and local governments of all sizes and contexts, across North America.

- **Misaligned impacts and responsibilities.** While many of the impacts are experienced by local governments, the authority for implementation of potential solutions often falls outside of the jurisdiction of local governments.
- **Lack of coordination.** There is often a lack of local leadership that is needed to convene partners and begin to understand the local context and develop interventions. Municipalities are also looking to the Provincial and Federal Governments for leadership. These levels of government are responding to the crisis, however, the actions that form their response may not provide the acute intervention or suit the local context to the degree necessary. A multi-layered response is required.
- **Gaps in data needed to understand the problem.** There are significant data gaps for developing an understanding of the issues and supporting evidence-based approaches. Local authorities and organizations also need access to data to connect at-risk people with services. There are privacy and confidentiality concerns that need to be addressed when sharing data across organizations

and geographical areas. Better data is also needed at a provincial scale (people go in and outside of municipal boundaries) and a national scale. Data that is available is disintegrated across organizational siloes (e.g. public health data is separate from crime data, etc.) and cooperation between stakeholders such as police, EMS, health authorities, social services, and justice is required.

- **Lack of public awareness or stigma.** Municipalities have observed that there may be a lack of public awareness of the opioid epidemic. People either don't know what the issues are, or they assume that the issues do not affect them or their immediate family and friends. A lack of awareness can contribute to stigma attached to opioid use, making it difficult for people to seek help or treatment. Members of the public may not support harm reduction approaches or the use of municipal resources on these interventions – creating political sensitivity around any municipal actions.
- **Shortage of local treatment resources.** The availability, accessibility, and scope of existing treatment programs is insufficient to meet needs. This challenge is common across municipalities of varying sizes – those who have no local treatment resources need resources, and those who have some treatment resources need more than they have. In some cases, this challenge is about people not knowing about available resources or being able to navigate the system to connect to what they need. In other cases, there is a lack of appropriate resources for the local population.





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## SECTION 4

### STRATEGY APPROACH / METHODOLOGY

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HART members recognize the importance of working together to address the overdose crisis. The assembly of several organizations led to the task of developing a Harm Reduction and Opioid Overdose Response Strategy for the community. This was an opportunity to not only extend the work already happening in the community to address the opioid crisis, but also to circle back to the community through peer engagement to gather a detailed understanding of what is working and where further effort could be placed to save lives in Vernon.

The development of this Strategy involved 5 phases of work that took place between September 2018 and April 2019:

#### **PHASE 1** PROJECT INITIATION AND COMMUNICATION / ENGAGEMENT STRATEGY

*A guide for partners to support the community in understanding where to find information and what opportunities existed for reducing the stigma associated with opioid substance misuse.*

This phase involved the lead organization, Social Planning Council of the North Okanagan (SPCNO), securing funding from the Overdose Emergency Response Committee's grant funding administered by the Community Action Initiative. Funding was requested to support community coordination of HART, Strategy development, and preliminary implementation of the Strategy. In the summer of 2018, SPCNO was successful in receiving funding and hired Urban Matters CCC (UM) to assist with the development of the Strategy. An early next step was the development of a communication/engagement plan which was completed with the guidance and input of the Community Impact Action Team.

## PHASE 2 DEFINING A VISION, MISSION, GOALS

*Defining a vision, mission, goals to ground HART with a collective purpose and response to the issues facing Vernon*

This phase was completed through two separate meetings of HART facilitated by UM, gathering insights and direction for how the community wanted this Strategy to support preventing and reducing overdose deaths in Vernon.

## PHASE 3 CULTURAL AUDIT AND PEER AUDIT ENGAGEMENT

*Conduct a cultural audit and a series of peer audits to gather experiences and insights from peers and Indigenous individuals with lived experience of opiate use and from service providers, to better understand their interests and needs, including those relative to cultural competency.*

### CULTURAL AUDIT

The engagement process for this phase involved identifying the cultural needs of the organizations in the community who provide harm reduction supports/programs, as well as direct engagement with peers to better understand their experience in being culturally supported when accessing harm reduction services in the community. An aggregate of the findings resulted in a series of recommendations that HART was able to build into tangible action. The recommendations and actions were then evaluated and prioritized by the same group of peers to ensure their voices were heard and that priority was placed on the actions most important to them.

### PEER AUDITS

This engagement process took place concurrently with the Cultural Audit and involved focus group discussions with three separate groups to identify the barriers and opportunities related to how Vernon has and could be responding to the opioid crisis. The three groups included peers active in their opioid substance misuse, peers in recovery from opioid substance misuse, and family members with loved ones who have experience with opioid substance misuse. Combining their input helped frame specific recommendations for HART to consider and build actions from. The recommendations and actions were then taken back to the focus groups to confirm their voices had been heard and to generate any new ideas or feedback to support the process.

To ensure the Strategy is not ‘about them without them’, the input from peers with lived experience provided deeper insight into the successes and challenges individuals have in accessing resources in the community, along with identifying the stigma they face daily.

## PHASE 4 COMMUNITY RESOURCE INVENTORY

*Outline the current and upcoming services and identify the links and gaps in services*

Members of HART and the Community Mapping and Peer Audit Action Team generated a list of programs and services available in the community. These services were placed into four harm reduction categories – prevention, intervention, treatment/referral, and social stabilization. The inventory supports HART’s understanding of what is available in the community and perhaps where more supports need to be created.

