Harm reduction & overdose prevention Assessment

Exploring community readiness, strengths & gaps in rural and remote communities of the Interior Health region

FINDINGS FROM SERVICE PROVIDERS

Conducted by
ANKORS

This report was published in January 2020. Project team: Cheryl Dowden, Andrea Langlois, and Dr. Melanie Rusch. This project is in compliance with the Interior Health Project Ethics Policy.

The assessment summarized in this report was conducted by:

ANKORS

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With funding from:

Public Health Agency of Canada | Agence de la santé publique du 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.

In collaboration with:

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Acknowledgements

We would like to graciously acknowledge the First Nations on whose traditional territories this initiative was conducted (the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx, Sinixt, and Tsilhqot'in) as well as the Metis Chartered communities within the Interior Health region.

Thank you to the many individuals who participated in making this project possible.

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Thank you to the service providers and service users who participated in the surveys.

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Executive Summary

Background

Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis. This report outlines the results from a service provider survey carried out across 18 rural communities in the Interior Health region of BC. It is part of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. Using a community engagement approach, mixed-method surveys were conducted with service providers regarding: community readiness for community development, training and service improvement; existing service offerings and innovative approaches; policies and community-wide strategies. The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate.

A total of 144 email invitations were sent out to service providers, and a total of 74 individuals participated in the survey representing a total of 83 service locations, as some individuals filled out the survey for their services in more than one community. As some identified additional communities, a total of 21 communities were represented in the sample. Overall, the majority of respondents came from 4 general areas: Health services (mainly Interior Health), Harm Reduction services, Addictions Services and other community support services. Additionally, some respondents were from pharmacy and other types of community organizations (religious groups, indigenous communities, community businesses). As far as types of services provided, harm reduction services (72% of organizations) and addictions counselling/treatment services (43% of organizations) were the most common. Almost all respondents indicated that their organization employed a harm reduction approach. When asked what the most important elements to this approach were, the majority of responses highlighted non-judgmental attitudes, treating people with respect and dignity, and offering low barrier services that helped to meet people where they are at.

THE ANKORS TEAM OUT ON THE ROAD FOR SURVEYS

OVERDOSE CRISIS AND RESPONSE

Perspectives on overdose

When respondents were asked about their organization's level of concern regarding the overdose crisis, the majority indicated high levels of concern. Across all regions and types of organizations, the median scores on a scale of 1 to 10 were between 8 and 10. Only 11 respondents (~15%) indicated a level of concern <7.

Existing efforts

Respondents were asked about the existing efforts in their communities. Many highlighted increased harm reduction services (supplies, education), increased collaborations across organizations, increased access to OAT, and increased social/clinical support teams (e.g. integrated care teams). Efforts identified by fewer respondents included Overdose Prevention Sites or Supervised Consumption sites, peer programming, anti-stigma campaigns and programs tied to housing and emergency shelter. A full list of efforts can be found in Table 3 of the report. Of note, several respondents indicated they were not aware of what efforts may or may not be in place in their communities. This seemed especially to be the case in the smaller rural communities.

Strengths, impacts and challenges

Respondents most often referenced Naloxone distribution and training, collaborations – including broader collaborations such as task forces and overdose prevention groups and more focused, service-based collaborations, and community engagement as strengths of the existing efforts. In terms of impacts, many saw decreased mortality and increased awareness as important outcomes of the existing efforts. However, a number of participants also indicated they were unsure of the impacts, or whether these could be properly measured or observed. These again tended to be the smaller rural communities where there may be less available resources or supports for these efforts. The biggest challenges noted by respondents were stigma, lack of resources, and public perception. The latter was also noted as an opportunity to increase community dialogue and build public awareness. Additionally, access to local service was seen as challenge by several respondents – in particular smaller communities found it challenging due to hours of operation, capacity, and availability of particular services (e.g. OAT physicians). Housing was also mentioned by many respondents to be a particular challenge in their communities.

Harm reduction services

When asked about what harm reduction services were available in their communities, the majority of respondents identified Naloxone distribution, harm reduction supplies, and OAT. While many indicated OAT was available, it should be noted that in some cases prescriptions could be filled locally, but patients would have to travel to see an OAT physician. Peer programming was identified more often in the Kootenay Boundary and East Kootenay region, and least in the Thompson Cariboo Shuswap region. Around 20% of respondents identified heroin or hydromorphone therapy as a service that was available in their community – this represented 7 of the 21 communities. It is possible that there is some confusion between newer substitution therapies and actual heroin/hydromorphone therapy and that there is not actually this many communities with heroin/hydromorphone therapy available. Only 3 communities had identified OPS services, and only 1 had OPS inhalation services.

SIGN OUTSIDE THE EAST KOOTENAY ADDICTION SERVICES SOCIETY

When looking across organization types, most were able to identify the top services (naloxone, harm reduction supplies, OAT); in general, health authority and harm reduction service respondents had slightly higher proportions identifying services in the community as compared to other service organizations.

The majority of respondents (70%) identified populations of concern with respect to accessibility of services. The most common populations identified were those living without a home, those living in poverty and youth. Across organization types, respondents from Harm Reduction services were most concerned about accessibility across many populations.

POLICIES AND PLANNING

When asked about policies, strategies and laws that impacted overdose prevention efforts, the majority of respondents were unaware or unable to identify any specific elements. Respondents from the Harm Reduction services were most likely to respond to this question and provide information on both positive and negative impacts. Positive impacts included coordinated strategies emerging through collaborative committees, and formalization of policies around harm reduction options for some organizations. Municipal policies and zoning processes were noted as barriers to moving forward, particularly with supportive housing initiatives.

The most commonly noted new strategies and plans were around further development of collaborative committees, and plans for supervised consumption. Other strategies included public awareness campaigns, new OAT clinics, expansion of HR teams and more. A full list can be found in Table 9.

Leadership was seen as an important piece, especially around supporting the growing collaborations and community partnerships. Important leaders across all communities included Interior Health, and ANKORS; other more localized agencies were also identified in their regions (EKASS, Freedom Quest). Less frequently mentioned, but important in particular regions were peers, Indigenous communities, and other more local service agencies.

Only around 20% of respondents indicated they were aware of specific proposals in their community related to the overdose response, and around 30% were unaware of any funding mechanisms being used by their organization for current efforts. The majority of these respondents were from Harm Reduction service agencies. Compassion Inclusion and Engagement (CIE) funding and Community Action Initiatives (CAI) funding were being actively used in three of the four regions. CIE funding included projects for training REDUN peers in harm reduction and supply distribution, for drug checking projects, and for peer support groups. CAI funding included an Overdose Prevention project focused on social infrastructure.

INFORMATION AND TRAINING NEEDS

The majority of respondents and communities indicated that there were available informational resources on how to prevent an overdose, how to use Naloxone, where to access Harm Reduction services, where to get supplies, what mental health and substance use services were available, and what substance use services were available.

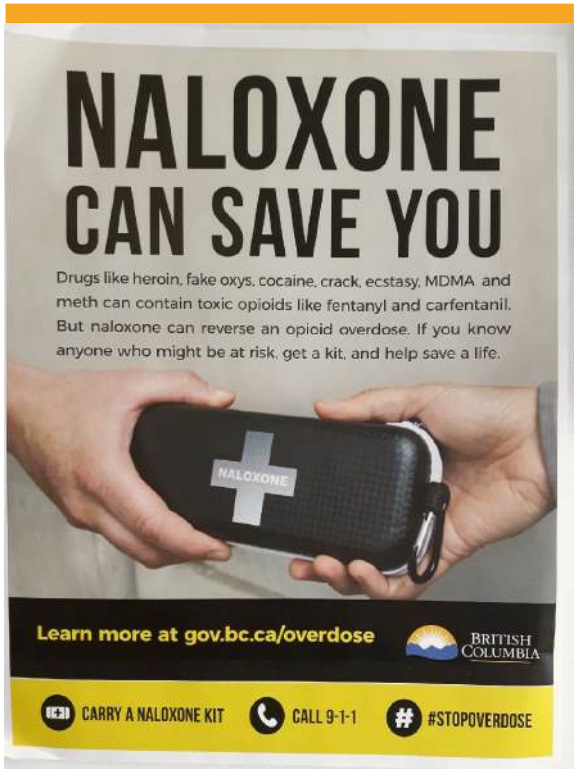
Fewer communities had information on where to safely use drugs, where to get drugs checked and best practices on OAT, although more respondents indicated this information was available in the Kootenay Boundary region compared to other regions. Across organization types, Community Service respondents were less likely to indicate information was available. This could reflect a lack of accessibility rather than availability and may present an opportunity for promoting widespread distribution of information resources across all community services.

Naloxone training

Naloxone training was identified as being available across all regions and by the majority of service types. A few respondents did note that, although available, it may not be as readily available or accessible for everyone as it could be.

The East Kootenay and Kootenay Boundary regions had the highest proportion of organizations with >10 staff trained. The majority of organizations had at least one staff trained; East Kootenay and Thompson-Cariboo-Shuswap both had a small number of organizations (10-20%) with no staff trained in Naloxone use. When looking at this by organization type, the Health Authority and Harm Reduction services had the highest proportion with >10 staff trained, while around 20-30% of Community Service and other organizations had no staff trained.

Among locations who reported any reversals, the highest volume of overdose reversals was from Health Authority and Harm Reduction services, although on a per organization basis, all organization types had between 1 and 3 reversals noted.



BC GOVERNMENT NALOXONE POSTER

Other training and supports

Grief support services were noted to be available by the majority of respondents. This was highest in the East Kootenay and Kootenay Boundary regions, and was highest among Harm

Reduction service respondents. In general, supports included counselling, either through internal resources or via referrals, benefits coverage, and the Employee and Family Assistance Program. The Provincial Mobile Response Team was noted as a resource in both East Kootenay and Kootenay Boundary. Indigenous Elders and healing circles were a resource for one organization in the Kootenay Boundary region, while the Community Crisis Intervention team operated through another Indigenous community was noted in the Okanagan.

When asked what other types of training and supports might be of interest, the most commonly selected items were Indigenous Cultural Safety Training, Peer Training, and Grief support. Given that most had indicated some form of support was available, this highlights the need for perhaps more tailored services specific to dealing with the ongoing overdose crisis. Across organization types, there were some differences, with Pharmacy, Community Service and other community organizations also commonly selecting training on OD prevention, Naloxone and harm reduction, indicating that despite widespread distribution of information in these areas, some organizations are still looking for education and training opportunities on these topics.

SUMMARY

Among service providers across the 21 rural communities, levels of concern regarding the overdose crisis were generally high and respondents indicated that most of the communities in which they work had or were beginning to form collaborative committees with broad representation to work together on overdose prevention. Those seen as leaders in overdose prevention were typically involved at these collaborative tables, and were often noted to be key players for advancing harm reduction initiatives and increasing the availability, accessibility and options for services. Stigma and public perception remain significant challenges to these efforts, although there were also opportunities identified for increasing public awareness and education around overdose and harm reduction.

Outside of respondents from Harm Reduction services, few were aware of or had information on policies, strategies and laws impacting overdose prevention efforts, or on any planning or proposals underway. This is something that may improve as collaborative tables expand and develop.

Naloxone, harm reduction supplies and OAT were typically identified as existing efforts and as services available in these communities. Other services and information, such as where to safely use or where to get drugs checked, was less often identified as available. In some cases, like drug checking, there are limited services available in certain regions; however, in general Community Service respondents less often indicated availability of information or services that may be available, highlighting the potential need for consolidated information on available services that can be widely distributed throughout communities.

Background

Background

Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis.

Within the Interior Health region, the health authority, community organizations, and other officials have been responding and implementing policies, strategies, and services to prevent overdoses and expand harm reduction services. However, rural communities have not been receiving the same amount of attention and support as larger urban centers, and not as much is known about how communities are responding, what services and strategies are being implemented, what strengths exist, or about the needs of people who use drugs and what would make services more accessible.

This report outlines the results from a service provider survey carried out across 18 rural communities in the Interior Health region of BC. It is Phase 1 of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. The overarching goal is to support communities to scale up and improve services for people who use drugs in order to decrease overdose rates, decrease rates of HIV and HCV infection, reduce stigma, and improve health and wellness of individuals and communities. As the intended purpose of the project was to gather information and inform next steps (i.e. hypothesis generating rather than hypothesis driven), a convenience sampling approach was used. Results should be interpreted as possible directions of further inquiry rather than as definitive conclusions, and generalization of findings to broader communities may not be possible.

Using a community engagement approach, mixed-method surveys were conducted with service providers regarding: community readiness for community development, training and service improvement; existing service offerings and innovative approaches; policies and community-wide strategies. After compiling a list of service providers in the 18 communities, organizations were invited by email to participate in an online survey. Participating organizations were asked to select a representative to fill out the survey, and only to complete one response per service location. The survey link was left open for approximately three months, from November 2018 to January 2019, and several follow-up emails and calls were made to remind organizations of the survey to try and enhance participation rates. Those participating could also choose to be included in a draw for a gift card as an incentive to participate.

The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate. The regions are defined by the Health Service Delivery Areas (IHSDA) within Interior Health: Thompson-Cariboo-Shuswap, Okanagan, Kootenay Boundary and East Kootenay.

This project is in compliance with the Interior Health Project Ethics Policy.

Assessment Results

Descriptive Characteristics

This section outlines the characteristics of the respondents and their respective organizations in order to provide context for the information and results in subsequent sections.

A total of 144 email invitations were sent out to service providers, and a total of 74 individuals participated in the survey representing a total of 83 service locations, as some individuals filled out the survey for their services in more than one community. The individual response rate was 51% overall; rates were higher in East Kootenay (71%) and Kootenay Boundary (69%) compared to Okanagan (32%) and Thompson-Cariboo-Shuswap (42%).

Table 1A indicates the number of respondents that indicated a primary location (community) served by their organization and those that indicated a more regional focus to their work. Most organizations indicated a single community focus rather than region-wide services. This is not to say that those organizations serving a particular community are all single-location services. Many of the organizations that indicated a primary location are organizations that provide services across the broader region; however, the respondents were answering for a particular community location. For example, many of the Interior Health respondents would be responding on behalf of a local Public Health Unit or Mental Health & Substance Use Service location. For a complete list of participants by community, see Table A1A in the appendix.

