COMMUNITY SUBSTANCE USE STRATEGY

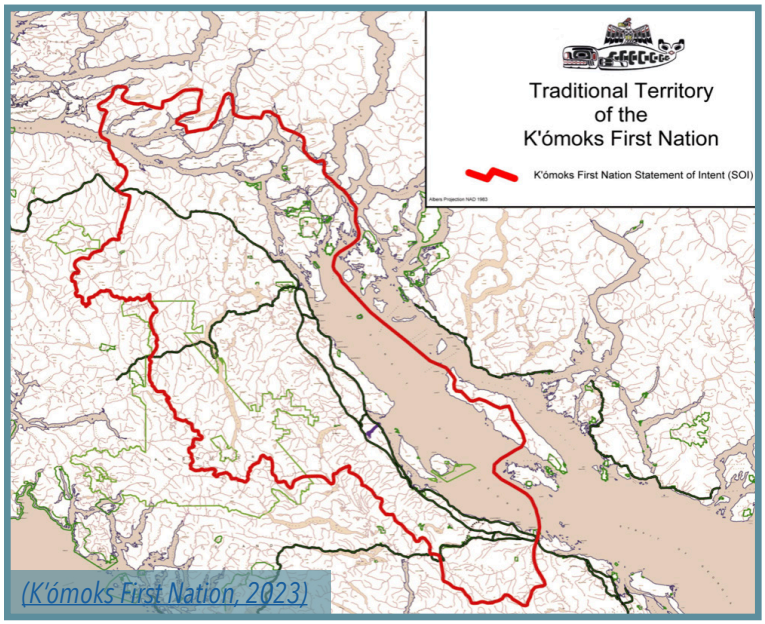
PHASE TWO REPORT DRAFT

PREPARED BY:
COMOX VALLEY COMMUNITY SUBSTANCE USE STRATEGY COMMITTEE

TERRITORIAL ACKNOWLEDGEMENT

This report encompasses an area that is on the unceded traditional territory of the K'ómoks First Nation. The area is now colonially known as the Comox Valley and includes the municipalities of the City of Courtenay, Town of Comox, and Village of Cumberland as well as three Electoral Areas (A, B and C), the K'ómoks First Nation and Islands Trust. All those involved in this work acknowledge the truth about ongoing harms caused by colonization to the health and wellness of First Nation, Métis and Inuit people. We are grateful to be living on the unceded traditional territory of the K'òmoks First Nation, the traditional keepers of this land, and commit to continuing the journey towards reconciliation.

"For thousands of years Indigenous people occupied the shoreline of eastern Vancouver Island in a place referred to as "the land of plenty". The people called K'ómoks today referred to themselves as Sahtloot, Sasitla, Ieeksun and Puntledge. They lived in Salmon River, Quinsam and Campbell Rivers, Quadra Island, Kye Bay, Comox Harbour and estuary, Baynes Sound, and many other locations throughout the territory.



(K'ómoks First Nation, 2023)

"Oral histories and archaeology describe a rich and bountiful relationship between the K'ómoks and the Land of Plenty. Salmon, shellfish, herring, deer, elk, seal, cod, rockfish, geese, duck, and a plethora of berries and plant foods filled the tummies of young and old alike. The harvest, preparation and cultivation of local resources were appropriate to the environment, resource, and spiritual beliefs. Fish weirs, duck nets, berry picking techniques and clothing design met the needs of the K'ómoks, and for generations provided variety, utility, and a sense of cultural uniqueness. Mask dances and rhythmic songs filled the winter nights and throughout the seasons. Property was distributed to guests in potlatches and elaborate naming ceremonies honoured the youth, leaders, and elders of the communities.

Following contact with Europeans, northern groups started a southerly move into K'ómoks territory. A period of conflict displaced the K'ómoks southward to their relatives, the Puntledge. Followed by a period of colonial policy and practices, the K'ómoks families endured hardship and loss of land, resources, and cultural connection. Modern leaders are striving to reclaim cultural expression and relationship with the "land of plenty". *(retrieved K'ómoks First Nation website, 2023).*

PEER ACKNOWLEDGEMENT

This work would not be possible without the selfless sharing of peer voices. We walk alongside, honour and appreciate those with lived and living experience. They are the experts who must be involved in decisions that impact them.

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NOTE TO READER: Walking Together: Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley (Walk With Me, 2023) is complementary to this report and together both reports form the full picture of the Comox Valley Substance Use Strategy Phase Two learning and recommendations. Please read the Walking Together report along with this Strategy report.

CONTRIBUTOR ACKNOWLEDGEMENT

This report is the result of the collective effort of the organizations and individuals on the Comox Valley Community Substance Use Strategy Committee, its working group members and peers, the Walk With Me (WWM) Research Team, the Comox Valley Community Health Network and its funders City of Courtenay, Village of Cumberland, Comox Valley Regional District, SPARC BC, Island Health, Walk With Me and Comox Valley Community Foundation.

PHASE TWO REPORT SUMMARY

The term substance in this report refers to all mood altering substances such as, but not limited to, alcohol, tobacco/ vaping, nicotine, cannabis, illicit drugs, prescription drugs, medicinal substances, inhalants, and solvents.

The Comox Valley Substance Use Strategy Committee (Committee) that was formed in Phase One led the development of Phase Two Strategy development. The Committee is made up of a multi-sectoral group of local government representatives, peers, community members and community organizations from across the region. A commitment to centering peers in the Strategy development was continued by partnering with the Walk With Me team who did a gaps and strengths analysis of the Substance Use Support Network in the Comox Valley.

Comox Valley Substance Use Support Network is the network of organizations and projects/ initiatives working to support People Who Use Substances in the Comox Valley. This definition includes organizations whose work is rooted in harm reduction, recovery, health, and mental health services, as well as in the "upstream" areas that have impact on the substance use ecology, including housing, policing, education, and others" (Walk With Me, 2023, pg.12)

The Committee has worked to examine power imbalances, uncover systemic biases and create culturally safe spaces as members travel on this learning journey. This examination and continued learning is part of the ongoing work to create and implement a regional substance use strategy. Learning about the culture of individuals and communities allows us to respect their unique care needs and connect them to cultural supports. Culture is healing and can be considered prevention, harm reduction and treatment at different points in a person's substance use journey.

Poverty, lack of affordable housing, history of trauma, stigma and discrimination, classism, racism, gender/sexual diversity discrimination, and colonization are root causes that can contribute to substance use and create additional barriers to health for individuals and ultimately impact community health. Historically, substance use policies and practices have had a disproportionately negative impact on racialized people and First Nations, Métis and Inuit peoples, as well as people facing poverty and/or lack of housing. Additionally, there are social inequities and gender differences that affect people's experience with substance use services and supports.

