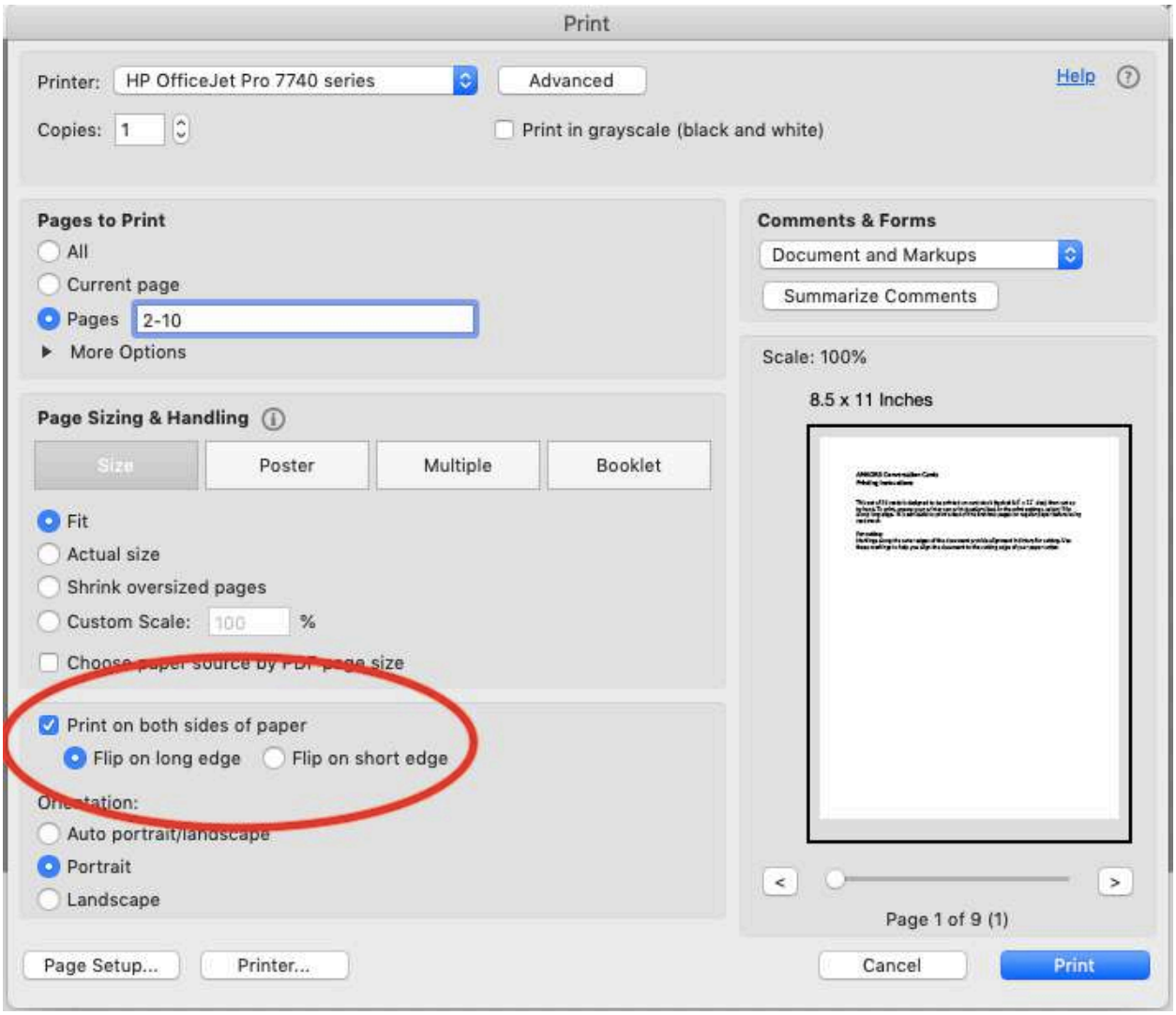
ANKORS Conversation Cards
Printing Instructions