Table 1A: Number of responders by region and by single location verses region-wide Service providers

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo	TOTALS
Community Location	25	35	6	11	77
Regional Wide Services	2	2	0	0	4
Regional Totals	27	37	6	11	81
Cross-regional Services	1		1		2
TOTALS	65		18		83

Table 1B outlines the general service type provided – in some cases there may be overlap across categories; however, as much as possible the organizations were organized according to their predominant general service. Table 1C provides a fuller overview of the types of services provided as identified by the participants. Overall, the majority of respondents came from 4 general areas: Health services, Harm Reduction services, Addictions Services and other Community support services. There was a difference comparing East Kootenay and Kootenay Boundary to the Okanagan and Thompson-Cariboo-Shuswap region. Aside from fewer overall participants, the respondents from the latter two regions were predominantly from pharmacies and community service organizations.

TABLE 1B: GENERAL SERVICE TYPE OF PARTICIPANTS ORGANIZATION, BY REGION

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo	TOTALS*
Interior Health	8 (29%)	6 (16%)	--	5 (42%)	18 (22%)
Harm Reduction Services	6 (21%)	6 (16%)	--	--	12 (14%)
Addictions Services	5 (18%)	1 Adult focus (3%) 8 Youth focus (21%)	1 (14%)	--	15 (18%)
Religious organizations	2 (7%)	1 (3%)	--	--	3 (4%)
Other Community Service Organizations	4 (15%)	10 (26%)	2 (29%)	5 (42%)	20 (23%)
Other Government Health-Related Services	2 (7%)	--	--	--	2 (2%)
Indigenous Communities	1 (4%)	1 (3%)	1 (14%)	--	3 (4%)
Community businesses	--	3 (8%)	--	--	3 (4%)
Pharmacy	--	2 (5%)	3 (43%)	2 (17%)	7 (8%)
TOTALS	28 (100%)	38 (100%)	7 (100%)	12 (100%)	83 (100%)

*Row totals do not add up to the TOTALS column as the two cross-regional respondents were counted in both regional totals.

Table 1C outlines the types of services generally provided by the organizations. Unsurprisingly, harm reduction services (64% of organizations) and addictions counselling/treatment services (47% of organizations) topped the lists. Social services were also provided by a number of respondent organizations, although more often in East Kootenay and Kootenay Boundary. Although numbers are small, OAT services were offered by a higher proportion of respondents in the Okanagan and Thompson-Cariboo-Shuswap. This is likely related to the higher proportion of pharmacy and clinical service providers responding to the survey in these locations.

TABLE 1C: TYPES OF SERVICES PROVIDED BY SERVICE PROVIDER PARTICIPANTS, BY REGION

	East Kootenay (% of 28 organizations)	**Kootenay Boundary** (% of 38 organizations	**Okanagan** (% of 7 organizations)	**Thompson-Cariboo** (% of 12 organizations)	**TOTALS*** (% of 83 organizations)
Primary Health	6 (21%)	9 (24%)	1 (14%)	4 (33%)	20 (24%)
Social Services	10 (36%)	15 (39%)	2 (29%)	2 (17%)	28 (34%)
Housing	3 (11%)	8 (21%)	2 (29%)	3 (25%)	15 (18%)
Harm Reduction	18 (64%)	25 (66%)	5 (71%)	7 (58%)	53 (64%)
Addictions Counselling or treatment	11 (39%)	21 (55%)	2 (29%)	6 (50%)	39 (47%)
OAT	7 (25%)	12 (32%)	4 (57%)	5 (42%)	27 (33%)
Pharmacy	2 (7%)	6 (16%)	4 (57%)	3 (12%)	14 (17%)
Other	14 (50%)	19 (50%)	3 (43%)	7 (58%)	42 (51%)

*Totals do not add up to the TOTALS column as the two respondents indicating cross-regional services were counted in both regional totals.

TABLE 1D: AVERAGE NUMBER OF SERVICE TYPES OFFERED BY SERVICE PROVIDER PARTICIPANTS, BY REGION

	East Kootenay (28 organizations)	**Kootenay Boundary** (38 organizations)	**Okanagan** (7 organizations)	**Thompson-Cariboo** (12 organizations)	**TOTALS** (83 organizations)
Average # of service types	2.6 (Range: 1 to 7)	3.1 (Range: 1 to 7)	2.9 (Range: 1 to 5)	3.3 (Range: 1 to 6)	2.9 (Range: 1 to 7)

The average number of types of services provided by any one organization was similar across regions. Overall, participating organizations offered approximately 3 types of services, with a range from 1 service type up to 7 service types.

A follow-up question asked participants to indicate what services were specifically offered to people who use substances in their communities. For the most part, the types of services offered were similar to those listed in Table 1C. In some cases, responses shifted slightly indicating perhaps a type of service that while offered in general, was not offered specifically for or tailored for people who use substance. Alternatively, an additional service type was sometimes indicated that may not be a focus of the organization and so was not captured in Table 1C. For example, in Table 1E as compared to Table 1C, an additional 7 respondents indicated that they do provide harm reduction services. Only one participating organization did not indicate any services or supports available specifically for people who use substances. This organization was located in the Thompson-Cariboo-Shuswap region.

TABLE 1E: TYPES OF SERVICES PROVIDED BY SERVICE PROVIDER PARTICIPANTS, SPECIFICALLY TO PEOPLE WHO USE SUBSTANCES, BY REGION

	East Kootenay (% of 28 organizations)	**Kootenay Boundary** (% of 38 organizations)	**Okanagan** (% of 7 organizations)	**Thompson-Cariboo** (% of 12 organizations)	**TOTALS*** (% of 83 organizations)
Primary Health Service	4 (14%)	9 (24%)	2 (29%)	4 (33%)	18 (22%)
Social Services	9 (32%)	12 (32%)	3 (43%)	2 (17%)	25 (30%)
Housing	3 (11%)	7 (18%)	1 (14%)	2 (17%)	12 (14%)
Harm Reduction	21 (75%)	27 (71%)	5 (71%)	9 (75%)	60 (72%)
Addictions Counselling or treatment	9 (32%)	20 (53%)	2 (29%)	6 (50%)	36 (43%)
OAT	7 (25%)	13 (34%)	3 (43%)	4 (33%)	27 (33%)
Pharmacy	3 (11%)	5 (13%)	4 (57%)	2 (17%)	13 (16%)
Other	15 (54%)	15 (39%)	1 (14%)	4 (33%)	35 (42%)

*Totals do not add up to the TOTALS column as the two respondents indicating cross-regional services were counted in both regional totals.

TABLE 1F: NUMBER OF PARTICIPATING ORGANIZATIONS WORKING FROM A HARM REDUCTION APPROACH, BY REGION

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo	TOTALS
Yes	25 (89%)	37 (97%)	7 (100%)	11 (92%)	78 (94%)
No	3 (11%)	1 (3%)	0 (0%)	1 (8%)	5 (6%)
TOTALS	28 (100%)	38 (100%)	7 (100%)	12 (100%)	83 (100%)

In Table 1F, we can see the majority respondents in each region indicated that they work from a harm reduction approach. Four of the five organizations that did not work from a harm reduction approach were organizations with a broader, general community focus. One Addictions Services organization also indicated it did not work from a harm reduction approach.

When asked what the most important elements of harm reduction were, the most frequently repeated phrases included: meeting people where they are at; offering accessible services, supplies and strategies; having a non-judgmental environment; and reducing harms. Other elements highlighted by several participants were treating people with dignity and respect, being compassionate, supportive and empathetic, offering comprehensive services with options and flexibility, and providing people with a safe space where they feel welcome and accepted. While not mentioned as frequently, other key elements mentioned included broader concepts, such as helping to reduce stigma, and promoting community-belonging; the involvement of people who use substances in programming and the importance of lived experience; using a strengths-based approach, connecting through conscious dialogue and promoting self-determination. Linked to the idea of comprehensive services, a few indicated a key element to be consideration of the broader social determinants such as food and housing. A full list of elements can be found in the appendix.

TABLE 2: SUMMARY OF ELEMENTS PARTICIPATING SERVICE PROVIDERS CONSIDERED MOST IMPORTANT IN A HARM REDUCTION APPROACH, BY REGION

What would you say are the most important or essential elements of a harm reduction approach?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Meeting people where they are at / Low or no barrier services	Meeting people where they are at / Low or no barrier services	Treating people with dignity and respect	Non-judgmental
Accessible – services, supplies, strategies	Non-judgmental	Accessible – services, supplies, strategies	Meeting people where they are at / Low or no barrier services
Reducing harms	Accessible – services, supplies, strategies	Reducing harms	Building relationships
Non-judgmental	Comprehensive		Accessible – services, supplies, strategies
	Compassionate and supportive		Compassionate and supportive
	Reducing harms		

Overdose Crisis and response

This section outlines the perceived level of concern for overdose in the communities, existing services and efforts that are known to the various organizations, including their perceived strengths and impacts, as well as any perceived challenges in the response.

Participants were asked to rank the level of concern their organization had for the overdose crisis in their community on a scale from 0 (not at all a concern) to 10 (very much a concern). In general, levels of concern for the overdose crisis were high. The median scores were 9 for East Kootenay, 9 for Kootenay Boundary, 10 for the Okanagan and 8 for Thompson-Cariboo-Shuswap. Average scores by region were generally lower due to the small number of respondents at the low end of the scale; this was especially the case for the Okanagan (average score = 7.6) where the low scores indicated by two of the participants brought the average down significantly given the small number of respondents overall in this region.

Concern regarding the overdose crisis was also examined across general type of organization. This was done using the categories from Table 1B; however, given the smaller numbers for some of the categories, some additional groupings were made. Other government health-related organizations were included with Interior Health, and a general 'other' category was used for religious organizations, community businesses and indigenous communities.

Across organization types, levels of concern were again generally high, with median scores of 8.5 to 10. Community service organizations had the lowest median score at 8.5, while addictions service organizations, despite having a few rankings of <7, had the highest median score at 10. While numbers were small, the lowest scores (<5) were seen at pharmacies, community service organizations and addictions services.

Table 3 outlines the existing efforts to address the overdose crisis that were identified by participants. The shading of the boxes under the region is a qualitative indication of the number of participants who mentioned a particular type of effort. Several participants, not from the organization, simply listed ANKORS as a summary of existing efforts in their community, highlighting the key leadership role played by this organization. Aside from the efforts listed above, a few participants indicated either a lack of efforts in their community, or a lack of knowledge of any efforts that may be happening. These were generally smaller, more remote communities.

In Grand Forks, a community in the Kootenay Boundary region, one participant was not aware of any efforts, although three others listed several harm reduction services available including