## PHASE 5 ACTION PLANNING AND STRATEGY DEVELOPMENT

*Generate a variety of actions that could be implemented and tracked by the members of HART*

A series of meetings with HART were conducted to co-generate actions, identify key partners resources, and measures of success. Co-generating actions has been a successful approach for Vernon. The process supports continued relationships and new opportunities in the community. The actions help to define opportunities for success in the community over the three-year period that the Strategy defines.

## SETTING THE STAGE

### WHAT IS HARM REDUCTION?

In determining the Vision, Mission and Goals of HART to support the Strategy, harm reduction (HR) first required definition. HART discussed in detail the variations of harm reduction and the ways in which each partner references harm reduction in the community. It was decided the following definition from the *Harm Reduction: A British Columbia Community Guide* (2005) best represents the response HART currently deploys through programming and services, and would continue through the actions in this Strategy:



## AN APPROACH SUPPORTED BY STRONG EVIDENCE

“Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks. At the conceptual level, harm reduction maintains a value neutral and humanistic view of drug use and the drug user. It focuses on the harms from drug use rather than on the use itself. It does not insist on or object to abstinence and acknowledges the active role of the drug user in harm reduction programs.

At the practical level, the aim of harm reduction is to reduce the more immediate harmful consequences of drug use through pragmatic, realistic and low threshold programs. Examples of the more widely known harm reduction strategies are needle exchange programs, methadone maintenance treatment, outreach and education programs for high risk populations, law enforcement cooperation, medical prescription of heroin and other drugs, and supervised consumption facilities.”

In response to this definition, HART defined their vision through various key words. These words were clear and inspirational, representing long-term change. In addition to the key words, the following key elements we identified to support the vision.



## VISION

- Take local action to stop the overdose crisis – try new things – work ourselves out of a job
- Take a ‘whole systems’ approach using a HR lens – communicate insights to others
- Create a strong continuum of services that work for people with different needs
- Build understanding, compassion and empathy in community
- People and organizations work together effectively to achieve outcomes/goals
- More referral pathways and access to long term treatment
- More safe places and reduced number of absolute homelessness
- Strategies are informed by lived experience

## PURPOSE

To reduce and prevent opioid overdose deaths in Vernon, BC.

## FOCUS AREAS

- Prevention – how to prevent opioid misuse;
- Intervention – how to respond and minimize harm for people using opioids;
- Referral/Treatment – how to help people access treatment and supports when they are ready; and
- Social Stabilization – how the community can support people prior to and during recovery and create a sense of belonging and inclusion.

## STRATEGIC GOALS

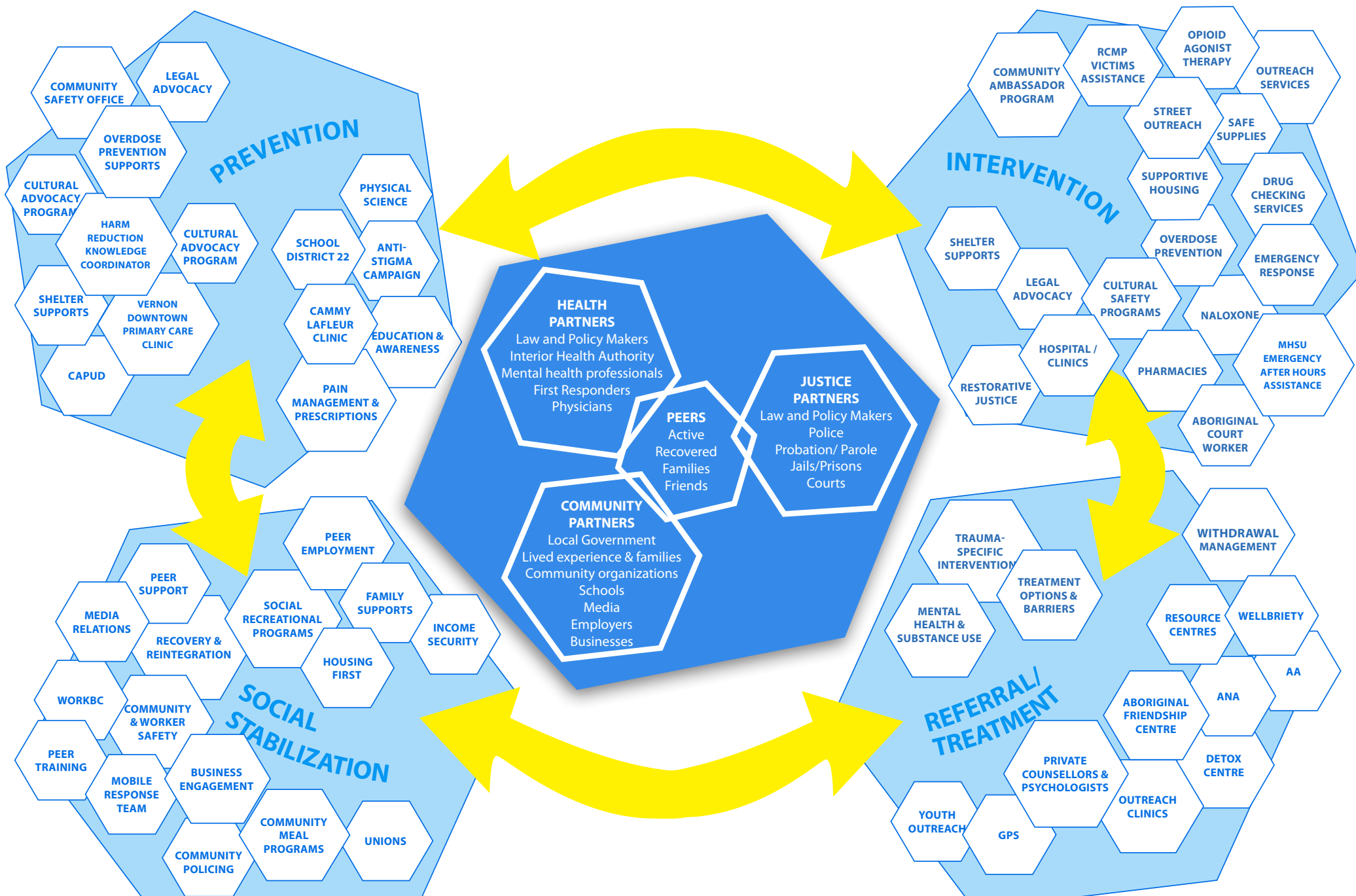
- Prevent and reduce opioid overdoses and deaths
- Enhance access to treatment, recovery and social stabilization supports
- Help resolve the community impacts of opioid misuse
- Advance reconciliation by strengthening culturally relevant supports and services for Indigenous peoples
- Reduce stigma to increase community inclusion