These truths inform the continuing development of the Strategy that aims to use an equity lens in policy development and practice to create a more equitable system of substance use support within our community.

PHASE ONE RECOMMENDATION	PHASE TWO ACTION
Present Phase 1 Report to all local government councils	Delegations to local government councils twice
Request all local governments collaborate to fund Phase 2	$140,000 in funding secured for Phase 2 and 3
Act on lived experience of people who use substances	Partnered with Walk With Me (WWM) to hear the lived experience of Peers
System gap and strength analysis of substance use support network	WWM community engagement and research to produce Walking Together Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley: Gaps and Strengths Analysis
Ongoing involvement and leadership from peers and elders/traditional knowledge keepers.	WWM research was co-led by peers and an elder Strategy committee included peers and Indigenous leaders of organizations
Form a CV Substance Use Collaborative to coordinate recommendation implementation	Relationships have been developed, Collaborative first met in June 2023 and meetings are being held monthly
Collaborative become partner of the Community Health Network	Collaborative has just begun to meet so this partnership has not evolved yet
Align work of the Collaborative with intersecting work in the Regional Poverty Assessment and Reduction Plan	Some engagement in the Collective Impact process to align substance use strategy with poverty reduction
Ongoing Data Collection and review	Ongoing

PHASE TWO RECOMMENDATIONS

WALKING TOGETHER REPORT RECOMMENDATIONS (WALK WITH ME)

Note: Please read Chapter 6 in the Walking Together Report

1. Create and implement medical detox service in the Comox Valley
2. Create and implement a recovery-based supportive housing service
3. Expand managed alcohol program services
4. Expand safer supply services
5. Relocate and expand overdose prevention site (OPS) and services
6. Pursue Improvements in opioid agonist therapy (OAT) delivery
7. Pursue asSeries of networking improvements
8. Create a services hub
9. Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)
10. Address the need for culturally safe services
11. Work to reduce/eliminate stigma in the system

SUBSTANCE USE STRATEGY RECOMMENDATIONS (COMMITTEE)

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12 Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.

13 Actively practice cultural safety and humility, anti-racism; anti-queer-phobia; anti-ableism, anti-classism and anti-agism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.

14 Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.

15 Update and increase substance use awareness programs for youth and their families.

16 Increase awareness about substance use and access to substance use services specifically for seniors

17 Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.

18 Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and livability. Work with municipalities to obtain the necessary data.

19 Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs

20 Implement a Peer Assisted Care Team (PACT) in the Comox Valley

21 Advocate for more non-market affordable housing for all ages and circumstances.

ONGOING RECOMMENDATIONS FROM COMMUNITY SUBSTANCE USE STRATEGY PHASE ONE REPORT

22 Act on lived experience of people who use substances, their families and the people who support them in the design and implementation of policies, services, changes to existing services, and as qualitative evidence that supports action in our community response to substance use.

23 Engage more intensively with members and organizations from key priority groups such as youth, Indigenous, spiritual and religious, community organizations (e.g., Rotary, Indigenous, and 2SLGBTQIA).

24 Leverage existing political will in the community to advocate for organizational commitment (e.g., coordination, funding and staffing) from service providers (e.g., VIHA, AVI, John Howard Society, etc.) and stakeholders (e.g., RCMP, SD71) for ongoing implementation of the strategy actions.

25 Advocate for peer delivered services and paid positions within all organizations for people with lived/living experience.

26 Secure commitment of key partners & regional stakeholders to apply for provincial and national funding when available. Seek endorsement letters from key partners.

27 Establish ongoing data sharing agreements between the Comox Valley Substance Use Collaborative and local data collectors, including agency program and service evaluation data (e.g., number of individuals who access service, number of naloxone kits distributed, demographic data).

28 Advocate for ongoing provincial and regional collection of data on social determinants about substance use (e.g., why people use substances, social determinants and how they contributed to death or drug poisoning, etc.).

29 Increase collection and reporting of data around access to services & service impact and data on the benefits of substance use.

30 Innovate ways to collaborate across government, academia and community agencies on collection of data.

While the Phase Two Strategy work was being done there were people and organizations continuing to work on responses to substance use and health in the community. As a result many of the recommendations have some emerging work being done and this work will need to be built upon in action planning. For example:

- March 9, 2023 - the Comox Strathcona Regional Hospital District Board approved a memorandum of understanding with Island Health that supports the development of a Community Health Services Hub located in the Comox Valley.
- July 7, 2023 - the Province of BC announced funding for a Peer Assisted Care Team in the Comox Valley
- The Community Action Team (CAT) is supporting the initiation of a peer- run Overdose Prevention Site
- The Community Action Team (CAT) is part of a multi-CAT Safer Supply Working Group through Health Quality BC that has recently published the CAT Safer Supply Project Tool Kit that will assist with local, provincial and federal advocacy for safer supply

TOWARDS A STRONG COMOX VALLEY SUBSTANCE USE SUPPORT NETWORK

The most consistent message heard in the Committee community engagement and the WWM conversations was that the system is siloed and in all areas there is a need to listen to each other, work together, try new things and be bold. The intent of the Strategy is that good work already being done in many areas in the community will be brought together to form a highly functioning Substance Use Support Network and where there are gaps new supports will be developed.

All of the thirty recommendations listed in this report require a coordinated effort that puts people who use substances at the centre and organizational differences aside. Putting people who are disproportionately affected by substance use due to social inequities, gender differences, racism, anti-queer-phobia, classism, ageism and ableism along with people who use and need substance use supports at the centre of planning for system change is critical. Through engaging in conversations, listening to all perspectives, developing strong relationships, creating actions and pursuing funding significant system change can and will happen.

VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

The vision, mission, belief statements and guiding principles guide the work and actions being undertaken on the Strategy, are ever evolving and can be updated as necessary.

VISION

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

MISSION

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

BELIEF STATEMENTS (ALL EQUALLY IMPORTANT!)