FIGURE 1A: ORGANIZATIONS' LEVEL OF CONCERN REGARDING OVERDOSE IN THE COMMUNITY, BY REGION

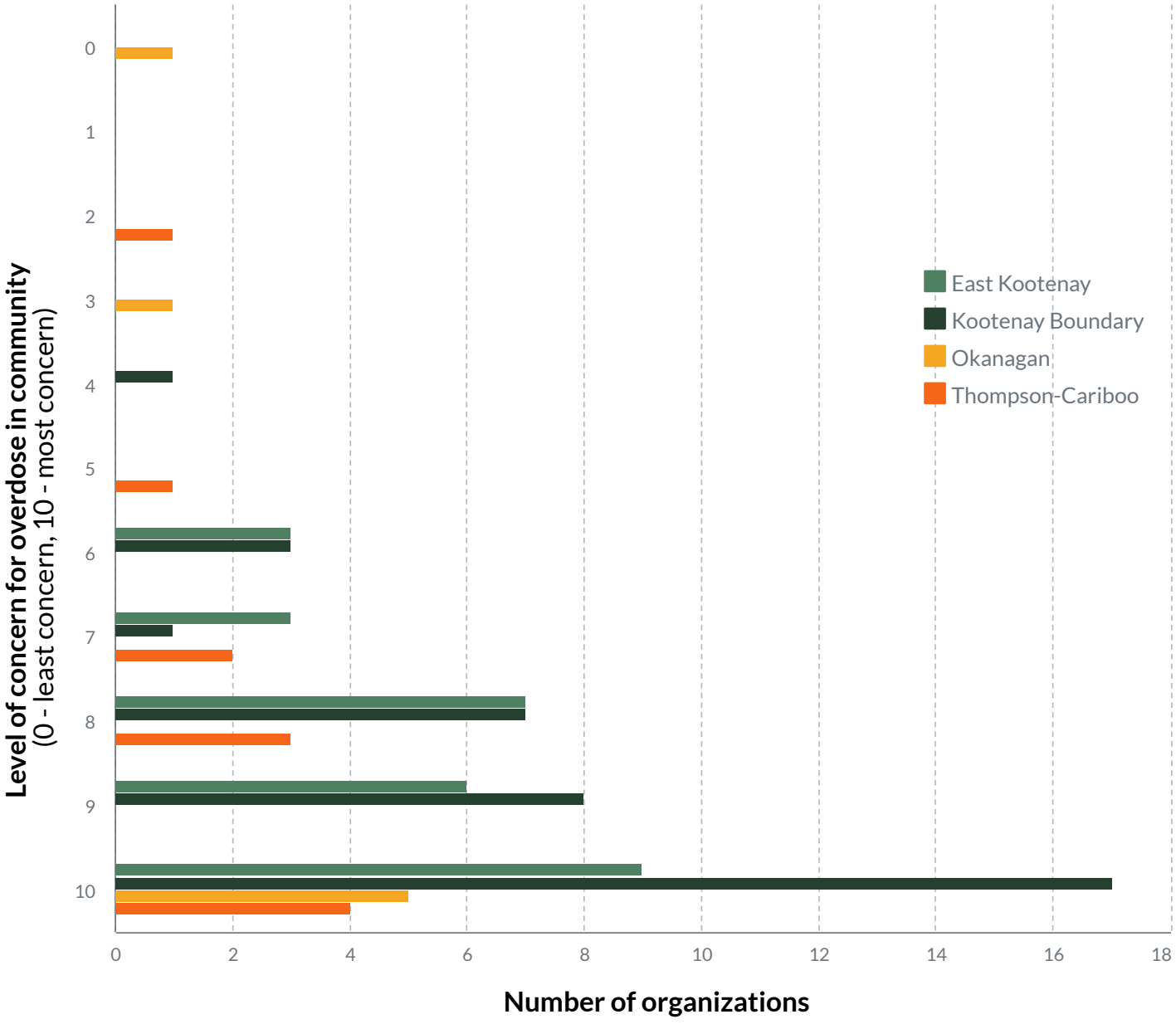


FIGURE 1B: ORGANIZATIONS' LEVEL OF CONCERN REGARDING OVERDOSE IN THE COMMUNITY, BY TYPE OF ORGANIZATION

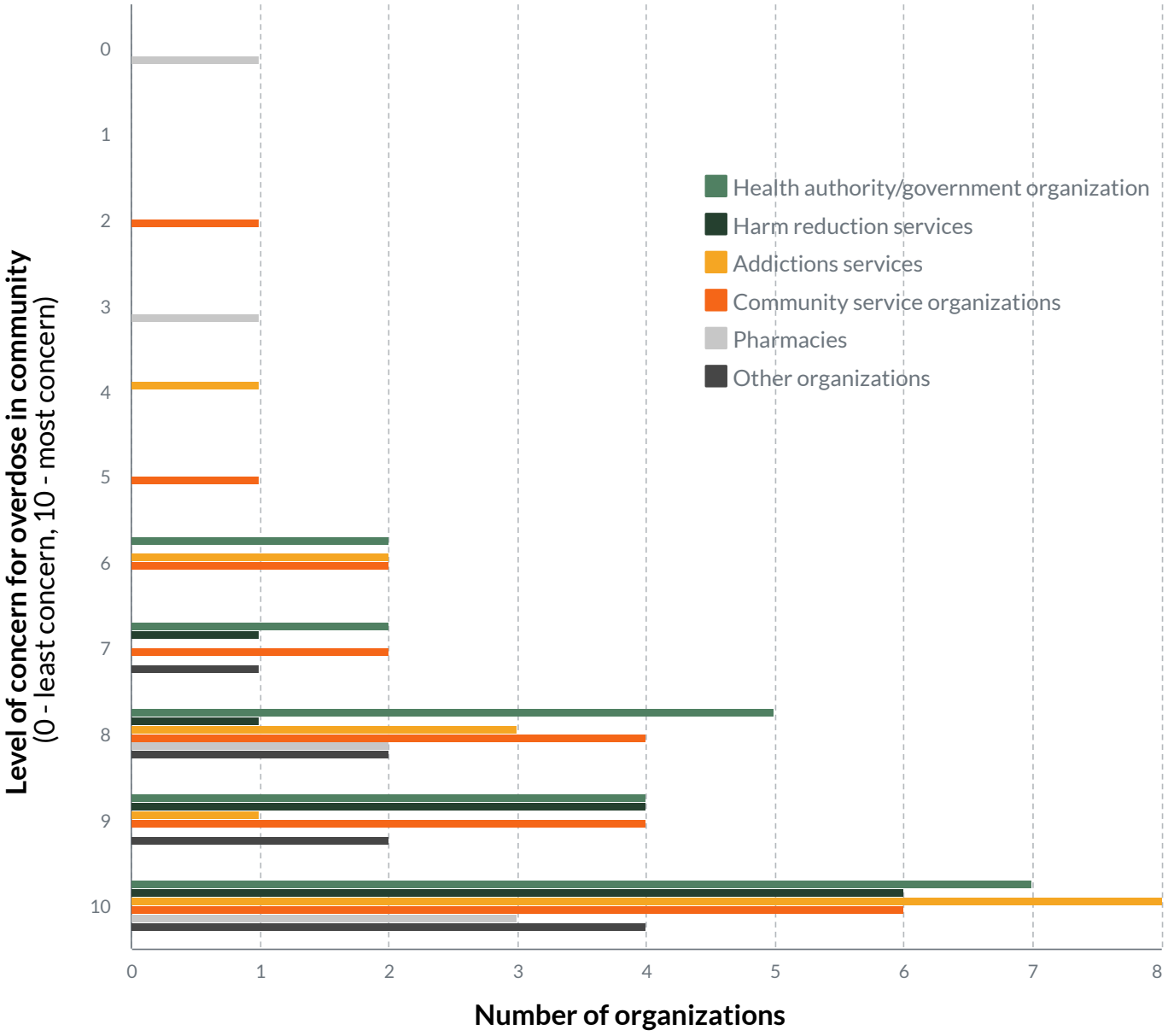


TABLE 3: SUMMARY OF EXISTING EFFORTS TO ADDRESS THE OVERDOSE CRISIS BY REGION

What efforts exist in your community to address the overdose crisis?	EK	KB	OK	TCS
HR supplies (incl. naloxone distribution, sharps containers)				
Collaborative committees/ interagency support networks				
HR education (incl. naloxone training)				
Treatment, OAT Clinics				
Social and clinical support services and teams (e.g. ICM)				
Outreach programs (street, patient)				
Drug checking				
Prevention				
Recovery services/beds				
Community awareness/forums/education on crisis				
Supervised consumption, OPS				
Interagency referrals/communication				
Posters/communications re: available services				
Peer programming / peer supports				
Food resources				
Anti-stigma campaigns				
HR education to HC providers				
Memorial events				
Letters to gov't				
Opioid funding				
Family supports				
Opioid response team, 24/7				
Hospital Opiate Response team				
Emergency shelters, short term beds				
First responder training				
Urgent care nurses				
RCMP				
Housing				
Drug alerts				

Colour-coding qualitatively reflects the number of respondents who identified a particular effort; light green = one to a few, medium green = a few to several, dark green = several to many; yellow = noted as needed in the region

Naloxone and OAT services. Another indicated that a combination of events (floods and fires of the past few years, history of stigma and discrimination, local community support service shut down) has increased the challenges faced in providing services and supports, especially to those living on the street or without stable housing. Although no current formalized collaborative efforts were identified in this community, this participant indicated a recent change in local leadership combined with efforts through BC Housing is creating opportunity and providing motivation for an increase in collaborative efforts to address overdose.

In Barriere, one organization was unaware of any efforts, and the other indicated that the community lacked a coordinated effort to respond to the overdose crisis. In Golden, one organization was unaware of efforts to address overdose in the community, indicating that perhaps this lack of awareness in some service organizations was one of the challenges faced in addressing the crisis. In Cranbrook, although many efforts were noted by several participants, it was felt by one participant that more was needed, including increased communication to the public and increased communication to front line workers regarding drug alerts.

In addition to asking what existing efforts were taking place in their community, participants were also asked to indicate what they perceived to be the strengths, impacts and challenges of these efforts. Responses to these open-ended questions are summarized later in this report.

STRENGTHS

Overwhelmingly, collaborations were seen as an important strength in the current overdose response efforts. These included Fentanyl Task Forces in the Kootenay Boundary region, an Overdose Prevention Network in the Okanagan, and other groups bringing together health and social services, community organizations, first responders and RCMP to address the crisis. Aside from these broader community-based collaborations brought together to address the overdose crisis, participants also talked about more focused, service-based collaborations, coming together to improve the communication between service providers, continuity of care and case management for clients. For example, the ICCON (Intensive Coordinated Care Opioid Navigator) program in Penticton, aiming to work with people using opioids from low to high support needs; and the Connections program at the Hospital in Kamloops, aiming to connect those who have experienced an overdose with relevant mental health and substance use programs and services.

The next most frequently mentioned strength was the availability of naloxone kits and training opportunities. Regionally, other strengths typically stood out above Naloxone except in Kootenay Boundary; however, naloxone kits and training availability was mentioned by several people in every region except the Okanagan.

Another frequently mentioned strength was community engagement and commitment, typically in reference to community partners coming to the table in a meaningful way. Continuity and coordination of care did not stand out in any particular region; however, it was brought up by several people in all regions, bringing it to the surface overall. This was also linked to positive impacts noted in the next set of responses (improved connections and communication between services).

Table 4A summarizes the most frequent themes arising around strengths of current overdose response efforts across the four regions. In addition to the general themes summarized below, several respondents in the East Kootenay and Kootenay Boundary regions talked about the strengths of peer-led programming, integration of peers into services, and/or the importance of lived experience being listened to. In particular, the Peer Navigator position in the East Kootenay region was seen as being a key position to increase connections to more hidden populations.

TABLE 4A: SUMMARY OF STRENGTHS IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Collaborations	Collaborations	Collaborations	Increased availability of Naloxone kits and trainings
Accessible services, supplies, treatments	Increased availability of Naloxone kits and trainings	Team-based	Public education and awareness
Public education and awareness	Stigma reduction	Public education and awareness	Accessible services, supplies, treatments
Community engagement and commitment	Accessible services, supplies, treatments	Dedication	Collaborations
Increased interest in HR services and approaches	Community engagement and commitment	Relationships with clients	Community engagement and commitment

POSITIVE IMPACTS

One of the positive impacts most often identified by participants was a decrease in overdose deaths, underlying the importance of these efforts despite only minimal decreases seen in overdose death across the Interior Health region in recent months. These service providers know that the number of deaths could and would be much higher without these efforts. Another positive impact noted by many participants was the increased opportunities for raising public awareness and providing educational opportunities. Increased access – to treatments such as OAT, to services and supports, and to harm reduction supplies – was also noted as a positive impact across all regions.

Several respondents talked about OPS and drug checking as some of the important HR services that were making an impact. It was felt in particular that drug checking services have been well-used and well received in the communities where it has been made available, and that more communities need this service.

TABLE 4B: SUMMARY OF IMPACTS IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Decreased overdose deaths	Decreased overdose deaths	Increased access to treatments including OAT, more treatment options available	Increased access to services and supports
Open communication	Increased public education and awareness	Decreased overdose deaths	Increased access to treatments including OAT
Increased HR services, education, training	Broader acceptance of Harm Reduction	Increased access to services and supports	Increased engagement in care
Increased public education and awareness	Increased collaborations	Decreased use of substances	
	Increased HR services, education, training		

Many respondents talked about positive impacts on increasing public education and awareness. One particular example mentioned was the use of events like the Community Connect Day in Nelson, where best practices were shared in an effort to increase public and health sector understanding.

Most respondents identified some positive impact from the efforts to address overdose in their communities; of those who identified efforts (i.e. not including those who were not aware of efforts in their community), a few did not identify any positive impacts. In Grand Forks, one participant could not, at this time, see any positive impacts. In Fernie, two participants were not certain what impact efforts were having. In Invermere, one respondent did not feel that the harm reduction services that were being offered were being well-utilized. In Keremeos, one respondent felt that although there were likely some positive impacts, these were hard to see or measure on a day-to-day basis. In Elkford, it was felt that there was currently minimal impact from efforts around Naloxone kits, and that more awareness and education was needed in the community. In Revelstoke, one respondent that identified community education as the main effort was not sure what impact this was having in the community.

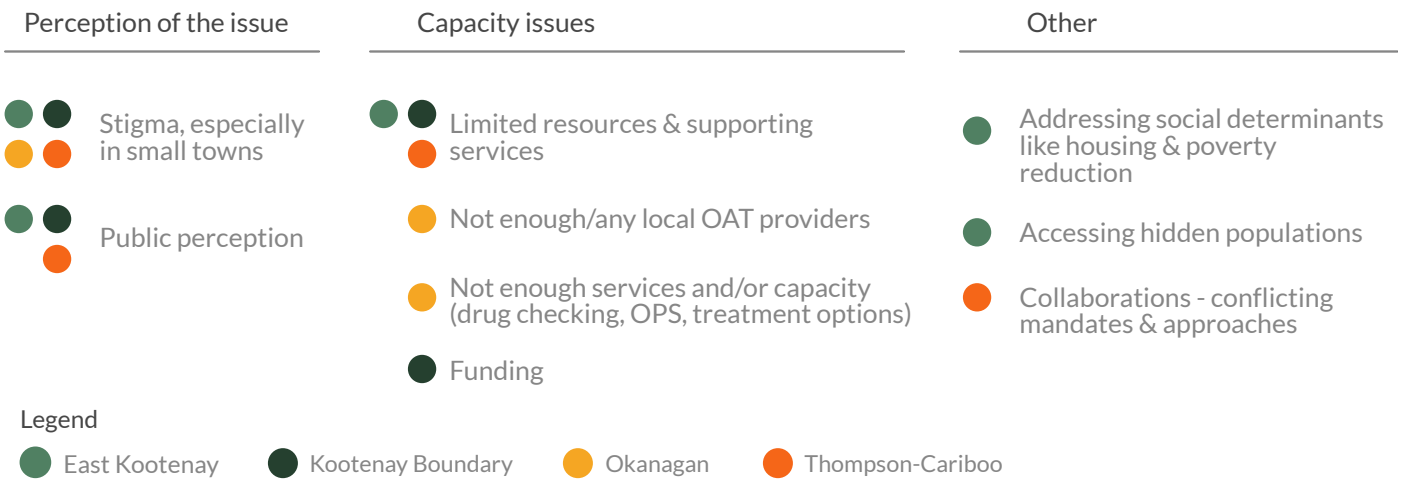
CHALLENGES

Not surprisingly, stigma stood out as a major challenge across all the regions. Limited resources and services was another challenge identified, as was public perception, despite the positive impacts that some felt were being made in community efforts to raise awareness.

In addition to the themes in Figure 2 on the following page, some specific challenges mentioned included: Naloxone training in schools; difficulties reaching more hidden populations, especially in smaller communities where stigma and discrimination may deter many from seeking any supports or services. In both Revelstoke and Kamloops, it was noted that there was a lack of Naloxone kits available or a lack of options for where Naloxone kits could be found although work was being done in Revelstoke to improve access to harm reduction supplies. In many communities, limited access was noted in terms of locally available supports, hours of service, and limited capacity for outreach and follow-up. In Keremeos, it was noted that there was not a local OAT physician, making it difficult for clients who may not be able to easily travel to Penticton on a regular basis for appointments. Housing, including low-barrier supportive housing and crisis housing, was mentioned by several participants as a challenge that needs to be addressed.

Despite the identification of many strengths and positive impacts around public education and raising awareness, this was also seen as a major challenge and many felt that more efforts to increase community dialogue around the overdose crisis and harm reduction efforts are

FIGURE 2: SUMMARY OF CHALLENGES IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION



needed. In particular, several participants from communities in Kootenay Boundary and one from a community in Thompson-Cariboo-Shuswap mentioned used needles and public reactions to used needles as something that presented a particular challenge.

Two participants indicated that harm reduction approaches were not enough, and that more efforts to address root causes of addiction and more detox, treatment and recovery services were needed.

Tables 5A, 5B, and 5C indicate the existing harm reduction services available in the community, as identified by participants. Two types of response summaries are given: the number and percentage of respondents in each region who identified a particular service, and the number and percentage of communities where at least one respondent identified a particular service.

Among those that were aware of harm reduction services (2 participants were not aware of any), all but one respondent, and every community, identified Naloxone distribution and training as an available service. Harm reduction supplies were known to be available in all communities except one (Keremeos), with 95% of participants being aware of this service. OAT services were known to be available in 90% of communities, peer supports in 67% of communities, Heroin or Hydromorphone therapies in 33% of communities, OPS in 14% of communities and other services in 29% of communities. Only one community (Nelson) had an OPS inhalation site. Of note, it was mentioned that while OPS services were available in some communities, they weren't always accessible. It is also possible that there is some confusion between newer substitution therapies and actual heroin/hydromorphone therapy and that there is not actually this many communities with heroin/hydromorphone therapy available.