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## SECTION 5

### **HARM REDUCTION ASSETS**

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## SECTION 6

### PEER RECOMMENDATIONS

Flowing from the engagement gathering processes, several recommendations emerged including ones specific to Indigenous culture. The recommendations have been prioritized and themed in the table below based on the type of action required – education, training, resources, and services. The recommendations have all been linked back to the harm reduction focus areas to support a collaborative and cross-sectoral approach to addressing the opioid crisis in Vernon. These recommendations have been placed in priority order as defined by the peers involved in the development of this strategy. This was done by voting dots. It is also noted that recommendations identified under culture were specifically identified during the Indigenous focus groups, however, they could easily apply to non-Indigenous people.

Appendix B provides detailed actions identified by peers and members of HART to successfully address the recommendations and meet the strategic goals identified.

EDUCATION	Peer Recommendation		Focus Area	Priority
	INDIGENOUS	1. Effective opportunities for engagement, education and training for peers requires face to face invitations from service providers in order to establish rapport and relationships. This may require repeated action from service providers.	Treatment/Referral Intervention Social Stabilization	1
		2. Develop anti-stigma campaigns for the public to breakdown the shame and stigma experienced among peers, employers, family and community	Intervention Social Stabilization	1
		3. Provide increased education in the school system to support students with emotional competency and resilient mental health	Prevention Intervention	2
		4. Develop employer campaigns (in particular, high risk occupations) that are peer-developed to provide compassion and understanding in the workplace	Social Stabilization	3



TRAINING	Peer Recommendation		Focus Area	Priority
	INDIGENOUS	1. Provide cultural safety training to all service providers who are working in treatment, harm reduction or recovery programs and services	Intervention	1
		2. Develop employee training and employment programs that support peers in returning to the workplace (e.g. graduated return to work program)	Social Stabilization	1
		3. Continue compassion training for first responders including Fire, RCMP, Bylaw and Emergency Health Services	Social Stabilization	2
		4. Provide ongoing access to Naloxone training	Treatment/Referral Intervention	3

SERVICES	Peer Recommendation		Focus Area	Priority
	INDIGENOUS	1. Provide a balance in diversity for all cultures and representations of Indigenous people to reduce the feeling of being isolated and stigmatized	Treatment/Referral Intervention Social Stabilization	1
		2. Increase the number and range of service providers and organizations who are familiar with treatment, harm reduction and recovery options in the community to ensure there is no wrong door to navigating supports	Treatment/Referral Intervention	2
		3. Ensure there are a range of balanced supports for Indigenous men and women and introduce services that are directed to men such as the Moosehide Campaign, Dudes Club or Gathering Our Strength Program through the BCCDC	Intervention Social Stabilization	3
		4. Create safe, clean public washrooms and storage facility to minimize the stress of loss of belongings and harm reduction supplies	Intervention Social Stabilization	1
		5. Increase availability of withdrawal management supports including programs such as heroin maintenance and Overdose Agonist Therapy	Treatment/Referral Intervention Social Stabilization	2

	6. Create more widely available and accessible programs for family members to support their healing and connection to others with shared experience (in particular for men)	Prevention Treatment/Referral Intervention Social Stabilization	3
	7. Implement harm reduction supports and training for Vernon Jubilee Hospital employees through a peer support program built by peers to support them during times of crisis to reduce the stigma associated with opioid substance misuse (e.g. Victim Services or Hospital Volunteer based program)	Prevention Social Stabilization	4
	8. Support peers in developing a peer employment program to support clean-up efforts and improve business relationships	Social Stabilization	5
	9. Support peers to design and implement a Peer to Peer support program for wellness	Treatment/Referral Social Stabilization	6