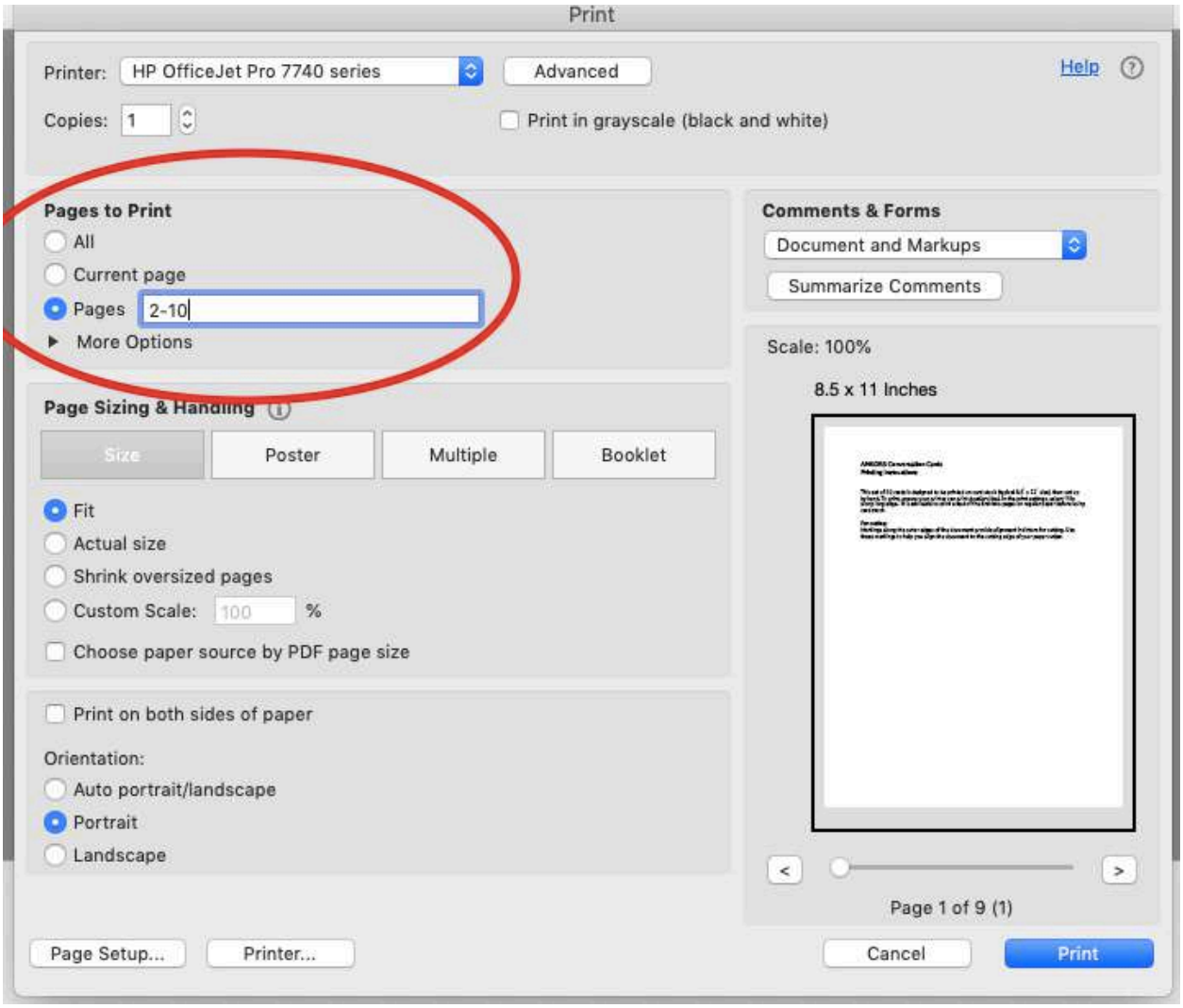
This set of 32 cards is designed to be printed on card stock (typical 8.5” x 11” size), then cut up by hand. To print, ensure your printer can print double-sided. Bring up your print screen by going File > Print. Then, in the print settings, select something like “Print on both sides of paper,” and select “Flip along long edge.” (Note: It is advisable to print a test of the first two pages on regular paper before using card stock.)

For example, your print screen may look like this:



If you would like to avoid printing this instructions sheet, select File > Print > then change the “Pages:” setting from “All” to “Pages 2 to 10.” It is not necessary to do this, it just prevents printing an extra sheet of paper.

For example, your print screen may look like this:



For cutting:
The small markings along the outer edges of the sheet of paper provide alignment indictors for cutting. Use these markings to help you align the document to the cutting edge of your paper cutter to get a straight line.