TABLE 5A: LIST OF EXISTING IDENTIFIED HARM REDUCTION SERVICES OFFERED IN THE COMMUNITY, BY REGION

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo	TOTALS*
	N (% of 25 organizations)	(% of 34 organizations)	(% of 6 organizations)	(% of 11 organizations)	(% of 74 organizations)
	N (% of 7 communities)	N (% of 6 communities)	N (% of 2 communities)	N (% of 6 communities)	N (% of 21 communities
Naloxone distribution & training	24 (88%)	34 (100%)	6 (100%)	11 (100%)	73 (99%)
	7 (100%)	6 (100%)	2 (100%)	6 (100%)	21 (100%)
Harm reduction supply distribution	24 (96%)	32 (94%)	5 (83%)	11 (100%)	70 (95%)
	7 (100%)	6 (100%)	1 (50%)	6 (100%)	20 (95%)
Peer Support	18 (72%)	25 (74%)	4 (67%)	5 (45%)	50 (68%)
	6 (86%)	4 (67%)	1 (50%)	3 (50%)	14 (67%)
OAT	20 (80%)	30 (88%)	4 (67%)	9 (82%)	62 (84%)
	6 (86%)	5 (83%)	2 (100%)	6 (100%)	19 (90%)
Heroin or Hydromorphone Maintenance therapies	1 (4%)	10 (29%)	1 (17%)	2 (18%)	14 (19%)
	1 (14%)	3 (50%)	1 (50%)	2 (33%)	7 (33%)
Overdose Prevention Site	2 (8%)	14 (41%)	1 (17%)	3 (27%)	17 (23%)
	1 (14%)	1 (17%)	0 (0%)	1 (17%)	3 (14%)
Overdose Prevention Site (inhalation)	0 (0%)	2 (6%)	0 (0%)	0 (0%)	2 (3%)
	0 (0%)	1 (17%)	0 (0%)	0 (0%)	1 (5%)
Other Harm Reduction services	6 (24%)	5 (15%)	1 (17%)	1 (9%)	13 (18%)
	3 (43%)	1 (17%)	1 (50%)	1 (17%)	6 (29%)

*Totals do not add up to the TOTALS column as the two respondents indicating cross-regional services were counted in both regional totals. There were 7 missing responses to this question and two individuals (3% of respondents) indicated they weren't sure what was offered in their communities; these are reflected in the regional denominators shown above.

TABLE 5B: LIST OF EXISTING IDENTIFIED HARM REDUCTION SERVICES OFFERED IN THE COMMUNITY, BY TYPE OF ORGANIZATION

	Government health orgs** N (% of 20)	Harm reduction services N (% of 12)	Addiction services N (% of 15)	Community service orgs N (% of 20)	Pharmacy N (% of 7)	Other N (% of 9)
Naloxone distribution & training	19 (95%)	12 (100%)	12 (80%)	17 (85%)	6 (86%)	7 (78%)
Harm reduction supply distribution	18 (90%)	12 (100%)	11 (73%)	17 (85%)	5 (71%)	6 (67%)
Peer Support	14 (70%)	9 (75%)	4 (27%)	11 (55%)	5 (71%)	7 (78%)
OAT	19 (95%)	10 (83%)	8 (53%)	14 (70%)	6 (86%)	5 (56%)
Heroin or Hydromor-phone Maintenance therapies	3 (15%)	1 (8%)	2 (13%)	5 (25%)	0 (0%)	3 (33%)
Overdose Prevention Site	4 (20%)	3 (25%)	2 (13%)	5 (25%)	2 (29%)	1 (11%)
Overdose Prevention Site (inhalation)	0 (0%)	0 (0%)	0 (0%)	2 (10%)	0 (0%)	0 (0%)
Other harm reduction services	1 (5%)	3 (25%)	2 (13%)	5 (25%)	1 (14%)	1 (11%)

**Including Interior Health Authority

TABLE 5C: PROPORTION OF COMMUNITIES OVERALL HAVING AT LEAST ONE OF THE IDENTIFIED SERVICES, BY TYPE OF SERVICE AND ORGANIZATION

	Government health organization ** (N=11)	Harm reduction services (N=8)	Addictions services (N=11)	Community service org'ns (N=12)	Pharmacy (N=5)	Other (N=6)
Naloxone distribution & training	100%	100%	100%	100%	100%	100%
Harm reduction supply distribution	100%	100%	100%	100%	80%	100%
Peer Support	67%	100%	89%	73%	80%	100%
OAT	100%	88%	100%	100%	100%	100%
Heroin or Hydromor-phone Maintenance therapies	44%	38%	44%	45%	60%	38%
Overdose Prevention Site	22%	25%	33%	18%	20%	33%
Overdose Prevention Site (inhalation)	11%	13%	11%	9%	20%	17%
Other harm reduction services	44%	25%	44%	36%	60%	50%

**Including Interior Health Authority

Some of the other services mentioned included Day Treatment programs (Kootenay Boundary), drug checking (East Kootenay and Kootenay Boundary), campaigns/community events (Kootenay Boundary), Harm Reduction-based low income housing (Kootenay Boundary), case management (East Kootenay) and nutritional services (East Kootenay).

As some respondents were regional in focus, their response could not be attributed to a particular community – this is why there are some cases where a service is seen in the region, but not in any of the identified communities in that region (for example, OPS sites in the Okanagan).

Table 5B shows the services identified across organization types. The number of service providers identifying a service is listed first, followed by the percentage of communities in which those providers worked where that service was identified by anyone.

As noted above, most were able to identify naloxone distribution in their communities; Addictions services and other organizations had the lowest proportions (80% and 78%) of service providers who identified this service. Similarly, Addictions services and other organizations had lower proportions of service providers able to identify harm reduction supply services (73% and 67%) in their communities. While 5 of 7 pharmacies (71%) identified harm reduction supplies, at least one of the five communities where pharmacists worked had no harm reduction supply services identified. This may not mean no services exist, but that none of the respondents are aware of these services if they do exist. Peer support services were less often identified by Addictions services and community service organizations; OAT services were less often identified by Addictions services and other organizations. Few identified heroin or hydromorphone therapies offered – community service organizations and other organizations had slightly more service providers who identified this service (25% and 33%). Only a small number of communities had OPS and OPS inhalation identified; most organization types identified OSP services in their community; only community service organizations identified OPS inhalation services in their community.

While this question combines the possibility of a lack of services with a perceived lack of services (i.e. in some cases, the service may not exist in the community, in others the service may exist but respondents are not aware), in general, most communities seem to have some access to Naloxone, harm reduction supplies, and OAT. Of note, in at least one case (Keremeos), OAT prescriptions could be filled locally but there was no local OAT physician known to be available for prescribing OAT. Fewer communities had peer-programming and heroin or hydromorphone therapy, and very few communities had OPS and OPS inhalation sites. Addictions service providers and other organizations seemed to be least aware of the services available in their communities. Given the increased efforts towards collaboration and coordination of care, this may present an opportunity for increasing awareness across all types of service providers regarding available services in the community.

Table 6A below highlights identified populations within the community for whom participants felt harm reduction services were inaccessible. Overall, 71% of participants felt that there were populations for whom services were inaccessible. Homeless, those living in poverty and youth were identified most frequently; however, youth were more often identified in Kootenay Boundary and Thompson-Cariboo-Shuswap regions than in East Kootenay and the Okanagan. With the exception of the Okanagan, where only one participant felt services were inaccessible, most regions had at least some who felt each of the identified populations listed below had challenges with accessibility of harm reduction services.
Other populations identified included rural populations, where lack of transportation becomes a challenge; seasonal workers; those with no MSP card; those fearing stigma and discrimination and others. A full list can be found in the appendices.

Table 6A: Identified populations within community for which harm reduction services are inaccessible, by region

	East Kootenay (25 organizations)	Kootenay Boundary (34 organization)	Okanagan (6 organizations)	Thompson-Cariboo (12 organizations)	TOTALS* (75 organizations)
Any populations identified	18 (72%)	24 (71%)	1 (17%)	11 (92%)	53 (71%)
Homeless	7 (28%)	11 (32%)	1 (17%)	4 (33%)	23 (31%)
People living in poverty	8 (32%)	9 (26%)	0 (0%)	6 (50%)	22 (29%)
Women	2 (8%)	5 (15%)	0 (0%)	3 (25%)	10 (13%)
Older people	5 (20%)	7 (21%)	0 (0%)	4 (33%)	15 (20%)
Youth	4 (16%)	12 (35%)	1 (17%)	5 (42%)	22 (29%)
GLBTQ people	5 (20%)	5 (15%)	0 (0%)	2 (17%)	12 (16%)
Transgender people	5 (20%)	5 (15%)	1 (17%)	2 (17%)	13 (17%)
Indigenous people	4 (16%)	6 (18%)	1 (17%)	3 (25%)	13 (17%)
Other	9 (36%)	12 (35%)	0 (0%)	5 (42%)	26 (35%)

*Totals do not add up to the TOTALS column as the two respondents indicating cross-regional services were counted in both regional totals. There were 7 missing responses to this question, along with one individual who indicated they

Table 6B: Identified populations within community for which harm reduction services are inaccessible, by type of organization

	Government health-related organization* N (% of 20)	Harm reduction services N (% of 12)	Addictions services N (% of 15)	Community service organizations N (% of 20)	Pharmacy N (% of 7)	Other N (% of 9)
Any populations identified	12 (63%)	11 (92%)	8 (67%)	15 (79%)	3 (50%)	4 (50%)
Homeless	4 (21%)	6 (50%)	3 (25%)	5 (26%)	2 (33%)	3 (38%)
People living in poverty	7 (37%)	3 (25%)	3 (25%)	3 (16%)	2 (33%)	4 (50%)
Women	2 (11%)	3 (25%)	1 (8%)	3 (16%)	1 (17%)	0 (0%)
Older people	4 (21%)	3 (25%)	2 (17%)	3 (16%)	2 (33%)	1 (13%)
Youth	5 (26%)	5 (42%)	2 (17%)	7 (37%)	2 (33%)	1 (13%)
GLBTQ people	3 (16%)	4 (33%)	1 (8%)	2 (11%)	1 (17%)	1 (13%)
Transgender people	2 (11%)	4 (33%)	2 (17%)	3 (16%)	1 (17%)	1 (13%)
Indigenous people	4 (21%)	3 (25%)	1 (8%)	2 (11%)	2 (33%)	1 (13%)
Other	6 (32%)	6 (50%)	4 (33%)	9 (47%)	1 (17%)	0 (0%)

*Including Interior Health Authority

Table 7 outlines perceptions regarding the need to expand overdose prevention in the community. The majority of respondents (96%) felt there was a need to expand services. For the few who did not feel this was needed, a summary of reasons are provided below the table. By organization type, the three who indicated no expansion was needed were from Addictions services and Community Service organizations.

TABLE 7: PERCEPTIONS REGARDING NEED TO EXPAND OVERDOSE PREVENTION AND/OR HARM REDUCTION SERVICES

Is there a need to expand services?

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo	TOTALS
Yes	26 (100%)	33 (97%)	5 (83%)	11 (92%)	73 (96%)
No	0	1 (3%)	1 (17%)	1 (8%)	3 (4%)
TOTALS	26 (100%)	34 (100%)	6 (100%)	12 (100%)	76 (100%)

Why expansion is not needed:

Kootenay Boundary:
- No explanation provided

Thompson-Cariboo:
- Unsure of need

Okanagan:
- Expansion in some specific areas: Drug checking, education to trades community
- HR saturation
- Services are not reaching the right population (those overdosing alone)
- More treatment, detox and recovery services are needed
- OPS not seen as beneficial

Policies and Planning

This section outlines information gathered from participants regarding policies, strategies and laws, as well as current or future plans for addressing the overdose crisis. Tables 8A and 8B highlights both formal and informal policies, strategies, or laws identified by participants. Any shaded area indicates an effort identified by one to a few respondents. In some cases, the responses indicated a key area where there was a lack of policy, strategy, or law, or where a policy, strategy, or law had a negative impact on harm reduction efforts. The nature of the effect is indicated with colour: orange shading reflects a negative effect, while green indicates a positive effect.

Of note, the majority of participants (from 50% in the Okanagan to 73% in Thompson-Cariboo-Shuswap) did not know of any policies, strategies or laws. A small number indicated there were none, and 21 participants of 76 who responded to this question – just under a third – answered affirmatively and provided the details listed below.

A few respondents mentioned OPS or supervised injection sites, although several were not clear on the policies around opening this type of site. One respondent noted the need for community engagement to help clarify what an OPS might look like and address barriers and concerns in the community. Others mentioned supportive housing and the need for more housing that allows open use and has integrated harm reduction services. One respondent noted that while one initiative for this type of housing is moving ahead, public zoning processes made it very difficult to move forward quickly. One respondent indicated the need for more formalized use of trauma-informed practice, indicating a number of barriers to clients using various health care clinical and emergency services. Another respondent did not provide a specific example, but noted that the collaborative teams were working to advance shifts in policies and community-level overdose prevention.

Table 8A: Formal and informal policies, strategies or laws identified by service providers, by region

Are there formal or informal policies, strategies, or laws in your community that have impact on overdose prevention or harm reduction efforts?

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Yes	7 (27%)	10 (30%)	2 (33%)	2 (18%)
No	3 (12%)	2 (6%)	1 (17%)	1 (9%)
I don't know	16 (64%)	21 (64%)	3 (50%)	8 (73%)

TABLE 8B: FORMAL AND INFORMAL POLICIES, STRATEGIES OR LAWS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

	EK	KB	OK	TCS
Negative effects:				
OPS policies unresolved (barriers, concerns to opening; lack of consensus on what this should look like)	■	■		■
Difficulties with open use in housing - no formal anti-use policies, but resistance	■		■	
Public zoning process as a barrier to supportive housing initiatives with integrated harm reduction services			■	
Municipal policies have negative and stigmatizing language		■		
By-law on panhandling		■		
Public perception on needles - need education, visible sharps containers		■		
Need more trauma-informed practice		■		
Prescribing/MSP policies limiting Nurse Practitioners as OAT providers			■	
Drug laws/policies			■	
Housing/tenancy regulations			■	
Positive effects:				
Exemption policies for those accessing supervised consumption sites				■
Collaborative Committees	■	■		
Organization policy re: formal provision of harm reduction options to clients	■	■		
Core addiction practice training	■			
Organizational policy re: substance use in workplace or among those accessing services	■			
Naloxone training		■		
Education		■		
Harm Reduction/outreach		■		
Indigenous community declaration as drug-free reserve			■	

Coloured blocks indicate that one to a few respondents identified a particular effort. Orange blocks indicated a negative effect, green blocks indicate a positive effect.