RESOURCES	Peer Recommendation		Focus Area	Priority
	INDIGENOUS	1. Include cultural representations in harm reduction supplies such as personal affirmations, pictures of sacred items, photocopy of daily elders' meditations, colouring pages of Indigenous culture, cards with spiritual/religious/cultural quotes, Prayer Rocks, small dream catchers, medicine bags, or tobacco ties.	Intervention	1
		2. Host a session with Elders, Indigenous leaders, traditional medicine people and service providers to develop a framework with best practices of what and how ceremonies, cultural practices, traditional medicine are best to be provided to people who are under the influence of mind-altering substances.	Intervention	2
		3. Support and train Elders to do outreach and be available at service provider locations for Indigenous people to connect with for guidance, teachings, and ceremony.	Prevention Intervention Social Stabilization	3
		4. Ensure service providers have a broad range of knowledge of Indigenous cultural programs and support services for Indigenous clients to facilitate referral and navigation of services; balance this by assuring Indigenous clients that they are also welcome at services for the general population and that they have choices in accessing services.	Prevention Treatment/Referral Intervention	4

	5. Develop early intervention criteria for children and youth regarding mental illness with wrap-around supports for families	Intervention	1
	6. Review process map for accessing services to identify transition points and minimize/manage the transitions for people in recovery	Treatment/Referral Intervention Social Stabilization	2
	7. Ensure local resource information is easy to access and available at every entry point (e.g. pharmacies, hospitals, doctor's offices, etc.)	Prevention	3
	8. Increase connections with family physicians and service providers regarding community supports and services available to support people seeking recovery and who are active in recovery	Prevention Intervention Treatment/Referral Social Stabilization	4





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## SECTION 7

# IMPLEMENTATION AND EVALUATION

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Understanding the impact of this Strategy on preventing and reducing overdose deaths requires a strong implementation approach as well as ongoing monitoring and evaluation of actions through its three-year period.

SPCNO with the support of HART has demonstrated success in implementing community-based actions through partnerships, action planning, and measuring progress consistently and regularly. They will continue this role in the community for this Strategy acting as the backbone support ensuring coordination of HART, deploying action teams, identifying and securing resources, and monitoring progress. In June 2018, HART received funds to develop this Strategy through the Community Action Initiative as part of the OERC's contributions to supporting community-based solutions. It is understood that for continued momentum, SPCNO and HART will require further financial resources to support coordination and full implementation of the Strategy.

Below are some key indicators to support the Strategy and monitoring its progress.

### LIVED EXPERIENCE

- Evidence of systematic, effective and meaningful inclusion of individuals with lived experience in community coordination and decision-making across the social service system
- Perception of quality of life, including enhanced sense of belonging, participation in community activities, connection with friends and family
- Improved access to appropriate supports that address diverse needs within the social service and mainstream public systems (e.g. education, employment, food security)

## HARM REDUCTION

- Reduction in the number of deaths related to IDD in Vernon
- Harm Reduction supplies accessed in the community
- Increased access to Take Home Naloxone
- Creation of overdose prevention services
- Increase in services for people who use drugs who are at the highest risk of overdose
- Increase in the availability of opioid agonist therapies

## COMMUNITY

- Reduction in the number of sharps reported/collected in public spaces
- Reduction in the number of drug related offences responded to by the RCMP
- Reduction in the number of individuals presenting to the Emergency Department due to known or suspected opioid overdose

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## APPENDIX A

### COMMON ABBREVIATIONS

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**ALANON** – Alcoholics Anonymous

**ALATEEN** – Alcoholics Anonymous Teens

**BCCDC** – BC Centre for Disease Control

**CAPUD** – Canadian Association of People Who Use Drugs

**CMHA** – Canadian Mental Health Association

**DVA** – Downtown Vernon Association

**ER** – Emergency Room

**FASD** – Fetal Alcohol Spectrum Disorder

**FNHA** – First Nations Health Authority

**GP** – General Practitioner

**HART** – Harm Reduction Action Team

**HR** – Harm Reduction

**IH** – Interior Health

**IOAT** – Injectable Opioid Agonist Therapy

**MCFD** – Ministry of Children and Family Development

**MHSU** – Mental Health and Substance Use

**MSDPR** – Ministry of Social Development and Poverty Reduction

**NOFCS** – North Okanagan Friendship Centre Society

**NOYFSS** – North Okanagan Family Youth Services Society

**NP** – Nurse Practitioner

**OAT** – Opioid Agonist Therapy

**OERC** – Overdose Emergency Response Centre

**OKIB** – Okanagan Indian Band

**OPS** – Overdose Prevention Service

**SU** – Substance Use

**TPC** – Turning Points Collaborative

**URM** – Upper Room Mission

**VFD** – Vernon Fire Department

**VJH** – Vernon Jubilee Hospital

**VNHS** – Vernon Native Housing Society

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APPENDIX B

**IMPLEMENTATION PLAN**

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# Implementation Plan

This draft implementation plan was developed by members of HART and the peers involved in the focus groups. The intent is to use it as a starting point for action. It requires further definition of actions, identification of resources and partners and the establishment of clearly defined success measures.