1. We believe people have a great capacity to change and transform with support and information.
2. We believe people have a right to know and understand both the harms and benefits of substance use.
3. We believe that substance use is part of our lives and our communities, and we are all responsible personally and collectively to minimize harm.
4. We believe that most people use substances. Those who use substances come from all economic backgrounds and include people of all genders, abilities, disabilities, cultures, and races.
5. We believe that people use substances in a variety of ways including therapeutic, safe, and problematic. Substance use can be recurring and cyclical.
6. We believe that people have a right to use substances and we do not discriminate against anyone for current or past substance use.
7. We believe that Indigenous ways of being and knowing are valuable and lead to different ways of viewing substance use that we can learn from.
8. We believe community members are not all equal in terms of power and privilege so do not have the same access to health and support.
9. We believe people should have access to housing, culturally appropriate treatment, and recovery options when they are ready for them.
10. We believe it is necessary to acknowledge that Canada's colonial history has led to substance use policies and laws (e.g prohibition) founded on system-based racism.

11 We believe stigma and racism are deeply embedded in institutions, agencies, and cultural norms, and impact distribution of wealth, poverty, access to resources and services, experiences of inclusion/exclusion and ultimately impact health outcomes.

12 We believe that we live in systems (schools, families, communities, etc.) where many people face restrictions, oppression, and discrimination. These systemic pressures influence our ability to thrive.

13 We believe that substance use has historically been understood as a legal (criminal) and/or moral (bad decisions) issue. This has led to stigmatization, overdose epidemics and disproportionate incarceration rates.

14 We believe that substance use can be a result of intersecting and overlapping social determinants of health (housing, poverty, social inclusion, education, etc.). Understanding the intersections and improving social determinants of health will have a positive impact on substance use and will create healthier communities.

15 We believe that substance use can be an adaptive survival tool to cope with trauma and can also expose people to trauma.

16 We believe a history of trauma and ongoing exposure to trauma is closely linked to harmful substance use.

17 We believe substance use is a health and social issue that requires social support and public policy responses to focus on meeting people's basic human needs.

18 We believe substance use must be approached from systems and person-centred perspectives. We acknowledge that people are often harmed because of systemic constraints - examples include the criminalization of individual use, lack of safe supply, prescribing practices, etc., and not just individual decisions.

GUIDING PRINCIPLES

COMPASSION AND RESPECT
We have compassion for all people with whom we interact including people affected by substances and are mindful and respectful of differing perspectives.

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

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

CONNECTION, COLLABORATION AND SHARING
We nurture relationships, connect people to each other, promote a culture of participation and collaborate across organizations and sectors. Together we are better.

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

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

CULTURAL SAFETY & CULTURAL HUMILITY
We promote emotionally, spiritually, physically, and culturally safe environments and are open to everyone's individual identity.

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

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

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

ANTI-STIGMATIZING LANGUAGE
We are committed to the use of language that does not stigmatize people who experience substances.

PLAIN LANGUAGE
We are committed to the use of plain language so that our communication is as accessible and meaningful as possible to everyone.

CONSENSUS DECISION-MAKING
We make decisions based on consensus. The model of consensus decision-making we use can be found here.

INTRODUCTION

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

The Comox Valley Substance Use Strategy Committee (Committee) formed in Phase One led the development of Phase Two Strategy development. The Committee is made up of a multi-sectoral group of local government representatives, peers, community members and community organizations from across the region. A commitment to centering peers in the Strategy development was continued by partnering with the Walk With Me team who did a gaps and strengths analysis of the substance use support network in the Comox Valley. In June 2023, the Committee transitioned to a Collaborative to provide ongoing oversight of the implementation of the Strategy.

The Committee uses inclusive and non-stigmatizing language. To use inclusive language, an understanding of stigma and the negative connotation of language that comes with it is necessary. To shift language, it is helpful to focus on person-first language - language that acknowledges someone as a person before describing their personal attributes or health conditions (Canadian Centre on Substance Use and Addiction, 2019). This means saying "person who uses substances" rather than "druggie" or "addict" which reflects a judgement. In addition to people-first language, inclusive language acknowledges substance use as a health issue and promotes the person's capacity for recovery (BC Centre for Disease Control, 2017).

The Comox Valley is home to many diverse cultures including First Nation, Métis and Inuit peoples as well as European, Asian, South and South East Asian, Middle Eastern and many more settlers. Cultural safety work needs to be centered with an anti-colonial & anti-racist lens that invites a conversation and challenges power structures.

Colonialism in the healthcare system can lead to First Nations, Métis and Inuit people being stigmatized and discriminated against resulting in negative impacts on their health and wellness outcomes. In order to consider cultural safety in a strategy supporting those who use substances, an understanding of the Truth and Reconciliation Commission's Calls to Action # 18-24 (Truth and Reconciliation Commission, 2015) related to mental health and substance use is needed.

Cultural safety and humility learning journeys help to break the cycle and can ensure that health is a human right for all. The First Nations Health Authority defines cultural safety as "an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care." Cultural humility as "a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience" (First Nations Health Authority, 2016 pg.4 and 6).

Source (with Permission): First Nations Health Authority

Another group that are systematically disadvantaged and discriminated against when addressing substance use are gender/sexually diverse people. Research indicates that gender impacts substance use and harms but the research is predominantly related to differences between men and women whose gender conforms to social norms based on their biological sex (Gates, 2011). Gender/sexually diverse people have been largely ignored in research (Lyons,2015). As a result, treatment and harm reduction experiences among gender/sexually diverse persons have not been well documented (Intersections of Mental Health Perspectives in Addictions Research Training, 2015). Substance use treatment and education that is not inclusive of gender and sexually diverse people can lead to increased susceptibility to substance use harms and them feeling unsafe to access treatment.

The Committee has worked to examine power imbalances, uncover systemic biases and create culturally safe spaces as members travel on this learning journey. This examination and continued learning is part of the ongoing work to create and implement a regional substance use strategy. Learning about the culture of individuals and communities allows us to respect their unique care needs and connect them to cultural supports. Culture is healing and can be considered prevention, harm reduction and treatment at different points in a person's substance use journey.

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PHASE TWO WORK

During Phase Two of the Strategy development the Immediately/As Soon As Possible Recommendations from the Community Substance Use Strategy Phase One report were implemented. The Ongoing Actions in that report are longer term and will continue to be implemented in subsequent work. A summary of the Phase Two actions include:

PHASE ONE RECOMMENDATION	PHASE TWO ACTION
Present Phase 1 Report to all local government councils	Delegations to local government councils twice
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SYSTEMS GAP ANALYSIS

The Committee partnered with the Walk With Me (WWM) team to do a gaps and strengths analysis of the Comox Valley substance use supports and services or the Substance Use Support Network.