Figure 3 highlights new strategies and approaches identified by participants. New collaborative committees, or new approaches through existing committees were noted by all participants. Two communities, one in East Kootenay and one in Kootenay Boundary noted Safe Injection Sites were being planned; both these regions also noted increased peer training and supports for peer involvement, and proposals for housing with supervised use and integrated harm reduction services. Two communities, one in East Kootenay and one in the Okanagan indicated new OAT clinics were in the planning phase. Nine participants (12%) indicated they were unaware of any new strategies and approaches.

FIGURE 3: NEW STRATEGIES AND APPROACHES IDENTIFIED BY SERVICE PROVIDERS, BY REGION

Is there any planning underway in your community for new strategies or service to mitigate overdose or to reduce the harms from drugs?

East Kootenay

- Collaborative committees
- Safe injection site
- Increased peer training/ support
- OAT clinic
- Supportive housing with integrated harm reduction, supervised use
- Stigma reduction
- Harm reduction conference in Spring 2019
- Presentation looking at ACE and continuum approach
- Public awareness, capaign re: using alone

Okanagan

- Collaborative committees
- OAT clinic
- Expanded outpatient treatment options
- New harm reduction program at health unit
- Homeless shelter
- Policy writers working on SU policies (e.g., drug checking)
- RCMP liaison
- Trespassing laws
- Education
- Harm reduction teams in each community
- Harm reduction supplies

Thompson-Cariboo

- Collaborative committees
- Public awareness, capaign re: using alone
- Expanded services
- MHSU program for underserved

Kootenay Boundary

- Collaborative committees
- Safe injection site
- Increased peer training/ support
- Supportive housing with integrated harm reduction, supervised use
- Needle disposal (nursing students)
- Service map (nursing students)
- Presentations to council
- Naloxone training at new locations
- Nelson Police Department
- MHSU education for MDs
- Youth substance use programming
- One stop shop - clinical, social supports, harm reduction

By type of organization, 21% of Health Authority respondents, 58% of Harm Reduction respondents, 25% of Addictions services respondents, 16% of Community Service respondents, 17% of pharmacy respondents and 38% of other organization respondents were aware of policies, strategies or laws impacting overdose prevention.

The survey also asked participants to identify who they perceived the leaders to be with respect to addressing overdose in their communities. Table 9 outlines the responses to this question. There were a large number of businesses, services, organizations and individuals who were thought to be leaders in their respective communities. A large number of respondents included health care (Interior Health, Public Health, Mental Health and Substance Use) in their response. ANKORS was seen as a key leader in East Kootenay and Kootenay Boundary; EKASS was noted as a leader in the East Kootenay region, while Freedom Quest was noted as a leader in Kootenay Boundary. Peers and Peer Navigators were indicated as leaders, especially in the East Kootenay and Kootenay Boundary regions. Of note, pharmacy and pharmacists were listed as leaders in all regions except the Okanagan, where 50% of participants were pharmacists. Six participants (8%) indicated they didn't know who the leaders were.

TABLE 9: LEADERS IN ADDRESSING OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

Who are the "leaders" (business, service, or organizational champions) who are addressing overdose prevention or harm reduction in your community?

	EK	KB	OK	TCS
Interior Heath - Public Health, Mental Health (*outreach nurses, *health unit, *ICM teams)				
ANKORS				
EKASS				
Peers, Peer Navigator				
Local Physicians, OAT prescribers				
Fentanyl Task Force (Nelson, Castlegar)				
RCMP				
School Districts				
Women's Centre				
Pharmacy, pharmacists				
Municipalities				

TABLE 9 CONTINUED: LEADERS IN ADDRESSING OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

	EK	KB	OK	TCS
BC Housing				
Local business (e.g. Waits News, John Ward)				
First Nations Health				
Local Indigenous Communities (YAQAN NUKIY, Ktunaxa, Shuswap), Health Director and Community Support worker				
Community partners				
Street Outreach, Street Angels				
Scotties Place				
Support Recovery beds				
OPT				
First Responders *Community Paramedics				
Health outreach teams, team leaders				
Salvation Army				
College of the Rockies				
Canadian MH Association				
Options for Sexual Health				
Cranbrook family connections				
Columbia Basin Trust				
Social Planning Council				
Golden Family Centre SU counsellor				
Sparwood Wellness Centre				
Addictions services (e.g. Chemical Dependency teams, AXIS, Pathways Addictions Resource Centre)				
Social services/social workers				
Faith-based groups				
Creston Valley Hospital ED				
Freedom Quest				
North Kootenay Lake Community Services				
Poverty Reduction committee				

TABLE 9 CONTINUED: LEADERS IN ADDRESSING OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

	EK	KB	OK	TCS
Castlegar and District Community Services				
MCFD				
Nelson CARES				
Nelson Community Services				
REDUN				
Selkirk College (*Nursing students)				
Boundary Family services				
Public library				
Whispers of hope				
SD8				
FAIR society				
Kiro Clinic				
Aboriginal OD Response working group				
Shambhala				
100 Homes Penticton				
Probation				
Front-line workers				
OneSky Community resources				
Friendship Centre				
ASK Wellness				
Child Development Centre				
Child & Youth MHSU local action team				
YCS MH services				
Counseling services				

Table 10 outlines how respondents felt leaders were involved in addressing overdose, including specific committees and tables in which they were involved. The majority of participants indicated support for collaborations as a key way that leaders were involved. Advancing harm reduction initiatives, and promoting education, training and workshops, and raising public awareness were also indicated as ways that leaders were involved in overdose efforts. Advancing harm reduction initiatives included things like OPS and drug checking services, and supporting increased peer programming. Under the umbrella of education, trainings/workshops and raising awareness, participants mentioned a range of types of education including education for the general public, education specific to harm reduction approaches, and trainings or workshops for community partners and groups of professionals (i.e. health sector, police).

One participant noted that, as the same leaders are generally called upon for numerous challenges, it becomes difficult to make large impacts on any one problem and people can be left feeling overrun by these issues. A related problem in smaller communities is that when key positions are left vacant for any reason, it can be difficult to fill the gap quickly and this can result in serious setbacks. In a few of the smaller communities (Kaslo, Barriere, Grand Forks), it was again noted that there were no task forces or collaborative committees. In Nakusp, a respondent in a new position hoped to begin making connections and building a committee. In Revelstoke, it was noted that the community was just beginning to come together to respond to the crisis in a collaborative way.

TABLE 10: LEADERS IN ADDRESSING OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

How are these leaders involved in efforts regarding this issue?

East Kootenay:	Kootenay Boundary:	Okanagan:	Thompson-Cariboo:
• Support for collaborations • Advancing harm reduction initiatives and increasing services • Education, trainings and workshops, raising awareness	• Support for collaborations • Advancing harm reduction initiatives and increasing services • Education, trainings and workshops, raising awareness	• Support for collaborations • Supports for those affected by substance use	• Support for collaborations • Education, trainings and workshops, raising awareness

TABLE 10 CONTINUED: LEADERS IN ADDRESSING OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

Are they involved in a committee, task force, etc.? How often do they meet?

East Kootenay:	Kootenay Boundary:	Okanagan:	Thompson-Cariboo:
• Collaborative HR meetings (Invermere, Fernie, Cranbrook, Kimberly) - monthly • Akisqnuk Healthy Communities - monthly • Collaborative Health /Social Services (Golden) – regularly • Collaborative Public Health/MHSU/ Addictions services committee (Creston) • HR team meetings & Community Forums (Shuswap Indian Band) – biweekly	• CCC (old – new committee being formed) (Trail) • Fentanyl Task Force (Nelson) - monthly • Fentanyl Task Force (Castlegar) - monthly	• Community Crisis Intervention Team (Penticton Indian Band) • Community Coalition (Penticton) - regularly	• Collaborative Public Health/ MHSU committees (Clearwater) • Child and Youth MHSU Local Action Team (Revelstoke) - monthly

Table 11 outlines the types of funding reported by respondents. Overall, participants noted both Government (35%) and Interior Health (41%) funding. Just under a third of respondents were not aware of funding sources. Only one respondent indicated other non-governmental funding as a source.

TABLE 11: TYPES OF FUNDING IDENTIFIED BY SERVICE PROVIDERS FOR CURRENT OVERDOSE PREVENTION AND HARM REDUCTION EFFORTS, BY REGION

	East Kootenay (% of 25 organizations)	Kootenay Boundary (% of 33 organizations)	Okanagan (% of 6 organizations)	Thompson-Cariboo (% of 12 organizations)	TOTALS (% of 74 organizations)
Government	11 (44%)	8 (24%)	2 (33%)	3 (25%)	24 (34%)
Interior Health	10 (40%)	15 (45%)	2 (33%)	5 (42%)	30 (41%)
Other	2 (8%)	2 (6%)	1 (17%)	0 (0%)	5 (7%)
Non-governmental funding (other)	0 (0%)	0 (0%)	1 (17%)	0 (0%)	1 (1%)
Don't know	5 (20%)	10 (30%)	1 (17%)	4 (33%)	20 (27%)

TABLE 12A: PROPOSALS OR ACTION PLANS TO ADDRESS THE OVERDOSE CRISIS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

	EK	KB	OK	TCS
Compassion Inclusion and Engagement funding – various initiatives	■	■	■	■
Community Action Initiatives funding – various initiatives	■	■	■	■
Columbia Basin Trust funding – applied	■	■		
Other Government funding (Interior Health, PHAC)	■	■		
Overdose prevention grant – applied, but unsuccessful	■			
ANKORS Community Readiness, Strengths and Gaps – Service Provider Survey	■			
Peer input	■			
Proposal submitted for Phase II Anti-Stigma Campaign (Compassion Project)	■			
Proposal for Regional Conference accepted	■			
C2C	■			
CISUR Opioid Dialogue	■			
Harm Reduction Breakfast	■			
Expansion of detox facility	■			
Canadian Institute for Substance Use Research – applied for funding	■			
FNHA Opioid funding	■			
OPS grants / Safe injection site grants		■		
Supportive Housing project – applied for funding		■		
Street outreach funding – applied for funding		■		
Community education event in 2019 (Fentanyl Task Force)		■		
Request for BC Treasury to expand funding for foundry youth centres			■	
Recovery house for women			■	
Increased education efforts				■

Tables 12A and 12B expand on the types of proposals and action plans underway by the participant organizations. Only about one third of respondents (even less in Thompson-Cariboo-Shuswap) were aware of plans and able to provide details. Compassion Inclusion and Engagement (CIE) funding and Community Action Initiatives (CAI) funding were being actively used in three of the four regions. CIE funding included projects for training REDUN peers in harm reduction and supply distribution, for drug checking projects, and for peer support groups. CAI funding included an Overdose Prevention project focused on social infrastructure. By type of organization, 28% of Health Authority, 42% of Harm Reduction, 25% of Addictions, 11% of Community Services, 33% of pharmacy and 13% of other organization respondents identified proposals or action plans.

TABLE 12B: PROPOSALS OR ACTION PLANS TO ADDRESS THE OVERDOSE CRISIS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

Are you aware of any proposals or action plans by your organization or in your community that have been submitted for funding to address this issue?

	EK	KB	OK	TCS
Yes	7 (28%)	7 (30%)	2 (33%)	2 (18%)
No	6 (24%)	9 (40%)	1 (17%)	4 (36%)
I don't know	12 (48%)	7 (30%)	3 (50%)	5 (45%)

INFORMATION, TRAINING NEEDS AND RESOURCES

This section summarizes the types of information, training and resources currently known to be available, and the potential needs for additional supports in these areas.

Tables 13A, 13B and 13C highlight the types of information available in communities, as identified by participants. Results are given as both the number of participants and percent by region, as well as the number of communities and percent by region where any participant indicated a particular type of information was available.

The majority of respondents and communities indicated that there were available informational resources on how to prevent an overdose, how to use Naloxone, where to access Harm Reduction services, where to get supplies, what mental health and substance use services were available, and what substance use services were available.

Fewer communities had information on where to safely use drugs (57%) and where to get drugs checked (43%). Best practices on OAT were indicated to be available in the East Kootenay and Okanagan communities, with slightly fewer communities having this information readily available in Kootenay Boundary and Thompson-Cariboo-Shuswap regions. Five participants (7%) were not aware of what information was available in their communities. Other types of information noted by participants included information on street outreach services, detox services, how to obtain OAT services, Overdose Prevention Site services and Food resources.

One respondent indicated that although much of the information was available in the community, it would be beneficial to have one widely distributed resource with all of this information. Another respondent indicated that, while lots of information was available, it wasn't necessarily well utilized or well marketed in the community.

By organization type, community service and other organizations were generally less likely to be aware of information available in their communities. Addictions services were less aware than other organization types of available information around where to safely use drugs and where to get drugs checked.