EDUCATION	Theme	Recommendation	Action	Resources	Partners	Success Measures	Focus Area	Priority
	CULTURE	Opportunities for engagement, education and training for peers requires face to face invitations from service providers in order to establish rapport and relationships. This may require repeat action from service providers.	<ul style="list-style-type: none"><li>• Develop Process Map – cultural piece</li><li>• Increase partnership across organizations</li><li>• Create peer to peer training to support word of mouth</li></ul>	<i>HART Social Planning Partners in Action Friendship Centre Okanagan Indian Band Vernon Native Housing Society</i>	<i>Peers IH Professionals Peers to say, peer friendly resources Elders People trained in medicine wheel</i>	# who accesses map Feedback survey from peers	Treatment/Referral Intervention Social Stabilization	1
		Develop anti-stigma campaigns for the public to breakdown the shame and stigma family members face among peers, employers, family and community	<ul style="list-style-type: none"><li>• Create public de-stigmatization and warning signs campaign</li><li>• Support provincial anti-stigma campaign</li><li>• Naloxone Challenge and training</li><li>• Municipal government anti-stigma campaign</li></ul>	<i>Private and Public funding Library</i>	<i>IH Service providers Schools Media Library City RCMP/OAT Pilot</i>	Success - intervention	Intervention Social Stabilization	1
			<ul style="list-style-type: none"><li>• Focus on peer stigma<ul style="list-style-type: none"><li>◦ Stimulants vs. opioids</li><li>◦ Smoking vs. injecting</li><li>◦ Detox vs. avoidance of medication such as suboxone/methadone</li></ul></li><li>• Create an education program for peers lead by peers and supported by clinical staff such as “Street Degree” from Vancouver Coastal Health/Portland Hotel Society</li></ul>	<i>Overdose Prevention Services Nurse Cammy LeFleur – Harm Reduction Coordinator Downtown Primary Care Clinic Substance Use Clinicians Peer Mentors</i>				
		Provide increased education in the school system to support students with emotional competency and mental health	<ul style="list-style-type: none"><li>• Cultural safety training for teachers and students (4-17)</li><li>• Incorporate into Bachelor of Education training</li><li>• Substance Use Counsellors at schools</li><li>• Module in education training</li><li>• Incorporate into core competencies/evaluations</li><li>• Buy-in from teachers + parents</li><li>• Reconsider qualifications to hiring education backgrounds and additional staff on the counselling teams, who can provide information and support Mental Health, emotional supports, etc.<ul style="list-style-type: none"><li>◦ Emphasize with the Ministry of Education</li><li>◦ Bring evidence to support the change needed</li></ul></li></ul>	<i>IH Curriculum Funding Materials needed to teach Elders Peers Parents</i>	<i>IH Peers Parents School District 22 School Board RCMP</i>	In school learning curriculum Grading ↓ Drug use and deaths ↑ Access to services	Prevention Intervention	2



		Increase connections with family physicians and staff regarding community supports and services available to support people seeking recovery support and who are active in recovery	<ul style="list-style-type: none"><li>• Have peers in doctors' offices</li><li>• Educate doctors on services available and in recognizing the signs of addiction</li><li>• Encourage physicians to hire or train in-house nurse in understanding substance misuse disorders or hire a substance use clinician</li><li>• Have standardized diagnostic testing including for Autism and Fetal Alcohol Spectrum Disorder (FASD)</li><li>• Support knowledge and awareness of different models of treatment</li><li>• Encourage doctors to develop and implement protocol for ending pain management medications</li><li>• Advocate for more research on different systems/non-traditional and best practice approached</li><li>• Advocate for a new billing code specific to substance use for better tracking</li></ul>				Prevention Intervention Treatment/Referral Social Stabilization	3
		Develop employer campaigns (in particular, high risk occupations) that are peer developed to provide compassion and understanding in the workplace	<ul style="list-style-type: none"><li>• Work with compassionate employer to develop local employer campaign to increase compassion in the workplace</li><li>• Work with business community to develop an employee training module supporting awareness and compassion of substance misuse disorders</li><li>• Develop a peer employment program</li></ul>	<i>Work BC Employment assistance program Chamber of Commerce City DVA Partners in Action IH</i>	<i>Work BC Employment assistance program Chamber of Commerce City DVA Partners in Action IH Businesses</i>	# of employers implementing education and awareness campaigns	Social Stabilization	4

TRAINING	Theme	Recommendation	Action	Resources	Partners	Success Measures	Focus Area	Priority
	CULTURE	Provide cultural safety training to all service providers who are working in treatment, harm reduction or recovery programs and services	<ul style="list-style-type: none"> <li>Cultural training for service providers</li> <li>Ongoing/continuous</li> <li>Train the trainer</li> <li>Provide training to City staff and Council</li> </ul>	<i>FNHA Indigenous Wellness Team (free training)</i>	<i>FNHA IH Harm Reduction</i>	# Participants Survey satisfaction	Intervention	1
		Develop employee training and employment programs that support peers in returning to the workplace (e.g. graduated return to work program)	<ul style="list-style-type: none"> <li>Find gaps in current information</li> <li>Identify companies who would be open to inviting peers to talk with employees</li> <li>Work with employers for short term opportunities or employment training</li> <li>Develop rigorous training program to support relationship</li> <li>Host an employer conference – gather employers and learn how to cope and support employees and what to look for and how to intervene</li> <li>Create new positions such as vocational specialists to support employers and employees</li> <li>Develop a centralized resource for employers for how to support employees including website and training modules</li> <li>Partner with employers and employees to create tailor made recovery plans for everyone with supports from the community</li> <li>Develop an access centre for substance use and mental health to support service navigation</li> </ul>	<i>Holly Peers Counsellors Map pathway Businesses training resources educational facilities</i>	<i>IH WorkSafeBC DVA HR Chamber Peers Unions Faith community Physicians NOYFSS Family Resource Centre Community Futures Okanagan College Non-profits Work BC Open Door</i>	Programs initiated Return to Work rates improved People know how to access	Social Stabilization	1
		Continue compassion training for first responders including Fire, RCMP, Bylaw and Emergency Health Services	<ul style="list-style-type: none"> <li>Interior Health follow up to discuss training and engagement options with First Responders</li> <li>Look to create working relationships and referral pathways</li> <li>Consider resiliency options to be included such as Mobile Response Team (provincial resource)</li> <li>Develop care program for vicarious trauma and compassion fatigue among front line people <ul style="list-style-type: none"> <li>Trauma Informed Practice</li> <li>Self care program</li> <li>Consider the role supervisors play in follow up</li> </ul> </li> <li>Present training opportunities and deliver during team in service sessions</li> </ul>	<i>OERC</i>	<i>IH VFD RCMP/OAT Pilot</i>		Social Stabilization	2
		Provide ongoing access to Naloxone training	<ul style="list-style-type: none"> <li>Access to regular naloxone for peers/families through training</li> <li>Find gaps in training</li> <li>Identify companies who would be open to inviting peers</li> <li>Provide employer training and education</li> <li>Focus on peer Naloxone training and offering in a group</li> <li>Support the RCMP/OAT Pilot</li> </ul>	<i>IH Upper Room Mission</i>	<i>IH NOYFSS RCMP/OAT Pilot</i>	# Trained	Treatment/Referral Intervention	3