Comox Valley Substance Use Support Network is the network of organizations and projects/ initiatives working to support People Who Use Substances in the Comox Valley. This definition includes organizations whose work is rooted in harm reduction, recovery, health, and mental health services, as well as in the "upstream" areas that have impact on the substance use ecology, including housing, policing, education, and others" (Walk With Me, 2023, pg.12)

The Walk with Me team hosted a series of facilitated conversations with peers and service providers to gather information about gaps and strengths in the current system. Peer participants were invited to draw/map/speak about their experiences in the past two years with substance use services and support in the community. A survey was circulated for people who had tried to access or used services or supports in the last two years. The survey results complemented the conversation data and provided another snapshot of people's experiences. Fifty-nine peers participated in eight facilitated conversations and fifty-one surveys were returned.

In the service provider conversations participants were asked to identify strong relationships between services as well as relationships they thought could be strengthened. Twenty-five service providers participated in eight facilitated conversations. All the conversation participants were asked to identify substance use services and support gaps, strengths and potential solutions. See Chapter 4 in the Walking Together Report for a full description of the conversation methodology.

The Walk With Me team analysed the data and developed the WWM Recommendations in this report. See Chapter 5 in the Walking Together Report for a full description of the analysis which includes the voices of the participants in the research that are very powerful.

The Committee also developed recommendations based on the community engagement that occurred in Phase One and learning in Phase Two.

FORMATION OF COMOX VALLEY SUBSTANCE USE COLLABORATIVE

The Network is facilitating the development of the Strategy and this facilitation will come to an end after Phase Three. There is a need for an ongoing structure to oversee the implementation, monitoring and updating of the Strategy to meet the community's needs going forward. This necessitates the formation of the Collaborative with a local substance use agency taking on the leadership of the Collaborative by the end of Phase Three.

The first meeting of the Collaborative, a multi-sectoral structure including funders and decision-makers, occurred in June 2023. Twenty one people, including peers, service providers from organizations working with Indigenous people, people who use substances, youth, seniors, municipal staff and elected officials, school district staff, First Nation Health Authority and Island Health attended the meeting.

The meeting focused on an orientation to the intent of the Collaborative, discussion about frameworks for collaboration, initial orientation and relationship building ideas and continuing to create a safe space for peers to participate. Many members of the original Strategy Committee are continuing on the Collaborative and new members have been engaged. The Collaborative will operate with slightly revised belief statements and guiding principles and continue to centre peers and anti-racism, cultural safety and humility, and equity in its ongoing Strategy work.

Once fully established, the Collaborative will become one of the community partners of the Network to further collaborate across health and social priorities in the community. As a partner of the Comox Valley Community Health Network, the Substance Use Collaborative will become engaged with other Network partners in the Collective Impact work on intersecting community issues related to Poverty Reduction in the Comox Valley. The Comox Valley Regional Housing Needs Assessment was completed in 2020 and the Comox Valley Regional Poverty Reduction Strategy was released in the fall of 2021. Both reports overlap and intersect with the root causes of substance use and many of the barriers that face people who use substances. Participating in implementing them to address housing and poverty will also inform the Strategy.

ONGOING DATA COLLECTION AND REVIEW

A table of ongoing data to be collected with potential data sources is in progress for future use. Data sharing agreements are being drafted and conversations with some of the local data collectors (Island Health, RCMP, North Island College, municipalities) have begun regarding data they collect and how to approach sharing data.

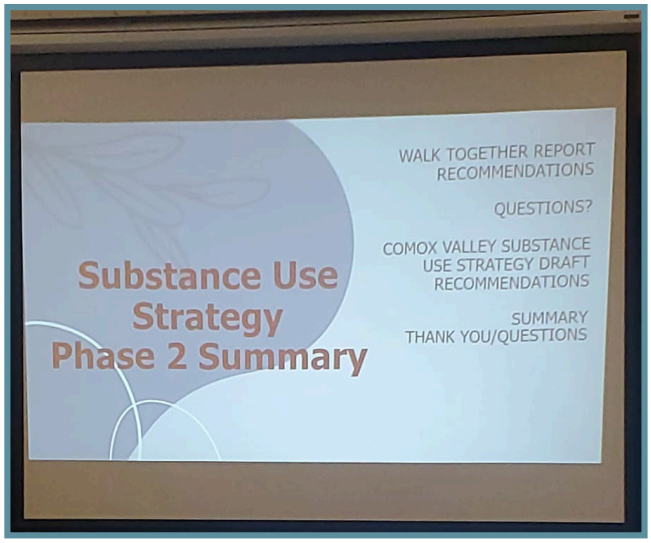
On May 15, 2023, the Comox Valley Community Foundation launched the Comox Valley's Vital Signs Data Hub, a newly created website that will centralize over 70 regional data indicators related to the Comox Valley and its people. It is a platform that can be updated regularly so it has the potential to provide access to data more quickly. It will be useful as a source of data for the Strategy going forward as some of the data indicators are relevant to substance use.

The McCreary Centre Society Foundation completed the BC Adolescent Health Survey (BCAHS) in the spring of 2023 in the Comox Valley and the results will be published in late 2023. The BCAHS is a province-wide survey administered every five years to youth in Grade 7 to 12. It provides an evidence base of youth health trends, emerging issues, and risk and protective factors for healthy development. The survey includes questions related to youth drug and alcohol use.

These sources will be useful to continuously update data in Phase Three.

PHASE THREE LAUNCH EVENT

Over 40 people attended the launch event hosted by the Committee and Walk With Me team. The attendees were service providers, local elected officials, community members, peers, and Indigenous persons/organizations. The event included a presentation from Len Pierre, Coast Salish from Katzie (kate-zee) First Nation, Traditional Knowledge Keeper, educator, consultant, and social activist. After the presentation two local community members told their stories and then the Walk With Me team and the Coordinator reviewed the Phase Two recommendations and introduced Phase Three.



FRAMEWORKS TO ADDRESS SUBSTANCE USE

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

INDIGENOUS HARM REDUCTION PRINCIPLES AND PRACTICE MODEL

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

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

THE WOLF

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

THE EAGLE

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

THE BEAR

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

THE RAVEN

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

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

THE WOLF: RELATIONSHIPS AND CARE

- Outreach services for people who do not access site based services: food, safer smoking/injecting kits, condoms, etc.
- Services are human-centred - inclusive, caring, and trauma-informed.
- Strategies and services are based on a foundation of cultural safety and humility.
- Acknowledging family relationships, community, Nation, and land.
- Understanding the impact of cultural oppression, intergenerational trauma, land-loss, and current social, environmental, and economic realities.