TABLE 13A: TYPES OF INFORMATION AVAILABLE IN COMMUNITIES IDENTIFIED BY SERVICE PROVIDERS, BY REGION

	East Kootenay (% of 24 organizations) (% of 7 communities)	Kootenay Boundary (% of 32 organizations) (% of 6 communities)	Okanagan (% of 6 organizations) (% of 2 communities)	Thompson-Cariboo (% of 11 organizations) (% of 6 communities)	TOTALS (% of 72 organizations) (% of 21 communities)
How to prevent an overdose	22 (92%)	27 (84%)	6 (100%)	9 (82%)	62 (86%)
	7 (100%)	5 (83%)	2 (100%)	5 (83%)	19 (90%)
How to use Naloxone	23 (95%)	31 (97%)	6 (100%)	11 (100%)	69 (96%)
	7 (100%)	6 (100%)	2 (100%)	6 (100%)	21 (100%)
Where to access HR services	22 (92%)	31 (97%)	6 (100%)	11 (100%)	68 (94%)
	7 (100%)	6 (100%)	2 (100%)	6 (100%)	21 (100%)
Where to get supplies	22 (92%)	27 (84%)	6 (100%)	10 (91%)	63 (88%)
	7 (100%)	4 (67%)	2 (100%)	6 (100%)	19 (90%)
Where to safely use drugs	7 (29%)	21 (67%)	1 (17%)	5 (45%)	32 (44%)
	4 (57%)	4 (67%)	0 (0%)	4 (67%)	12 (57%)
Where to get drugs checked	12 (50%)	22 (69%)	1 (17%)	3 (27%)	36 (50%)
	4 (57%)	4 (67%)	0 (0%)	1 (17%)	9 (43%)
What MHSU services are available	23 (95%)	29 (91%)	6 (100%)	10 (91%)	66 (92%)
	7 (100%)	6 (100%)	2 (100%)	6 (100%)	21 (100%)
What Substance Use services are available	22 (92%)	25 (78%)	5 (83%)	9 (82%)	59 (82%)
	7 (100%)	6 (100%)	1 (50%)	5 (83%)	19 (90%)
Best practice guidelines re: opioid substitution therapies	16 (67%)	20 (63%)	5 (83%)	7 (64%)	46 (64%)
	7 (100%)	4 (67%)	2 (100%)	4 (67%)	17 (81%)
Other	3 (13%)	5 (16%)	0	1 (9%)	9 (13%)
	2 (29%)	3 (50%)	0	1 (17%)	6 (29%)

TABLE 13B: TYPES OF INFORMATION AVAILABLE IN COMMUNITIES IDENTIFIED BY SERVICE PROVIDERS, BY TYPE OF ORGANIZATION

	Government health organizations ** N (% of 18)	Harm reduction services N (% of 12)	Addictions services N (% of 12)	Community service organizations N (% of 16)	Pharmacy N (% of 6)	Other N (% of 8)
How to prevent an overdose	17 (94%)	12 (100%)	10 (83%)	10 (63%)	5 (83%)	8 (100%)
How to use Naloxone	18 (100%)	12 (100%)	11 (92%)	15 (94%)	6 (100%)	7 (88%)
Where to access HR services	18 (100%)	12 (100%)	12 (100%)	13 (81%)	6 (100%)	7 (88%)
Where to get supplies	18 (100%)	12 (100%)	9 (75%)	11 (69%)	6 (100%)	7 (88%)
Where to safely use drugs	10 (56%)	9 (75%)	3 (25%)	6 (38%)	1 (17%)	3 (38%)
Where to get drugs checked	10 (56%)	12 (100%)	4 (33%)	5 (31%)	2 (33%)	3 (38%)
What MHSU services are available	18 (100%)	12 (100%)	11 (92%)	12 (75%)	6 (100%)	7 (88%)
What substance use services are available	17 (94%)	12 (100%)	11 (92%)	10 (63%)	4 (67%)	5 (63%)
Best practice guidelines around opioid substitution therapies	14 (78%)	11 (92%)	8 (67%)	4 (25%)	4 (67%)	5 (63%)
Other	1 (6%)	4 (33%)	1 (8%)	3 (19%)	0	0

TABLE 13C: PROPORTION OF COMMUNITIES WITH ACCESS TO INFORMATION AS IDENTIFIED BY SERVICE PROVIDERS, BY TYPE OF ORGANIZATION

	Government health organizations **	Harm reduction services	Addictions services	Community service organizations	Pharmacy	Other
How to prevent an overdose	100%	100%	100%	91%	100%	100%
How to use Naloxone	100%	100%	100%	100%	100%	100%
Where to access HR services	100%	100%	100%	100%	100%	100%
Where to get supplies	100%	100%	100%	100%	100%	100%
Where to safely use drugs	78%	100%	78%	73%	40%	83%
Where to get drugs checked	56%	100%	78%	55%	40%	83%
What MHSU services are available	100%	100%	100%	100%	100%	100%
What substance use services are available	89%	100%	100%	100%	80%	100%
Best practice guidelines around opioid substitution therapies	89%	100%	100%	91%	80%	100%
Other	45%	50%	36%	50%	20%	33%

Respondents were asked to indicate where they thought someone affected by substance use issues would turn to first for help and why. Responses are summarized in Figure 4.

FIGURE 4: PEOPLE AND PLACES THAT SOMEONE AFFECTED BY SUBSTANCE USE ISSUES WOULD TURN TO FIRST FOR HELP IN THE COMMUNITY AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

To whom would an individual affected by substance use issues (people who use drugs, their friends and families) turn to first for help in your community?

Harm Reduction service organizations, Addictions services, Public Health and/or Mental Health and Substance Use services along with other community support organizations were mentioned by many of the participants. Clinical services, such as physicians, emergency departments, health centres and OAT clinics were also mentioned.

The reasons why participants thought these services would be used were related to them being established points of connection in the community, with long-standing relationships with clients. Many of the same attributes listed as key elements for a Harm Reduction approach were again listed here as reasons why people would turn to these services in a time of need: non-judgmental, compassionate, comfortable and welcoming, safe spaces.

The availability of Naloxone training is indicated in Table 14. This again lists the response by participant (organization) and by community.

TABLE 14: AVAILABILITY OF NALOXONE TRAINING IN COMMUNITY, BY REGION

Is Naloxone training readily available?

	East Kootenay		Kootenay Boundary		Okanagan		Thompson-Cariboo		TOTALS	
	O	C	O	C	O	C	O	C	O	C
Yes	22 (88%)	6 (86%)	31 (94%)	6 (100%)	6 (100%)	2 (100%)	9 (75%)	6 (100%)	66 (89%)	20 (95%)
No	3 (12%)	1 (14%)	2 (6%)	0 (0%)	0 (0%)	0 (0%)	3 (25%)	0 (0%)	8 (11%)	1 (5%)
TOTALS	25 (100%)	7 (100%)	33 (100%)	6 (100%)	6 (100%)	2 (100%)	12 (100%)	6 (100%)	74 (100%)	21 (100%)

Figures by participant (organization) are listed in columns denoted with 'O'. Figures by community are listed in columns denoted with 'C'.

SUMMARY OF COMMENTS REGARDING NALOXONE TRAINING

Kootenay Boundary

- Excellent initiatives to train a cross-section of the community.
- Drug stores not paid for this service. ANKORS better placed for this.
- ANKORS provides excellent service
- Trainings and information available to some, but not readily known to general public; also no safe injection site
- ANKORS and Street Outreach provide trainings
- ANKORS and Street Outreach, Selkirk College Nursing Students and Peers
- MHSU, ANKORS, Selkirk College Nursing Students and Freedom Quest
- Peers are being trained to offer Naloxone training; also MHSU and ANKORS

SUMMARY OF COMMENTS REGARDING NALOXONE TRAINING

East Kootenays	• Excellent initiatives to train a cross-section of the community. • Drug stores not paid for this service. ANKORS better placed for this. • ANKORS provides excellent service • Trainings and information available to some, but not readily known to general public; also no safe injection site • ANKORS and Street Outreach provide trainings • ANKORS and Street Outreach, Selkirk College Nursing Students and Peers • MHSU, ANKORS, Selkirk College Nursing Students and Freedom Quest • Peers are being trained to offer Naloxone training; also MHSU and ANKORS
Okanagan	• Online training for staff on how to teach patients to use kits. • Not yet at full acceptance as general tool for everyone to have; innovative approaches with migrant workers, various community service locations, community businesses (e.g. youth at fast-food establishment), awesome 3-day training through FNHA that is culturally safe and trauma informed • Health department does training and has stockpile of kits.
Thompson-Cariboo	• Probably not readily available. • Mostly PHN, has worked efficiently; facilitators brought in for large group trainings • Available, but not 'readily' • PHN, ED and Counselling services all distribute kits.

While a small number of respondents was not aware of the training available in their communities, only one community did not have anyone confirm that training was available (Kimberly). In the comments related to Naloxone training, some indicated that while available it is not always "readily" available or available to a more general public.

When looking at this question by type of organization, 100% of Health Authority respondents, 92% of Harm Reduction respondents, 100% of Addictions services respondents, 72% of Community Service respondents, 83% of Pharmacy respondents and 88% of other organization respondents indicated that naloxone training was readily available in their community.

Figure 5 illustrates the number of staff trained in each region. The majority of participating organizations in East Kootenay and Kootenay Boundary reporting having more than 10 staff trained in Naloxone use. In the Okanagan, about a third of participating organizations had more than 10 staff trained, with another third reporting 5 to 10 staff trained. In Thompson-Cariboo-Shuswap, 50% of participating organizations reported 2 to 5 staff trained in Naloxone use.

FIGURE 5: NUMBER OF STAFF TRAINED TO ADMINISTER NALOXONE, BY ORGANIZATION TYPE AND REGION

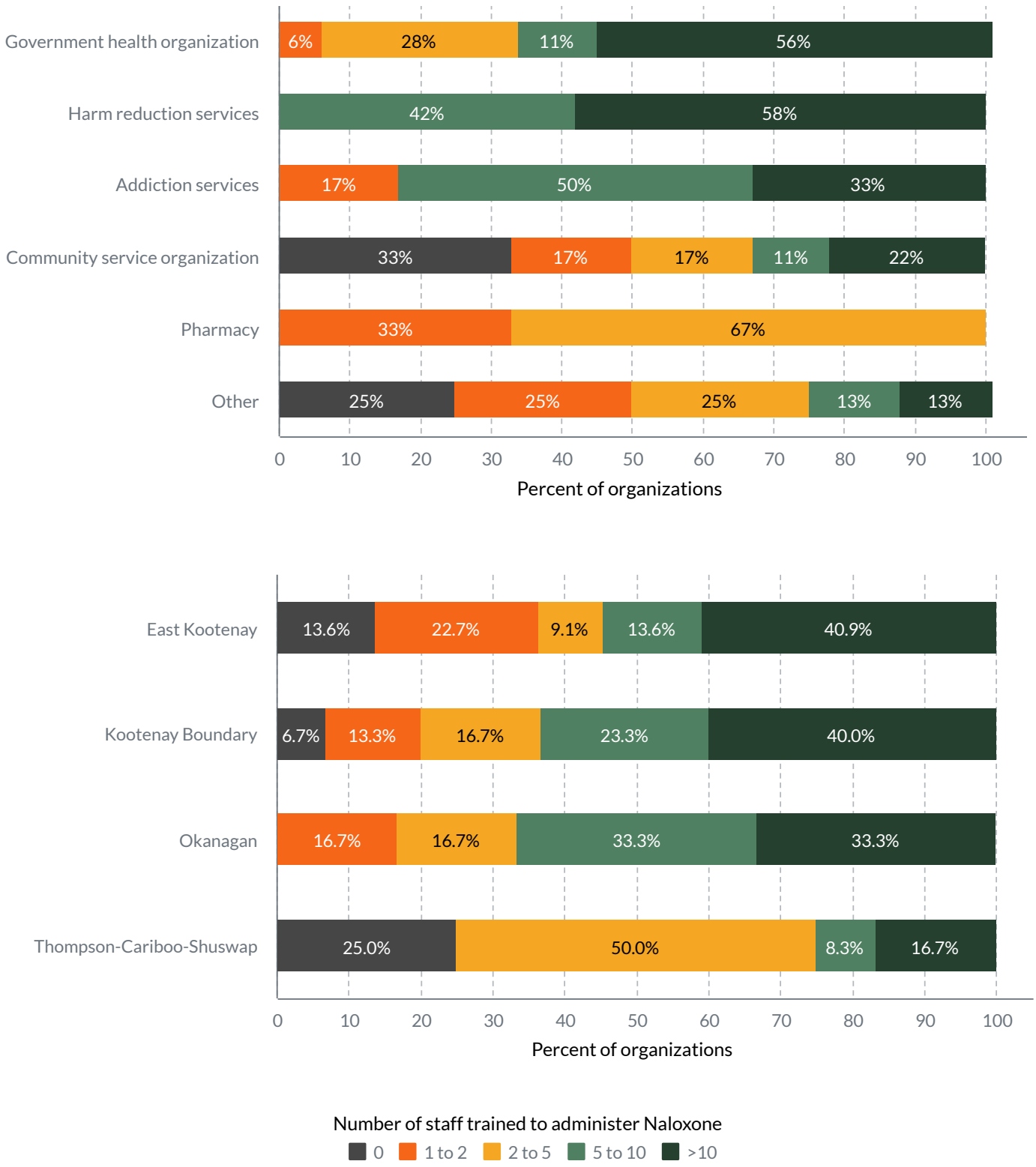
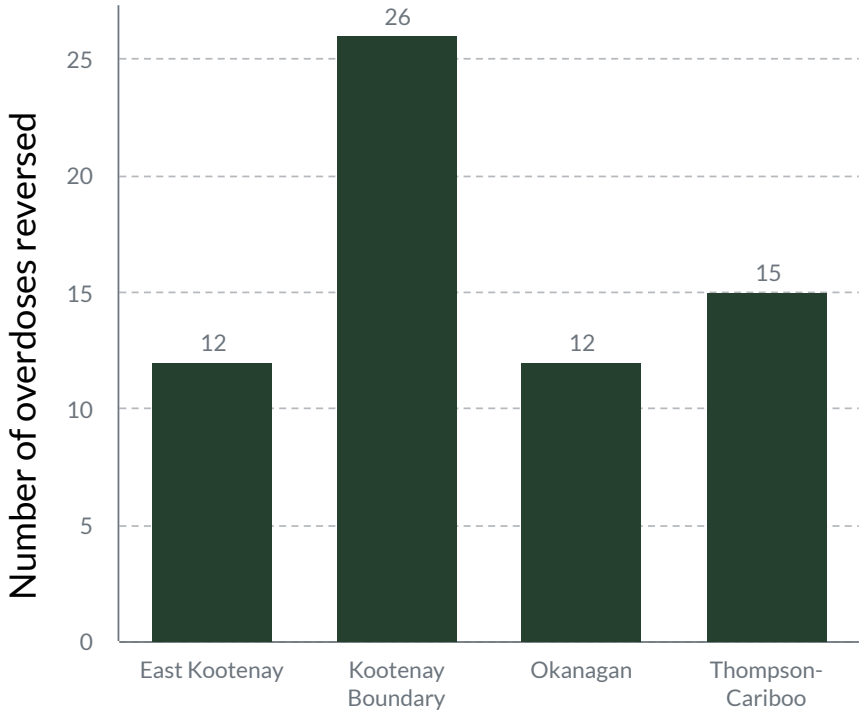