RESOURCES	Theme	Recommendation	Action	Resources	Partners	Success Measures	Focus Area	Priority
	CULTURE	Include cultural representations in harm reduction supplies such as personal affirmations, pictures of sacred items, photocopy of daily elders’ meditations, colouring pages of Indigenous culture, cares with spiritual/religious/cultural quotes, Prayer Rocks, small dream catchers, medicine bags, or tobacco ties.	Include cultural rep in harm reduction bags	<i>Printed picture of sacred items</i> <i>Baggies of sage/tobacco</i> <i>Elders</i> <i>Local First Nations</i> <i>Cultural Audit peers</i>	<i>Harm Reduction agencies/service providers</i> <i>Cammy LeFleur</i> <i>Turning Points</i> <i>Collaborative</i> <i>Upper Room Mission (URM)</i> <i>North Okanagan Friendship Centre</i> <i>Society (NOFCS)</i>	# resources created Surveys/feedback	Intervention	1
			Visual diversity Art Day/Paintings/Drawings displayed in organizations	<i>Art supplies</i> <i>Studio support</i> <i>Facilitation</i> <i>Elders</i>	<i>Street Clinic</i> <i>URM</i> <i>Vernon Arts Centre</i> <i>Friendship Centre</i> <i>Elders</i> <i>Metis</i>	# Agencies that display # Participants		
		Host a session with Elders, Indigenous leaders, traditional medicine people, health professionals to develop a framework with best practices of what and how ceremonies, cultural practices, traditional medicine are best to be provided to people who are under the influence of mind-altering substances.	<ul style="list-style-type: none"> <li>To secure funding for community interaction to increase cultural traditional knowledge</li> <li>Start recruitment for interest of locals (in traditional medicine, etc.) in community that could provide expertise</li> </ul>	<i>Community to community funding</i> <i>March 31/19</i> <i>FNHA</i>	<i>NOFCS</i>		Intervention	1
		Support an Elder to do outreach and be available at service provider locations for Indigenous people to connect with for guidance, teachings, and ceremony.	<ul style="list-style-type: none"> <li>Elder Outreach Program</li> </ul>	<i>Friendship Centre</i> <i>OKIB</i> <i>Splatsin,</i> <i>FNHA</i> <i>Vernon and District</i> <i>Metis Assoc.</i> <i>Elders</i>	<i>Elders</i> <i>Aboriginal Patient Navigator</i> <i>NOFCS</i> <i>OKIB</i> <i>Splatsin</i> <i>FNHA</i> <i>Vernon and District</i> <i>Metis Association</i>	Attendance/engagement Satisfaction surveys # Elders # Connections	Prevention Intervention Social Stabilization	3

		Ensure service providers have a broad range of knowledge of Indigenous cultural programs and support services for Indigenous clients to support referrals and navigation of services	Get information on current <ul style="list-style-type: none"><li>• Aboriginal Support Workers in schools</li><li>• Aboriginal programs offered</li><li>• # students (both Aboriginal and self identify)</li><li>• Circulate information to service providers and people about where they can access computers to stay connected with friends and family</li></ul>	<i>School District Partners in Action Aboriginal Health Services CMHA Friendship Centre VNHS</i>	<i>School District Aboriginal Health Services Aboriginal School District OKIB Friendship Centre Metis Assoc CMHA RCMP</i>	# Children/ Youth graduating Less incidence of children being taken into care Increased participation in Aboriginal programs More Aboriginal Support Workers in schools Increased participation in partners in school district policy	Prevention Treatment/Referral Intervention Social Stabilization	4
		Develop early intervention criteria for children and youth regarding mental illness by wrap around supports for families	<ul style="list-style-type: none"><li>• Develop education and intervention programs within the school system for students and families that provide wrap around support</li><li>• Need a prevention advocate with Ministry of Education</li><li>• Create “Foundry Outposts” in schools throughout the region – counseling, birth control, etc</li></ul>	<i>Doug Rodgers, School District 22</i>			Intervention	1
		Review process map for accessing services to identify transition points and minimize/manage the transitions for people in recovery	Second stage housing for people out of treatment <ul style="list-style-type: none"><li>• Enquire what org could provide this</li><li>• What is needed?</li><li>• Assess benefits of existing 2<sup>nd</sup> stage housing &amp; build on this</li></ul>	<i>Government resources for funding Private donors IH Non-profits</i>	<i>IH Turning Points Round Lake Treatment Transition House VNHS Real estate development FASD City of Vernon URM Cammy LaFleur IH Primary Care MSDPR families</i>	people utilizing service stabilization homeless # ↓ lasting recovery (recovery # ↑)	Treatment/Referral Intervention Social Stabilization	2