THE EAGLE: KNOWLEDGE AND WISDOM

- Strategies and services are trauma-informed.
- Support individuals and communities wherever they are at in their wellness journey.
- Recognize that stigma and shame are factors that need to be taken into consideration and addressed.
- Supporting strategies and services that are evidence-based.

THE BEAR: STRENGTH AND PROTECTION

- Strategies and services are wellness focused and holistic in nature.
- Incorporate Indigenous beliefs, values, and practices: medicinal plants, ceremony, Elder consultation etc.
- Incorporate Elders and cultural people to guide and participate in the initiatives.

THE RAVEN: IDENTITY AND TRANSFORMATION

- View addiction as a health and social issue, not a moral or criminal issue that can result in complex personal health and social consequence, involvement with the law and premature death.

Source (with Permission): First Nations Health Authority

ALL PATHS LEAD TO WELLNESS MODEL

The First Nations Health Authority has developed a model to support people who use alcohol and other substances wherever they are on their healing journey. Support is offered in a variety of ways including learning new skills and tools to promote growth and connection. People can access services that meet their needs from any of the spokes at any time. The All Paths Lead to Wellness approach is fluid and interactive, while holding up areas of strength and areas for growth.

Source (with Permission): First Nations Health Authority

FRAMEWORK FOR ACTION: RESPONDING TO THE TOXIC DRUG CRISIS

The Toxic Drug Crisis has disproportionately affected Indigenous people and the First Nations Health Authority has developed a Framework For Action: Responding to the Toxic Drug Crisis for First Nations that everyone can learn from.

Source (with Permission): First Nations Health Authority

FOUR PILLARS MODEL

In the Four Pillars Model, the following are included: Health Promotion and Prevention, Harm Reduction, Treatment, and Community Safety (moving away from the criminal and negative connotation associated with "enforcement").

Health Promotion and Prevention

Health Promotion practices include addressing the social determinants of health or root causes of substance use and encouraging healthy behaviours, supportive environments, and healthy public policies. Health promotion and prevention education focuses on people's innate resilience and strengths so they can be the primary drivers of their health. Doing this within a social justice and health equity lens encourages healthy public policy. Prevention supports upstream approaches to help prevent people from starting or engaging in potentially harmful substance use. It also includes educating people to be aware of the potential harms associated with substance use.

Harm Reduction

Harm reduction is an all-encompassing supportive approach that provides support no matter where a person is on the continuum and does not judge the individual(s) who use substances. The aim is to keep people safe and minimize death, disease and injury from the potential harms of substance use behaviour. Taking a harm reduction approach does not increase substance use and people are more likely to start treatment when a harm reduction approach is used. The evidence shows it works and has many benefits for people who use substances, their families and our communities (BC Centre for Disease Control, 2021).

Treatment

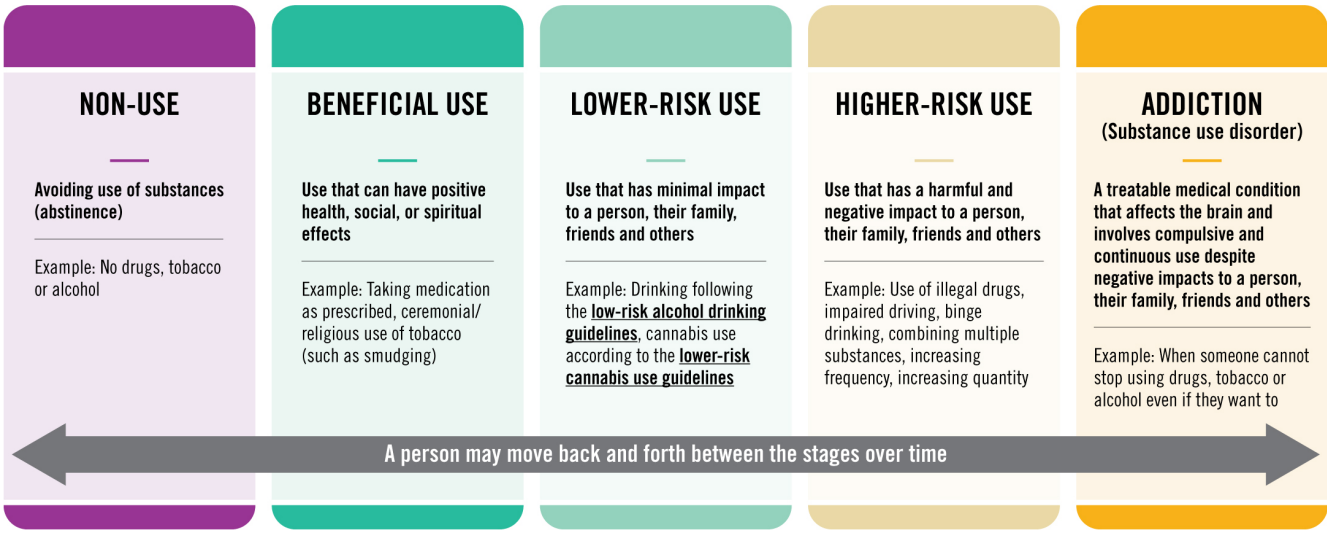
Treatment may include outpatient or inpatient services and includes shifting to an integrated wrap-around approach that prevents gaps in services while supporting people who use substances. Treatment options are recommended to be organized to support unique needs like youth and Indigenous people who need age-appropriate and culturally safe options. A foundation of successful treatment that always needs to be considered is supportive housing (Macpherson, 2001). Housing helps people who use substances to find stability first, so they can then choose and access treatment services that work for them.

Community Safety

The community safety pillar recognizes the need for peace, public order, and safety. It works to ensure everyone in the community is safe, including people who use substances and those with lived/living experience. This creates a shift from punishing and criminalizing to working together towards safer and more inclusive practices for all.