FIGURE 6: NUMBER OF OVERDOSES REVERSED BY REGION AND TYPE OF ORGANIZATION



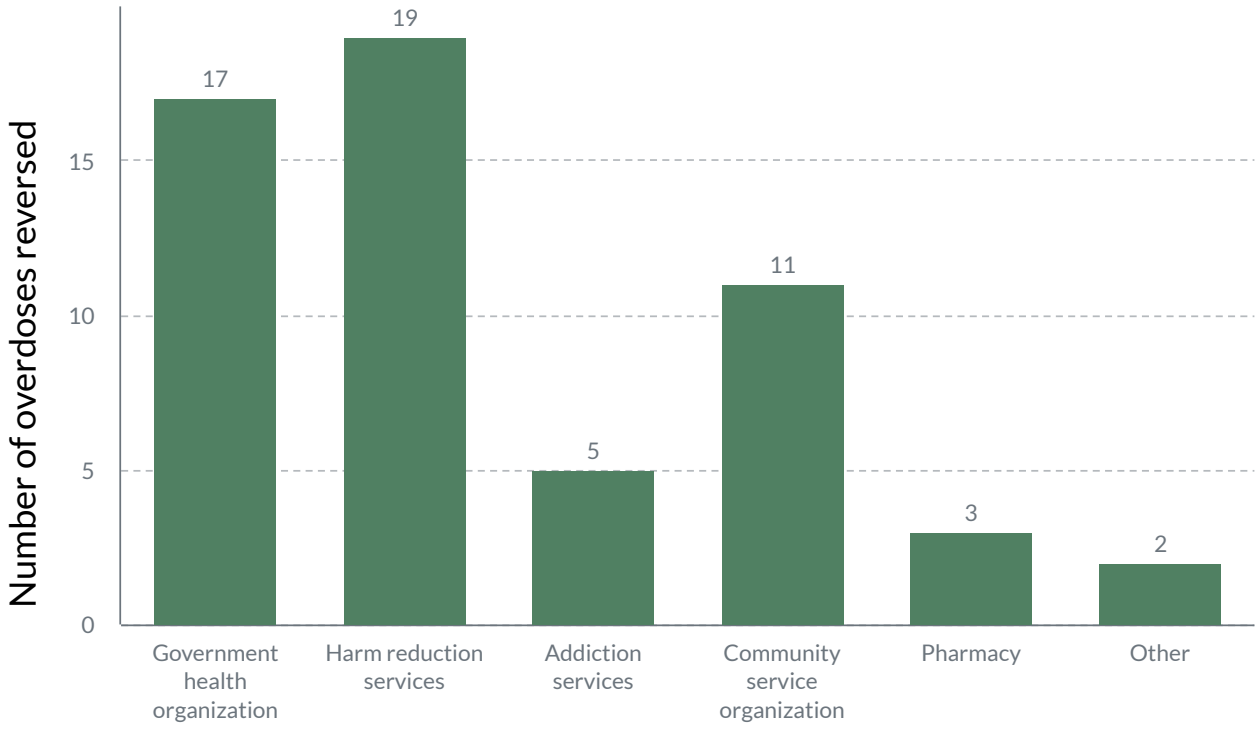
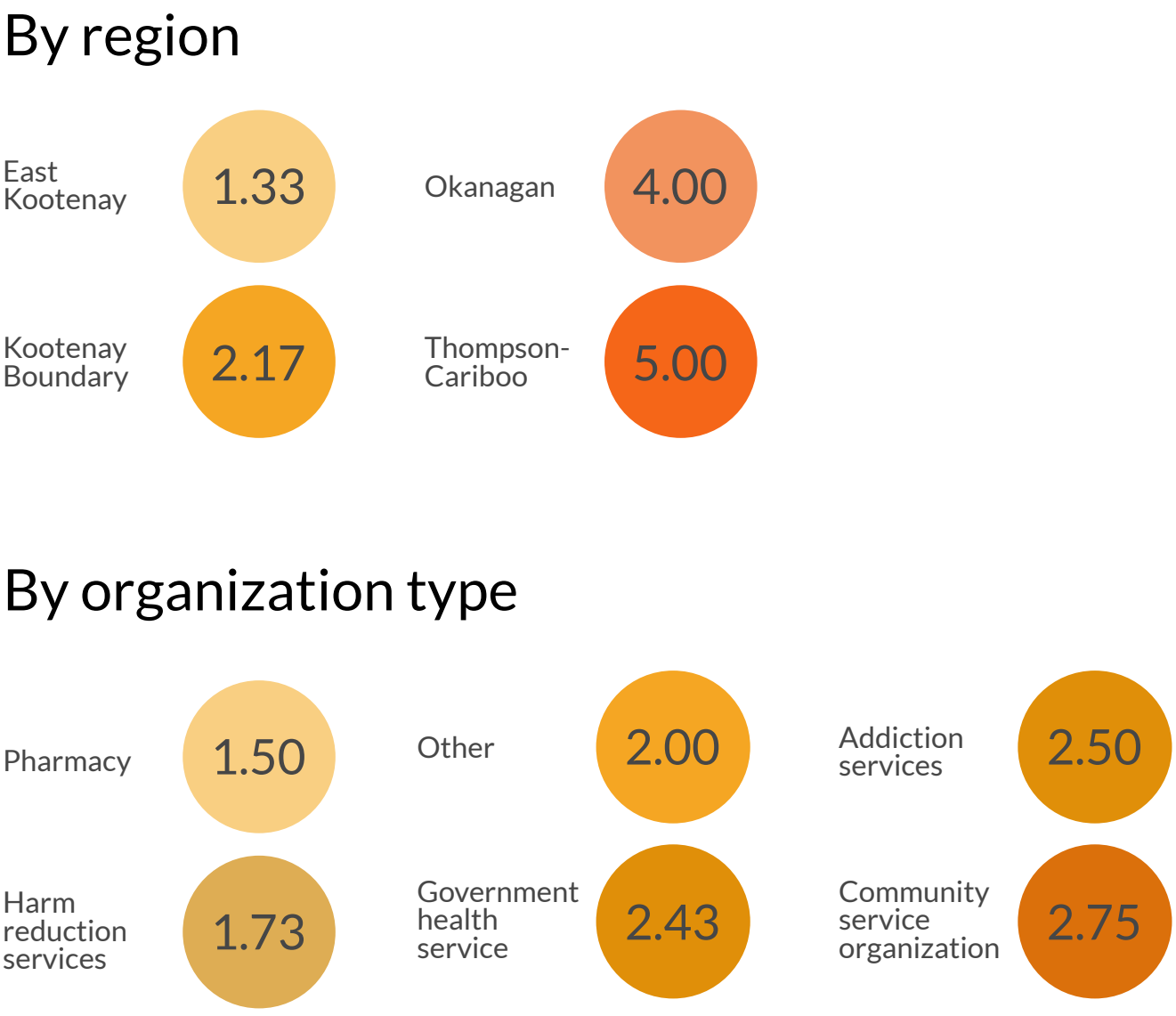


FIGURE 7: AVERAGE NUMBER OF OVERDOSES REVERSED, BY REGION AND TYPE OF ORGANIZATION



Figures 6 and 7 capture the number of overdoses reversed by staff and the average number reversed per organization where overdoses were indicated to have occurred. As some regions had more respondents than others, the number per organization allows a comparison across regions. The number reversed ranged from none to 8 at any one organization, excluding the representative from BC Emergency Health Services (ambulance) who reported 21 reversals (excluded from Figures 5-7). While Kootenay Boundary had the highest total number of overdoses reversed reported, the Okanagan and Shuswap regions had higher on average per organization.

The majority of overdoses reversed were at health authority service locations, followed by Community Service locations. The average number of overdoses reversed per location was between 1 and 3 for all organization types.

Table 15 below highlights the types of supports for staff for grief related to overdose that were identified by participants for their organizations.

TABLE 15: TYPES OF SUPPORTS FOR STAFF FOR GRIEF RELATED TO OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

Is support available for your staff for grief related to losing a community member to overdose or being involved in reversing an overdose?

	East Kootenay (% of 24 organizations)	Kootenay Boundary (% of 32 organizations)	Okanagan (% of 6 organizations)	Thompson-Cariboo (% of 12 organizations)
Yes	20 (83%)	26 (81%)	4 (67%)	5 (42%)
No	2 (8%)	1 (3%)	1 (17%)	2 (17%)
Don't Know	1 (4%)	3 (9%)	1 (17%)	4 (33%)

Please describe.

East Kootenay:

- Counselling (via referrals)
- On-site professionals (debriefing, counselling, grief support)
- Benefits to cover counselling
- Provincial Workplace Health call centre
- MRT (Mobile Response Team)

Kootenay Boundary:

- Benefits to cover counselling
- Indigenous Elders, Healing Circles
- Employee & Family Assistance Program
- MRT (Mobile Response Team)
- Team Leaders

Okanagan:

- On-site professionals (wellness days, debriefing)
- Community Crisis Intervention Team
- Employee & Family Assistance Program

Thompson-Cariboo:

- On-site professionals (team debriefing)
- Employee & Family Assistance Program

TABLE 15 CONTINUED: TYPES OF SUPPORTS FOR STAFF FOR GRIEF RELATED TO OVERDOSE AS IDENTIFIED BY SERVICE PROVIDERS, BY REGION

What would be helpful?

East Kootenay:	Kootenay Boundary:	Okanagan:	Thompson-Cariboo:
• Trauma counselling • Services convenient to staff • Formal pathways to supports • Peer-led support groups	• Formalized clinical sessions	• Education	• Services that are convenient for staff

Organizations in East Kootenay and Kootenay Boundary were more likely indicated grief supports were available (83% and 81%) as compared to Okanagan (67%) and Thompson-Cariboo-Shuswap (42%). In the latter two regions, a larger proportion of respondents indicated they weren't aware of what supports were available.

By organization type, Harm Reduction service providers were most likely to indicate grief supports were available (92%); this was followed by other organizations (88%), Interior Health (78%), Addictions services (75%), community services (72%) and pharmacy (72%).

In general, supports included counselling, either through internal resources or via referrals, benefits coverage, and the Employee and Family Assistance Program. The Provincial Mobile Response Team was noted as a resource in both East Kootenay and Kootenay Boundary. Indigenous Elders and healing circles were a resource for one organization in the Kootenay Boundary region, while the Community Crisis Intervention team operated through another Indigenous community was noted in the Okanagan. One respondent in the Okanagan indicated their organization was looking into establishment of a Fentanyl Overdose Response box.

In response to the question regarding what would be helpful, many respondents indicated that supports that are more visible, more formalized, and readily accessible by staff would be beneficial. Peer-led groups were also mentioned as an additional service that would be useful in the East Kootenay region.

Additional trainings and supports that were thought to be of interest for organizations are outlined in Tables 16A and 16B. The top three trainings and supports indicated overall were Indigenous Cultural Safety Training (66%), trainings for peers (59%), and grief supports (56%). Interest in Indigenous Cultural Safety Training was high across all four regions. In the Kootenay Boundary region, Harm Reduction trainings/supports were more often indicated (67%) than

grief supports (50%). In the Okanagan, Overdose Prevention was more often indicated (67%) than training for peers (50%). Other types of trainings that were mentioned included advanced first aid, how to coordinate a community response, drug testing, trauma-informed practice, spiritual support, and options for youth, including medical options and supports for home detox.

TABLE 16A: TRAININGS AND SUPPORTS THAT WOULD BE OF INTEREST FOR STAFF MEMBERS, BY REGION

	East Kootenay (% of 25 organizations)	Kootenay Boundary (% of 30 organizations)	Okanagan (% of 6 organizations)	Thompson-Cariboo (% of 11 organizations)	TOTALS* (% of 70 organizations)
Naloxone training	10 (40%)	17 (57%)	3 (50%)	2 (18%)	31 (44%)
Overdose prevention	10 (40%)	16 (53%)	4 (67%)	3 (27%)	32 (46%)
Harm reduction	10 (40%)	20 (67%)	3 (50%)	4 (36%)	36 (51%)
HIV 101	10 (40%)	13 (43%)	1 (17%)	4 (36%)	27 (39%)
Hepatitis C 101	11 (44%)	14 (47%)	1 (17%)	4 (36%)	29 (41%)
Grief support	16 (64%)	15 (50%)	4 (67%)	5 (45%)	39 (56%)
Indigenous cultural safety training	16 (64%)	20 (67%)	4 (67%)	8 (73%)	46 (66%)
Training for peers	14 (56%)	19 (63%)	3 (50%)	6 (55%)	41 (59%)
First Aid	8 (32%)	13 (43%)	1 (17%)	4 (36%)	26 (37%)
Other	3 (9%)	3 (10%)	0 (0%)	0 (0%)	6 (9%)
Don't Know	3 (9%)	4 (13%)	0 (0%)	3 (27%)	10 (14%)

*There were 9 missing responses to this question, in addition 2 responses indicated they either had no staff or had not discussed this subject and could not respond to this question, and 2 responses indicated that all these were already known and/or available.

TABLE 16B: TRAININGS AND SUPPORTS THAT WOULD BE OF INTEREST FOR STAFF MEMBERS, BY TYPE OF ORGANIZATION

	Government health organizations	Harm reduction services	Addictions services	Community service organizations	Pharmacy	Other
Naloxone training	3 (17%)	10 (83%)	4 (33%)	5 (28%)	5 (83%)	4 (50%)
Overdose prevention	3 (17%)	10 (83%)	3 (25%)	6 (33%)	6 (100%)	4 (50%)
Harm reduction	5 (28%)	10 (83%)	4 (33%)	8 (44%)	5 (83%)	4 (50%)
HIV 101	5 (28%)	10 (83%)	5 (42%)	3 (17%)	2 (33%)	2 (25%)
Hepatitis C 101	7 (39%)	10 (83%)	5 (42%)	2 (11%)	3 (50%)	2 (25%)
Grief support	9 (50%)	11 (92%)	6 (50%)	5 (28%)	4 (67%)	4 (50%)
Indigenous cultural safety training	7 (39%)	12 (100%)	7 (58%)	12 (67%)	4 (67%)	4 (50%)
Training for peers	8 (44%)	12 (100%)	8 (67%)	7 (39%)	3 (50%)	3 (38%)
First Aid	5 (28%)	10 (83%)	1 (8%)	4 (22%)	3 (50%)	3 (38%)
Other	2 (11%)	3 (25%)	2 (17%)	2 (11%)	0	2 (25%)
Don't Know	3 (17%)	0	3 (25%)	4 (22%)	0	0

By organization type, the highest ranked trainings/supports for Interior Health respondents were grief support and training for peers. For Harm Reduction respondents, everything ranked relatively high, although indigenous cultural safety training and training for peers topped the list. Among Addictions services respondents, indigenous cultural safety and training for peers were most often selected. Community service organizations indicated indigenous cultural safety training and harm reduction; overdose prevention, naloxone training and harm reduction training were highest on pharmacy respondents list. Other organizations had lower interest overall, but at least a few were interested in most topics.

Conclusions from the Assessment

Conclusions

Among service providers across the 21 rural communities, levels of concern regarding the overdose crisis were generally high and respondents indicated that most of the communities in which they work had or were beginning to form collaborative committees with broad representation to work together on overdose prevention. Those seen as leaders in overdose prevention were typically involved at these collaborative tables, and were often noted to be key players for advancing harm reduction initiatives and increasing the availability, accessibility and options for services. Stigma and public perception remain significant challenges to these efforts, although there were also opportunities identified for increasing public awareness and education around overdose and harm reduction.

Outside of respondents from Harm Reduction services, few were aware of or had information on policies, strategies and laws impacting overdose prevention efforts, or on any planning or proposals underway. This is something that may improve as collaborative tables expand and develop.