Conversation cards

Conversation to collaboratively support harm reduction and overdose prevention

ANKORS

Start here

#1: Project background

How to...
use these cards

Start here

#2: How this works

How to...
have a good discussion

Start here

#3: Introduce yourself

How to...
organize a discussion event

Start here

#4: What do you need in this conversation?

What do you need?

Each of us needs certain things to feel safe. Decide on a quick set of group “rules” together.

Consider things like:
> Anyone can take a break when needed.
> Everyone will have equal opportunity to speak.
> If anyone feels unsafe, they can ask the group to move on to a different card.
> Decisions will be made by the whole group.

Well done! Choose your first conversation card!

Introduce yourself

1. Who are you?

2. Why are you here? Why do you care about harm reduction and overdose prevention?

3. What are your hopes for today’s conversation?

How this works

The cards in this deck reflect questions that arose during the needs assessment.

We suggest you choose one person as the moderator. Their job is to keep time and make sure everyone has an equal opportunity to speak and to listen to each other’s comments and ideas.

Once you’ve made it through the 4 “Start here” cards in order, pick a card from the deck and talk it through with the moderator’s guidance.

Project background

In 2019, ANKORS conducted an assessment of harm reduction and overdose prevention services, focused on rural under-served communities in British Columbia's interior region. We surveyed 237 service users and 74 service providers. Our goal was to help collect information to help tackle the current overdose crisis.

> **Gather people with different perspectives.** Think about who is affected by the issue at hand. Is there someone to represent each of the relevant stakeholder groups?

> **Invite in new faces.** Think about who’s in the room. Are they the same few people you usually hear from?

> **Help people get there.** Can you reduce barriers to participation by offering supports like child care or transport?

> **Make the space safe.** Can you host it somewhere where everyone will feel comfortable? Can you offer food?

> Each group should have 2-6 people.

> **Set ground rules as a group**. Decide them together and ask everyone to commit to them. You can include things like having a talking stick or that anyone can call a break when needed.

> **Come with curiosity.** Everyone is an expert, everyone has something to learn from the others in the conversation.

> **Listen**. Let silence happen; it’s often when a new voice will feel safe enough to speak up.

The cards in this deck reflect questions that arose during ANKORS' harm reduction quality assessment for rural and remote communities in the interior region.

To use them:
> Background cards are grey. They provide information about how to organize a good stakeholder discussion. Read them before setting up an event.
> Each table of 2-6 people should have a deck of cards.
> Begin with the yellow “Start here” cards, in numerical order.

With funding from:
Public Health Agency of Canada

The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of the Government of Canada.ding from:

In collaboration with:
Interior Health

Thank you

324 people generously gave their time to respond to our survey, and we can’t thank them enough. Our amazing team also traveled nearly 7000 kms to collect surveys in 17 communities. Many different community organizations and members gave their support in different ways. A huge thank you to everyone.

What is needed in your community to support better collaboration between organizations?

What are your hopes for the future of access to healthcare?

Why might poly substance users be differently affected by the overdose crisis?

What harm reduction or overdose response efforts are happening in your community?

How might we make sure that people using more than one substance are being well cared for in healthcare?

How is Indigenous peoples' access to harm reduction different than non-Indigenous folk?

What kind of emotional support is available for people experiencing overdoses in your community?

How are members of your community collaborating to tackle the overdose crisis?

Why we ask

All communities reported multiple activities responding to the OD crisis. Many of these activities were collaborative committees and support networks. Collaboration was seen as the top strength of these efforts.

Why we ask

Indigenous participants were more likely to have ever overdosed, and those who had overdosed reported a higher number of overdoses compared to non-Indigenous participants. They also accessed substance use treatment services more than non-Indigenous participants.

Why we ask

All communities reported multiple activities responding to the OD crisis. Many of these activities were committees and support networks. Collaboration was seen as the top strength of these efforts. Service providers believed that communities are having an impact, including reducing overdose deaths. What more could be done?

Why we ask

ANKORS' assessment showed that participants wanted to be healthy and happy. Some of their most common hopes were: to stop using, have accessible services, and to be able to access treatments like pain management and Opioid Agonist Therapy (OAT). People also hoped for more supports, like peer navigators, support groups, or social workers.

Why we ask

ANKORS' needs assessment showed that 38% of respondents had experienced at least one overdose. But only 25% received any kind of emotional support after it happened.