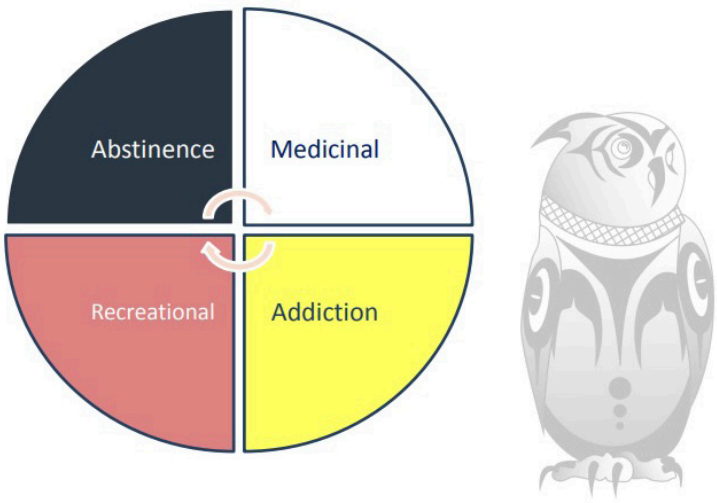
TRAUMA, SUBSTANCE USE AND MENTAL HEALTH

The term substance in this report refers to all substances such as but not limited to alcohol, tobacco/vaping, cannabis, illicit drugs, prescription drugs, medicinal substances, inhalants, and solvents. Substance use exists on a spectrum from beneficial use to chronic dependence or substance use harms. See Chapter 2 and 3 of the Walking Together Report for an in depth discussion of substance use and different substances used.



Source:https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html#s1

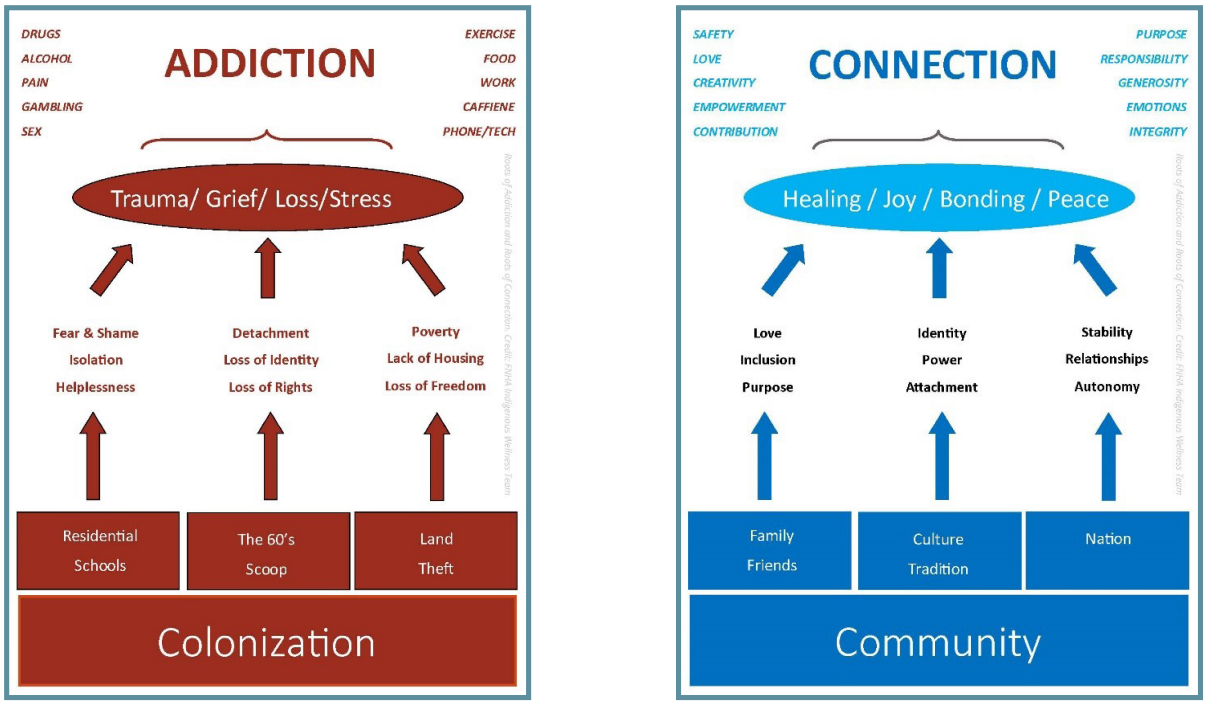
Many Indigenous people view substance use through a different lens. One example is the graphic below that describes four relationships that people have with substances: Abstinence, Medicinal, Recreational and Addiction and that they exist in a circle.



Source with permission: Len Pierre consulting, 2023

Harms from substance use are not a moral failing of the individual. One may develop harmful substance use due to a history of substance use in their family, negative events that happen in their childhood (Adverse Childhood Experiences/ACES), trauma, stress, isolation, changes to the brain or using substances early in life.

Johann Hari (Chasing the Scream, 2015) argues that "the opposite of addiction is not sobriety, the opposite of addiction is connection" and Dr.Gabor Maté, renowned expert on substance use and addictions, calls for a compassionate approach toward substance use, whether in ourselves or in others. Dr. Maté believes that the source of "problematic substance use is not to be found in genes but in the early childhood environment" (https://drgabormate.com/addiction/). Similarly, the First Nations Health Authority Indigenous Wellness Team created the Roots of Addiction and Roots of Connection graphics. All of this work leads us to looking for ways to connect with compassion to people who use substances and not shame or stigmatize.



Roots of Addiction and Roots of Connection. Credit: First Nation Health Authority Indigenous Wellness Team
Source with permission: First Nations Health Authority

Concurrent mental health challenges and harmful substance use occur when someone experiences mental health challenges and uses substances like alcohol, nicotine or other drugs in ways that cause harm (Canadian Mental Health Association, 2018). When this occurs, mental health challenges can increase substance use harms (e.g. increased substance use might occur to help people cope with anxiety) or conversely, alcohol and other drugs can increase the symptoms of a mental health challenge. People who experience both mental health and substance use challenges at the same time often must go to one service for mental health treatment and another service for substance use treatment (CMHA, 2018) and sometimes services are not connected at all. Best practices on supporting people with intersecting mental health and substance use challenges can be found in the Trauma Informed Practice Guide (2013).

Trauma-informed practice means integrating an understanding of trauma into all levels of care and avoiding re-traumatization or minimizing the individual's experiences of trauma. Trauma-informed practice is an overall way of working, rather than a specific set of techniques or strategies. There is no formula. Providing trauma-informed care means recognizing that some people will need more support and different types of support than others. Practitioners also adopt a strength-based approach and recognize that human beings are resilient and resourceful, and much of their healing happens outside of formal treatment services (Trauma Informed Practice Guide, 2013). Trauma-informed care and practice also recognizes each person's unique need to feel emotionally and physically safe.