Naloxone, harm reduction supplies and OAT were typically identified as existing efforts and as services available in these communities. Other services and information, such as where to safely use or where to get drugs checked, was less often identified as available. In some cases, like drug checking, there are limited services available in certain regions; however, in general Community Service respondents less often indicated availability of information or services that may be available, highlighting the potential need for consolidated information on available services that can be widely distributed throughout communities.

When asked what other types of training and supports might be of interest, the most commonly selected items were Indigenous Cultural Safety Training, Peer Training, and Grief support. Given that most had indicated some form of support was available, this highlights the need for perhaps more tailored services specific to dealing with the ongoing overdose crisis. Across organization types, there were some differences, with Pharmacy, Community Service and other community organizations also commonly selecting training on OD prevention, Naloxone and harm reduction, indicating that despite widespread distribution of information in these areas, some organizations are still looking for education and training opportunities on these topics

APPENDICES

Appendix I: Services Provided

TABLE A1A – Service Providers by Community

East Kootenay		Kootenay Boundary		Okanagan		Thompson-cariboo-shuswap	
Cranbrook	11	Castlegar	5	Penticton	5	Barriere	2
Creston	2	Grand Forks	5	Keremeos	1	Clearwater	1
Fernie	4	Nelson	18	Regional	1	Revelstooke	3
Golden	3	Trail	5			Salmon Arm	1
Kimberly	1	Kaslo	1			Williams Lake	2
Invermere	3	Nakusp	1			Kamloops	2
Elkford	1	Regional	3			Regional	1
Regional	3						

TABLE A1B – OTHER SERVICES: ADDITIONAL TYPES OF SERVICES OFFERED BY ORGANIZATIONS PARTICIPATING IN THE SURVEY

Other Services	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Information/ education	1	3		
Coordination of efforts		1		
Advocacy		23		
Emergency care	1			
Employment		1		
Family support/ Early Years / Pregnancy	2			1
Food services/ Food bank		1		2
Social justice				1
HIV care	1	1		
Men's Health		1		
Trans Connect		1		
Public Health & Mental Health	1	1		1
Pastoral care	1			
Peer supports			1	
Public library		1		
Religious and safe spaces	1			
Safe home				1
Support services/ referrals	3	1		
Coffee shop		1		
Psychiatry		1		
Trauma therapy for staff	1			
Victim services		1		

TABLE A1C – OTHER SERVICES: ADDITIONAL TYPES OF SERVICES PROVIDED TO PEOPLE WHO USE DRUGS BY ORGANIZATIONS PARTICIPATING IN THE SURVEY

Other Services	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Listening	1			
Safe space		1		
Information/ education		2		1
Advocacy	1	1		
Connection & Community		2		
Food services / Food Bank		1		1
Social Justice				1
Public Health & Mental Health	1	1		1
Peer supports			1	
Religious & safe spaces	1			
Access to Prep	1			
Resuscitation	1			
SRB program		1		
Support services, referrals	4	3		1
Family support	1			
Psychiatry		1		
Trauma therapy	1			

Appendix II: Elements important in harm reduction

TABLE A2 – Summary of elements participating service providers considered most important in a harm reduction approach, by region

What would you say are the most important or essential elements of a harm reduction approach?

East Kootenay:

- meeting people where they are at
- accessible
- reducing harms
- non-judgmental
- comprehensive
- options/flexibility
- dignity/respect
- acceptance
- safe space
- education
- encouragement
- multicomponent
- timely
- HR guiding principals
- compassion
- HR supplies
- human rights
- knowledgeable staff
- connection to care
- counseling and one-on-one supports
- motivating change
- appropriate language
- available
- client-centered
- community/cultural context
- empathetic
- knowledge of fentanyl crisis
- non-biased
- open minded
- open-door
- prioritize needs
- quality of life
- relationships
- social determinants
- strenghts-based
- trauma-informed
- understanding
- user involvment
- without shame

Kootenay Boundary:

- non-judgmental
- accessible
- compassionate (*empathetic)
- comprehensive
- reducing harms (*negative consequences)
- compassionate
- dignity/respect
- reducing harms
- client-centred
- available
- open-minded
- options/flexibility
- reducing stigma
- safe space

TABLE A2 CONTINUED– SUMMARY OF ELEMENTS PARTICIPATING SERVICE PROVIDERS CONSIDERED MOST IMPORTANT IN A HARM REDUCTION APPROACH, BY REGION

What would you say are the most important or essential elements of a harm reduction approach?

Kootenay Boundary (Continued):

- consistent/reliable
- lived experience
- basic needs (i.e. healthy food)
- education
- human rights
- strengths-based
- acceptance
- HR supplies
- confidential
- conscious dialogue
- continuum of care
- community awareness
- community-based
- curiosity
- non-biased
- positive relationships
- promoting community belonging
- safety
- social determinants
- social justice
- supportive
- timely
- transparency
- voluntary

Okanagan:

- accessible
- reducing harms (*negative consequences)
- available
- compassionate
- comprehensive
- human rights
- confidential
- meeting people where they are at
- non-judgmental
- options/flexibility
- promoting community belonging
- reducing negative consequences
- reducing stigma
- safe space
- safety
- supportive
- timely
- trauma-informed
- voluntary
- welcoming

Thompson-Cariboo:

- non-judgmental
- meeting people where they are at
- relationships
- accessible
- empathetic
- supportive
- don't know
- knowledgeable staff
- acceptance
- buy-in
- dignity/respect
- non-criminalizing
- not in mandate
- open-minded
- options/flexibility
- preventative
- reducing harms
- reducing stigma
- safe space
- safety
- self-determination

Appendix III: Strengths, Impacts & Challenges of Overdose Crisis Responses

TABLE A3A – Summary of strengths identified for current overdose response efforts, by region

What are the strengths of these efforts? (Overdose response)

East Kootenay:

- accessible services, supplies, treatment
- collaborations
- public education and awareness
- community commitment / engagement
- increased interest in HR services and approaches
- public awareness
- awareness of efforts
- more awareness of efforts needed
- accessible supplies
- accessible treatment (OAT)
- availability
- continuity/coordination of care
- increased interest in HR services
- THN training and kits
- uncertain/unaware
- more community dialogue
- need more public awareness
- very little - not enough
- access to vulnerable populations
- client-centered
- emergency food aid
- free
- inclusive
- low barrier
- motivation/drive
- non-judgmental
- options/flexibility
- pathway for service requests
- peer navigator reaching hidden populations
- responsive/timely
- safe space for open communication
- seeing people at time of crisis
- THN kits
- utilization

Kootenay Boundary:

- collaborations
- THN training and kits
- accessible
- community commitment / engagement
- continuity/coordination of care/connections to services
- stigma reduction
- availability
- reducing ODs
- caring environment
- free/low cost
- inclusive/non-discriminatory
- lived experience
- public awareness
- reach
- THN kits

TABLE A3A CONTINUED – SUMMARY OF STRENGTHS IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

What are the strengths of these efforts? (Overdose response)

Kootenay Boundary (Continued):

- client-centered
- comprehensive approaches
- continuity/coordination of care
- supportive housing needed
- confidence in services
- connections to people
- easily implemented
- education
- effective
- expanded community supports (RCMP)
- HR approach
- increased people trained in naloxone
- low barrier
- low-cost
- naloxone kits
- non-discriminatory
- trust
- limited reach
- need more public awareness
- OD reporting from ER
- outreach
- peer services
- prevention approach
- recovery support
- relationships (clients)
- safe injection site
- sharing perspectives
- team-based
- trauma-informed practice
- uncertain/unaware
- well-trained staff

Okanagan:

- collaborations
- good efforts but need more
- acceptance
- awareness of efforts
- compassion
- continuity/coordination of care
- dedication
- education
- inclusive
- municipal support
- non-judgmental
- options/flexibility
- relationships (clients)
- team-based

Thompson-Cariboo:

- THN kits and training
- education
- THN training
- uncertain/unaware
- client-based, so utilization fluctuates
- accessible
- availability
- care consultation
- collaboration
- community commitment / engagement
- continuity/coordination of care
- free
- increased services
- meeting people where they are at
- non-judgmental
- options/flexibility
- supportive network

TABLE A3B: SUMMARY OF IMPACTS IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

What are the impacts of these efforts? (Overdose response)

East Kootenay:

- decreased OD deaths
- open communication
- public education/awareness
- increased HR services/education/training
- uncertain/unaware
- broader acceptance of HR
- builds relationships (clients)
- increased access
- limited impact
- increased connections between services/ resources
- increased HR training
- creative approaches to HR distribution
- increased connections to hidden pop'ns
- limited utilization of services
- decreased stigma
- drive
- increased access to OAT
- increased awareness
- increased peer involvement
- increased utilization
- information sharing btwn providers
- informed/improved services = better utilization
- keeps people connected
- safer use

Kootenay Boundary:

- decreased OD deaths
- public education/awareness
- increased awareness
- broader acceptance of HR
- collaboration
- increased HR education/training
- decreased stigma
- increased access
- open communication
- improved services
- increased HR training
- increased naloxone distribution
- increased connections btwn services/ resources
- increased access to OAT
- reduced harms
- uncertain/unaware
- coping skills
- happier community
- decreased barriers to services
- increase in supportive services (housing)
- builds relationships (clients)
- commmunity engagement
- community empowerment
- increased connection to services
- increased egagement with PWUD population
- increased peer involvement
- low cost housing found for those in need (FAIR)
- quality of life
- reduced criminality
- THN kits

Okanagan:

- increased access to treatments, increased options, OAT
- decreased use
- increased access
- decreased OD deaths
- decreased stigma
- increased access to treatment
- difficult to see
- improved services
- increased treatment options (OAT)
- quality of life

TABLE A3B CONTINUED: SUMMARY OF IMPACTS IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

What are the impacts of these efforts? (Overdose response)

Thompson-Cariboo:

- increased access
- increased access to OAT
- increased engagement in care
- increased awareness
- increased connections to hidden pop'ns
- decreased OD deaths
- decreased stigma
- increased awareness of services
- builds relationships (clients)
- increased treatment success with OAT
- informed/improved services = better utilization
- safer use
- THN kits
- uncertain/unaware
- utilization of supplies

TABLE A3C: SUMMARY OF CHALLENGES IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

What are the impacts of these efforts? (Overdose response)

East Kootenay:

- limited resources/supportive services
- stigma
- addressing social determinants (housing, poverty reduction)
- public perception (not an issue)
- hidden populations
- uncertain/unaware
- wait times
- limited access
- reach
- buy in
- limited utilization
- lack of broader HR acceptance (vs abstinence)
- access to physicians (starting to improve)
- equitable reach of services
- judgment
- lack of awareness of services
- lack of dedicated HR staff
- lack of funding
- lack of leadership support
- lack of trust (churches)
- limited geography
- limited hours
- more collaboration needed
- more public education/awareness
- no day treatment
- no online/skype options
- no OPS
- public education/awareness
- responsiveness
- support for complex clients
- time
- transportation
- using alone
- wait times (counseling)

Kootenay Boundary:

- stigma
- limited resources/supportive services
- funding
- public perception
- used needles /public perception
- more access to OAT
- lack of dedicated HR staff
- lack of housing
- limited access at key times (e.g. Friday night)
- limited hours
- public education/awareness
- OAT access w/ no MSP
- misinformation
- drug use on site
- lack of understanding
- judgment
- basic needs as barrier to care
- fear
- geography (access)
- lack of crisis housing
- lack of political will
- lack of rural treatment centres
- legalities
- limited access to treatment
- reaching right people
- accessing hidden pop'ns
- assistance communication resources
- better services to improve relationships with PWUD
- discarded needles
- hospital discharge communication
- housing
- lack of awareness of services
- limited access
- limited funding to provide access at key times
- more low barrier services
- public perception (not an issue)
- reaching key youth pop'ns
- regional supports for HC navigation
- safe vape/smoke site
- sense of no /slow progress
- staff trauma/fatigue

TABLE A3C CONTINUED: SUMMARY OF CHALLENGES IDENTIFIED FOR CURRENT OVERDOSE RESPONSE EFFORTS, BY REGION

What are the impacts of these efforts? (Overdose response)

Kootenay Boundary (Continued):

- stats not reflective b/c of movement of rural populations of PWUD
- stigma of MH services
- supportive housing needed
- sustainable funding
- THN not user friendly
- training for HC staff
- transportation
- uncertain/unaware
- wait lists/timing
- workload with complex clients

Okanagan:

- lack of local OAT provider
- stigma
- housing
- HR as bandaid
- no drug checking
- basic needs as barrier to care
- isolation in OD deaths
- lack of capacity
- lack of detox
- lack of treatment
- no 'anonymous' care in small towns
- no OPS
- responsiveness
- time

Thompson-Cariboo:

- collaboration
- public perception
- limited resources for treatment follow-up
- stigma
- uncertain/unaware
- public perception (not an issue)
- collaboration: conflicting approaches
- collaboration: conflicting mandates
- confidentiality re: collaboration
- connecting medical care to counseling/
- support services
- HR just a small safety net
- lack of street outreach
- limited hours
- limited resources/supportive services
- not addressing root causes of addiction
- reaching clients
- stigma: public perception of PWUD accessing services at local businesses
- used needles /public perception

APPENDIX IV:
EXISTING HARM REDUCTION SERVICES

TABLE A4 - OTHER: LIST OF EXISTING IDENTIFIED HARM REDUCTION SERVICES OFFERED IN THE COMMUNITY, BY REGION

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Day treatment program		1		
Drug checking	1	2		
Campaigns/ Community events		1		
HR-based low income housing (some support)		1		
Case Management	1			

Appendix V: Populations for which Harm reduction is Inaccessible

Table A5 – Other populations: List of other populations identified for which harm reduction services are inaccessible, by region

Other Populations	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Recreational users		1		
Rural populations, lack of transportation	4	4		5
No MSP card		1		
Small town professionals		1		
First Nations communities (on-reserve)	1			
Those who fear stigma	2	1		
Communication technology barriers	1			
Seasonal workers	1			
Those who need safe inhalation site		2		
People who need local OPS and OAT		1		
Functional addictions	1			

Appendix VI: Types of Information Available in Communities

Table A6 – Other: Types of information available in communities identified by service providers, by region

Other types of information	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Street outreach		1		
How to get to detox		1		
How to get OAT/ OAT services		2		
OPS		1		
Food resources	1			

Appendix VII: Trainings and Supports of Interest to Staff

Table A7 – Other: trainings and supports that would be of interest for staff members, by region

Other types of trainings and supports	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Advanced First Aid		1		
Coordinating a Community response	1			
Drug testing		1		
Spiritual support	1			
Medical options for youth		1		
Home detox support for youth		1		
Trauma informed practice	1			

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