		Ensure local resource information that is easy to access is available at every entry point (e.g. pharmacies, hospitals, doctor’s offices, etc.)	Distribute Survival Guide to all possible access points <ul style="list-style-type: none"><li>design should be small and fan out</li></ul>		<i>RCMP/OAT Pilot</i>		Prevention	3
		Increase connections with family physicians and staff regarding community supports and services available to support people seeking recovery and who are active in recovery	<ul style="list-style-type: none"><li>Peers in doctors’ offices</li><li>Educate doctors on services available and recognizing addiction</li><li>In-house nurse w/ substance use background (or SU clinician)</li><li>Standardized diagnostic testing</li><li>Different models of treatment</li><li>Protocol for ending pain management medications</li><li>More research on different systems/non-traditional + best practice</li><li>New billing code specific to SU</li></ul>	<i>Continuing Medical Education credits</i> <i>Peers</i> <i>Trauma Informed Practice</i>	<i>Non-profits</i> <i>College of Physicians and Surgeons</i> <i>Peers</i>	↑ referrals ↑ engage in conversation with clients	Treatment/Referral Intervention	4
			Create information kiosks or digital boards to share information					
			Create a shared website (eg. Fetch) that could be used to share information and resources including consistent messages e.g. why detox is not recommended for opioid use disorders					
			Target doctors and psychologists to forward information and generate a referral system through schools (resurrect school counsellors)	<i>School System – Parent Advisory Councils</i>				

SERVICES	Theme	Recommendation	Action	Resources	Partners	Success Measures	Focus Area	Priority
	CULTURE	Provide a balance in diversity for all cultures and representations of Indigenous people to reduce the feeling of being isolated and stigmatized	<ul style="list-style-type: none"> <li>• More treatment centres</li> <li>• Access to short term support services while waiting for treatment</li> <li>• Circulate information about the Wellbriety program that is available at the Friendship Centre as another option for people to support their recovery</li> </ul>	<i>Round Lake Treatment Centre</i> <i>Kelowna Treatment Centre</i> <i>VJH</i> <i>Doctor's offices</i> <i>MHSU</i> <i>Friends/Families</i> <i>Drug &amp; Alcohol counsellors (in communities and health authority)</i> <i>Funding for short term treatment beds</i> <i>Life skills workers</i> <i>Informal counselling</i> <i>Non-profits</i>	<i>IH</i> <i>FNHA</i> <i>Round Lake Treatment Centre</i> <i>Kelowna Treatment Centre</i> <i>VJH</i> <i>Doctor's offices</i> <i>MHSU</i> <i>Friends/Families</i> <i>Drug &amp; Alcohol counsellors (in communities and health authority)</i> <i>Life skills workers</i>	# people seeking or attending treatment # people seeking or provided w/ short term treatment beds # people successfully getting through transition phase	Treatment/Referral Intervention Social Stabilization	1
		Increase the number and range of service providers and organizations who are familiar with treatment, harm reduction and recovery options in the community to ensure there is no wrong door to navigating supports	<ul style="list-style-type: none"> <li>• Provide information/training opportunities to diverse community partners</li> </ul>	<i>Funding for Information Sessions</i>	<i>HART Committee</i>	# of diverse service providers who attend information sessions	Treatment/Referral Intervention	3
		Ensure there are a range of balanced supports for men and women and introduce services that are directed to men such as the Moosehide Campaign, Dudes Club or Gathering Our Strength Program through the BCCDC	<ul style="list-style-type: none"> <li>• Engage Aboriginal service providers to offer these programs</li> </ul>				Intervention Social Stabilization	4
		Create safe, clean public washrooms and storage facility to minimize the stress of having belongings and harm reduction supplies removed during enforcement confiscation	<ul style="list-style-type: none"> <li>• Develop mini-storage program and location to reduce the barriers of accessing services (e.g. Kamloops model)</li> <li>• Involve business partners (for profit) in fund raising to spearhead and fund proper storage facilities and build/get purpose-built carts. This becomes a safe place to store identification and act as a fixed address</li> </ul>	<i>Storage location - URM basement &amp; backyard?</i> <i>UBCO trades program</i> <i>Funding – federal; local business partners</i> <i>OPS site storage</i> <i>Local college to design, build and measure</i> <i>Local construction company</i>	<i>Downtown Vernon Association</i> <i>Chamber of Commerce</i> <i>City of Vernon</i> <i>Bylaw</i> <i>Grocery Stores</i> <i>OPS contractor</i> <i>Kamloops provider to get history and experiences to build on</i>	Decrease in use of shopping carts Decrease in loss of personal belongings Decrease in pubic frustration and stigma New storage by 2020	Intervention Social Stabilization	1
			Washroom 24/7 e.g. Portland Loo <ul style="list-style-type: none"> <li>• Find potential locations and select</li> </ul>	<i>City funding for washroom</i> <i>Use HART/Peers/DVA to inform location and model/type</i> <i>Safety button</i>	<i>City</i> <i>DVA</i> <i>Peers</i> <i>HART</i>	↓ public defecation Feedback from Bylaw and Safety ↓ vandalism		