Some promising practices for intersecting mental health and substance use challenges are emerging in British Columbia. One example is the Red Fish Healing Centre for Mental Health and Addiction located on səmiq̓ʷəʔelə land in Coquitlam. The centre treats people across the province who live with the most severe, complex substance use and mental health challenges. As most of the clients have experienced trauma that plays a role in their illness and experiences with the mental health care system, the facility has been designed to help people feel comfortable and safe. For example there are quiet indoor and outdoor spaces, including therapeutic and medicinal gardens; shared spaces for art, music and recreation therapy and a therapeutic kitchen that helps people learn life skills, such as preparing meals. Staff at the centre practice within a person-centred, strengths-based approach with a strong belief of hope in the face of complex mental health and substance use challenges. They focus on peoples' strengths rather than solely on their symptoms and problems and treat people using a whole-person approach, addressing substance use, mental illness, chronic health conditions, triggers, histories of trauma and more within one integrated care plan. Care is evidence-based, which means it is informed by research, and trauma-informed, meaning they work to ensure that people feel safe, secure and supported throughout their time in treatment.

The Abbotsford Community Hub Centre (abbotsfordhub.org) is another promising practice in British Columbia that provides multiple services in the community under one roof for easier access to support for people. Established in 2018, the Hub Centre delivers integrated services through inter-agency partners providing people-centred, accessible, quality health, housing, social supports and community services in a welcoming environment.

CURRENT LANDSCAPE IN CANADA AND BRITISH COLUMBIA

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

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

Many leaders in drug policy in Canada have been successful in advocating for substance use and mental health policy change in British Columbia. As a result, over the last few years, the Province of British Columbia has dedicated significant resources towards mental health and substance use. The BC government established a stand-alone Ministry responsible for Mental Health and Addictions along with developing a renewed 10-year strategy for mental health and substance use. The tragic experience of the toxic drug supply and ensuing drug poisoning deaths in BC has led to many legal, social and economic initiatives around substances. Most notably, the province has advocated for cannabis reform, safe injection sites, safe supply and an expanded scope of practice for medical professionals including prescribing rights for registered nurses.

In 2019, BC's Provincial Health Officer released Stopping the Harm; Decriminalization of People Who Use Drugs in BC that calls for systemic harm reduction action within the province's health system using a public health harm reduction and human-rights-orientated approach. In 2020, the BC government supported the call to the Federal government from the Canadian Association of Police Chiefs to decriminalize the possession of small amounts of controlled substances in order to address substance use and the stigma attached to it through a health lens rather than a criminal lens.

First Nations Health Authority
Health through wellness

Decriminalization: The Facts

What you need to know

Beginning on Jan. 31, 2023, **possession of small amounts of certain illegal drugs will be decriminalized** in British Columbia. There is a lot of misinformation about what drug decriminalization is and what it isn't. Here are some facts.

What is Decriminalization?

- Applies to adults 18+
- Includes opioids (heroin and fentanyl), cocaine (powder or crack), methamphetamine (meth) and MDMA (ecstasy)
- **NO** arrests or seizures for personal possession under the threshold
- Police will provide resource cards with information on supports and will make voluntary referrals
- 2.5g cumulative threshold with police discretion above
- **NO** fines, tickets or other administrative sanctions
- Culturally safe approaches for Indigenous Peoples, including First Nations living in rural/remote areas
- Robust police training and monitoring and evaluation framework
- **NO** mandatory treatment or diversion

What WILL decriminalization do?

- ✓ Reduce stigma, shame and fear. People who are using drugs need support and not judgment.
- ✓ Decriminalization will allow people to be more open about their use and help to ensure they are connected and cared for. This care and connection can support open conversations on options for healing.
- ✓ Reduce the risk of toxic drug poisoning and save lives and relationships.
- ✓ There will be continued engagement with communities about how decriminalization will be implemented at home.
- ✓ Make substance use and the toxic drug crisis a public health issue and not a criminal one. This means there will be no criminal record with the associated stigma and legal issues it creates when trying to establish a future life.

What WON'T decriminalization do?

- × Enable substance use – without decriminalization people will still use but in an unsafe and unsupported way.
- × Legalize substances – trafficking and producing stays illegal.
- × Override First Nations self-determination – Nations will still be able to decide what works for them on their own land.

Visit our Decriminalization Q&A to learn more

www.fnha.ca/harmreduction

Source (with Permission): First Nations Health Authority

Decriminalization, under the controlled drugs and substances act, came into effect in BC on January 31, 2023 as a three year pilot project. Decriminalization allows for personal possession of a small amount of substances while selling or trafficking drugs remains illegal. As part of this pilot project, police in British Columbia are mandated to provide information and voluntary referral to health care, harm reduction and treatment support. Where supports are in place and accessible, decriminalization is intended to be a humane and valuable approach to decrease harms due to substance use. There is no evidence from other countries around the world that decriminalization increases drug use. What it does do is help reduce arrests, criminal charges, convictions and stigma related to a health issue.

However, there remain concerns that while decriminalizing drug use is a good first step the Act has limitations. The daily threshold of cumulative possession of drugs that is approved for the pilot project is significantly lower than what the BC government requested and what drug user groups identify as appropriate considering current drug use trends. Therefore, the daily threshold is not enough to stop toxic drug deaths. The Act is also limited in terms of the substances that are included for decriminalization; for example, it does not include Benzodiazepines which are commonly found in street drugs and are resistant to Narcan. Decriminalization will be positive for many people who are harmed daily by criminalizing a health issue. However, in order to save lives this step forward must be accompanied by greater accessibility to safer pharmaceutical alternatives to what is available through the toxic unregulated drug market.

Political will, in conjunction with ongoing efforts at the provincial, national and international levels, provides an opportune time for system-wide policy, service and practice reform.