Why we ask

In our analysis, poly substance use was common. This has an impact for harm reduction services. How are we helping stimulant users? Do harm reduction services take into account poly substance use?

Why we ask

In our assessment, poly substance use was common. Among people who said they used opioids and/or fentanyl, more than half of them reported using stimulants, too. Poly substance users were more likely to be in unstable housing or use emergency housing services, and to have been recently in prison.

Why we ask

All communities reported multiple activities responding to the OD crisis. Many of these activities were collaborative committees and support networks. Collaboration was seen as the top strength of these efforts.

How can we improve peoples' ability to get to services?

What kind of emotional support is available for service providers in your community?

How could we improve peoples' access to Opioid Agonist Therapy (OAT) while they're in jail or prison?

How might we help peers get the leadership skills they want?

How could we connect people better to OAT when they're released from jail or prison?

How could we increase peoples' access to Naloxone training in our community?

Why do some people experience higher rates of unstable housing? What could we do?

How can we change our services to help people feel more welcome?

Why we ask

When we asked participants about the major challenges for current overdose responses, people in every community pointed to stigma. But things like being "known as a person," not judged, privacy and confidentiality, and accessible hours and locations made people feel welcome.

Why we ask

58% of service users surveyed said they'd received Naloxone training. And they're using it: the majority (86%) of people who had reversed an overdose for someone else had received Naloxone training. Peers with Naloxone training reported reversing a median of 6 overdoses; those without training only 1 or 2.

Why we ask

Peers are already a critical piece of the overdose response. 55% of service users we surveyed said they wanted further training to be leaders in their communities, but 20% or fewer said they knew where to get this kind of training.

Why we ask

Our assessment showed that service providers had some access to emotional or grief support, but levels of access depended on the community. In some communities, access was still as low as ~40%.

Why we ask

In total, just over half of participants who used opioid and/or fentanyl had unstable housing. Unstable housing was highest for people who used opioids and/fentanyl + stimulants. In general, younger people also had more unstable housing. Maybe as result, many participants were interested in homelessness survival tactics training.

Why we ask

A number of people in our assessment said that they would have liked access to OAT on release from prison or jail. How are harm reduction services connecting or failing to connect between incarceration and release?

Why we ask

In our assessment, 31% of people using opioids and/or fentanyl reported recent incarceration. The majority of these individuals also said they used stimulants (75%). Around 55% of individuals who used opioids and had been incarcerated reported that they had access to OAT while in jail or prison.

Why we ask

Our assessment showed that 17% of respondents travel to another town to use services. Plus, we found that Indigenous people were more likely than non-Indigenous respondents to use a bicycle, walking or public transit as their main way to get around.

How could we increase people's use of regular testing for things like HIV?

What kind of services are available for Hepatitis C in your community?

How could we change harm reduction services so that they reach the people with least access?

What groups of people have especially low access to harm reduction in your community? Why?

What question would you ask?

What makes youth especially vulnerable members of our community?

What should we ask that we're not thinking about?

If you had a magic wand, what would you change? Why?

Why we ask

If you had the power, what would you change in your community? Why would you focus your attention there?

Why we ask

Compared to older participants, participants under 30 reported proportionately more substance use in general. Younger participants also faced challenges with housing instability, with just over half being categorized as unstably housed.

Why we ask

The service providers that we surveyed said that for some groups of people, harm reduction services are not as accessible as they could be. In particular, they were concerned about people without homes, people living in poverty, women, Indigenous people, and youth.

Why we ask

Around 80% of assessment participants said they had ever had Hepatitis C (HCV) testing, and 20% of these people said they were HCV positive. Among participants who were HCV positive, 21% said they had accessed HCV services in the last 6 months. 15% expressed they'd had challenges accessing HCV services.

Why we ask

There's always something we're missing. What do you think it is?

Why we ask

You've got a unique perspective! What question is on your mind?

Why we ask

The service providers that we surveyed said that for some groups of people, harm reduction services are not as accessible as they could be. In particular, they were concerned about people without homes, people living in poverty, women, Indigenous people, and youth.

Why we ask

In ANKORS' assessment, men were less likely than women to have been tested for HIV and younger participants (<30 years of age) were less likely than older participants to have been tested. Among those who indicated they had not been tested for HIV or HCV, the majority indicated this was because they thought they were not at risk.