		Increase availability of withdrawal management supports including programs such as heroin maintenance and Opioid Agonist Therapy (OAT)	<ul style="list-style-type: none"><li>• Ensure diagnosis and prior diagnosis is known to provide:<ul style="list-style-type: none"><li>○ More education for service providers</li><li>○ Community education</li></ul></li><li>• Increased visibility of Interior Health staff with expertise in the community</li><li>• Create an IH OAT Physician program</li><li>• Provide financial support for people who are not recipients of social services</li><li>• Space in hospital or a centre in Vernon for withdrawal and suboxone starts</li><li>• Program policy review at local and provincial levels</li><li>• Education around withdrawal to make well- informed choices</li><li>• Law review on Controlled Drugs and Substances Act</li><li>• Promote for Portugal model</li><li>• More accessible training for doctors/nurse practitioners so they can provide OAT</li><li>• Research possibility of home detox program</li><li>• More detox beds</li><li>• Nurse practitioner outreach to shelters</li><li>• Look into heroin maintenance program + options for withdrawal without OAT's</li><li>• OAT access 24/7 or at least more accessible</li><li>• Support the RCMP/OAT Pilot</li></ul>	<i>Health Authorities and Government funding</i> <i>Medical Services Pan Pharmacare</i> <i>Specialists/doctors</i> <i>Peers</i> <i>Portugal model</i> <i>OAT - ↑ outreach w/ connections (↑ visibility)</i> <i>Prescriber and pharmacy (iOAT)</i> <i>Location (iOAT)</i>	<i>BC Government</i> <i>Ministry of Health</i> <i>Peers</i> <i>IH</i> <i>BCCNP</i> <i>Non-profits related to demographic</i> <i>Division of Family Practice</i> <i>BC Housing</i> <i>TPC</i> <i>GP/NP</i> <i>Methadone Clinic</i> <i>FASD program</i> <i>Independent Living (funding housing)</i> <i>RCMP/OAT Pilot</i>	↑ success coming off programs ↑ success going on programs ↓ deaths and overdoses Public sees it as a health problem and not a drug problem Less wait times for OAT Feedback from peers ↑ people accessing OAT and iOAT ↑ # of providers for OAT and iOAT	Treatment/Referral Intervention Social Stabilization	2
			Access to short term treatment beds (more)	<i>Funding for more Treatment beds</i> <i>Non-profits</i> <i>BC Housing</i> <i>IH</i> <i>Round Lake Treatment Centre</i> <i>OKIB</i> <i>Space for increased beds</i>	<i>Non-profits</i> <i>BC Housing</i> <i>IH</i> <i>Round Lake Treatment Centre</i> <i>OKIB</i>	More short term and/or long-term treatment beds # patients that have completed treatment		
		Create more widely available and accessible programs for family members to support their healing and connection to others with shared experience (in particular for men)	<ul style="list-style-type: none"><li>• Develop and provide services to support family re-unification</li><li>• Create tools for learning how to deal with things as a family</li><li>• Promote BC Centre for Substance Use list on provincial resources available</li></ul>				Prevention Treatment/Referral Intervention Social Stabilization	3

			Workshop for service providers re: pregnancy, substance use and early parenting (↑ attachment, ↓ trauma)	<i>Workshop</i>	<i>IH Service providers</i>	See IH for measures		
			<ul style="list-style-type: none"><li>• Develop programs for family members</li><li>• Focus groups w/ family members</li><li>• Peer support among family members</li><li>• Promote programs</li><li>• Focus groups with kids</li><li>• Naloxone training as part of first week post-secondary orientation</li><li>• Point of entry map</li><li>• Community anti-stigma program; involve public figures</li><li>• Immediate referral program</li></ul>	<i>ALANON ALATEEN SAG Church Elders Peers Government programs</i>	<i>IH UBC SFU Family members Peers Public Health NOYFSS Youth probation MCFD</i>	Programs up & running ↓ Anxiety for family members Family members feel supported ↓ Family break-up Break substance use cycle Increased engagement		
		Implement harm reduction supports and training for hospital employees through a peer support program built by peers to support them during time of crisis to reduce the stigma associated with opioid substance misuse (e.g. Victim Services or Hospital Volunteer based program as structures to draw insight from)	Support peers to develop hospital peer navigator program e.g. Victims Assistance Training for hospital staff (at all points of contact)	<i>IH/Health Canada Internal safety training Use Safe campaign</i>	<i>Hospital Administrators Peer Network ER Educators IH Departments</i>	Peer satisfaction # Call-outs/connections # Trained # Reduced complaints Peer survey satisfaction	Prevention Social Stabilization	4
		Develop a peer employment program to support clean-up efforts and improve business relationships	Support peers to develop and implement Folks on Spokes program	<i>City Funding Community Safety Office Sharps Action Team HR Education Funding – IH NOYFSS - In kind</i>	<i>Peers City Funding CSO Sharps Action</i>	Built in model	Social Stabilization	5
		Create Peer to Peer support program to support an individual's path to wellness	<ul style="list-style-type: none"><li>• Identify funding available to support peer involvement</li><li>• Recruit peers to develop</li><li>• Support peers with research on other peer to peer models</li></ul>	<i>United Way Foundations IH OERC</i>	<i>NOYFSS TPC IH</i>	Connections made between peers	Treatment/Referral Social Stabilization	6