CURRENT LANDSCAPE IN COMOX VALLEY

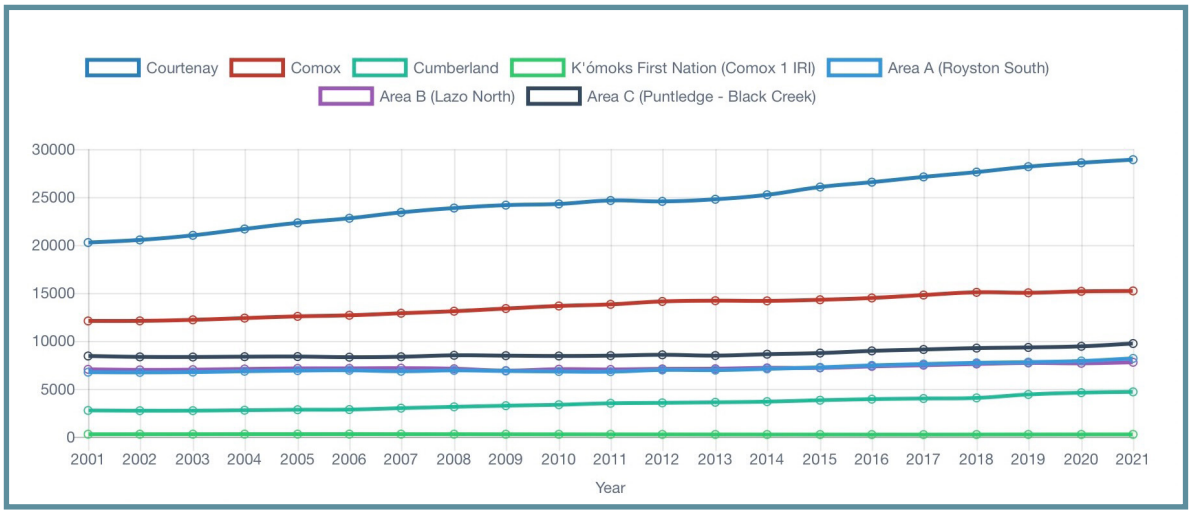
A significant amount of data was reviewed and collated in the first phase of the Strategy work. The data report that accompanied the Community Substance Use Strategy Phase One Appendices and Data Report can be reviewed here.

The last Island Health Local Health Area Profiles contain data up to 2019 so are no more recent than what is in the Phase One data report. Another Local Area Profile may be published soon and that data could be used to implement recommendations and will be reported on in Phase Three Report. As the Strategy evolves and community data changes, data collection and review will need to be an ongoing activity in the community.

Updated data on Comox Valley population growth, median age, toxic drug supply crisis including effects on Indigenous people, alcohol consumption, daily smoking, perceived stress, and liquor and Cannabis establishments have been included below as part of Phase Two.

Population Growth

The Comox Valley Region is undergoing significant growth as the population of the region increased 8.9% from 66,527 in 2016 to 72,445 in 2021 and is projected to increase to a population of 80,000 by 2035.



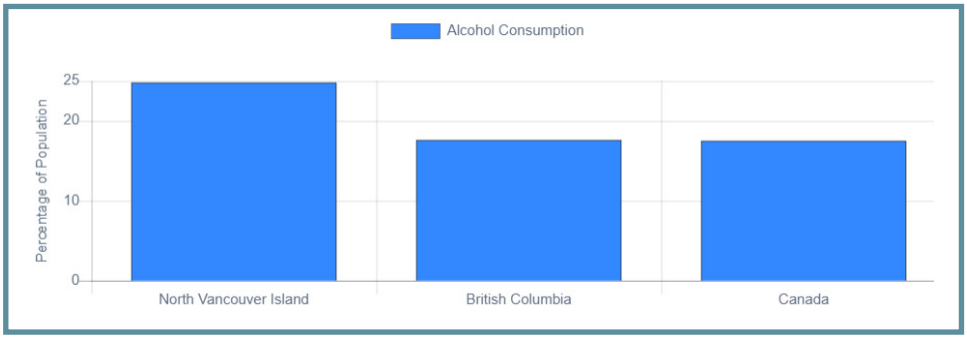
Source: (Vital Signs Data Hub, 2023)

Median Age

The median age in the Comox Valley increased from 41.2 years in the 2001 census to 51.7 years in the 2021 census. This is an increase to the median age of over 10 years in a span of 20 years and has implications for change in the community. (Vital Signs Data Hub, 2023) This aging of the population in the Comox Valley aligns with the need for more substance use services for seniors.

Alcohol Consumption

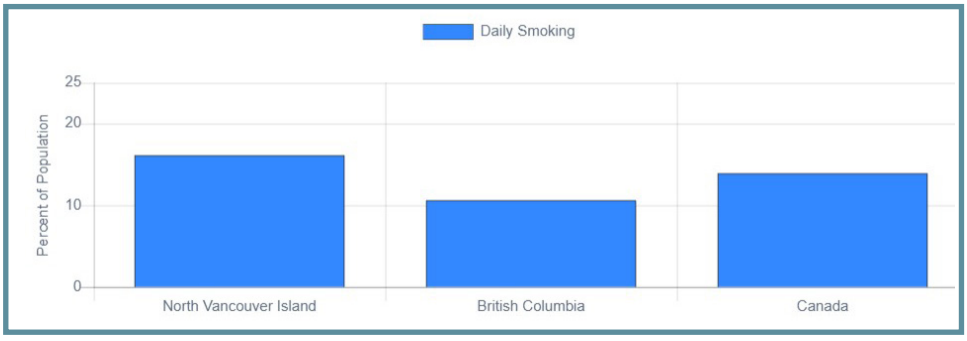
Heavy drinking refers to men aged 12 or older, who reported having 5 or more drinks, or women aged 12 or over, who reported having 4 or more drinks, on one occasion, at least once a month in the past year. In 2019/20, in North Vancouver Island 24.8% of the population aged 12 years and older report heavy regular alcohol consumption. This is higher than the alcohol consumption in British Columbia (17.6%) or Canada (17.5%).



Source: (Vital Signs Data Hub, 2023)

Daily Smoking

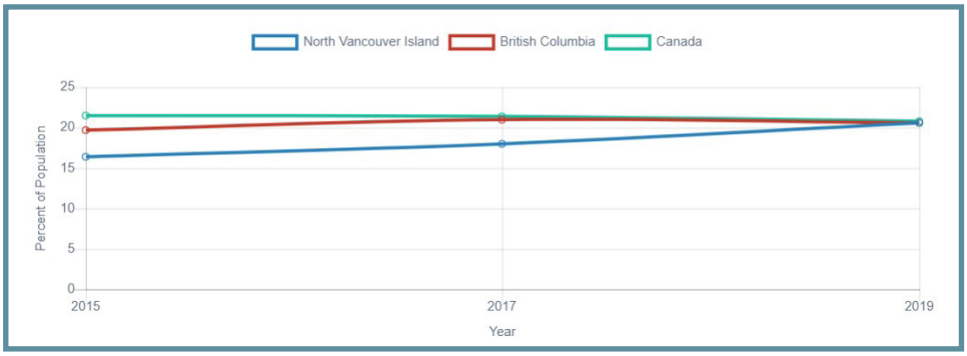
Daily smoker refers to men and females, age 12 or older, who reported smoking cigarettes every day. In 2019/20 in North Vancouver Island 16.1% of the population 12 and older were daily smokers, higher than in British Columbia (10.6%) or Canada (13.9%). This does not include vaping.



Source: (Vital Signs Data Hub, 2023)

Perceived Life Stress

Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding. From 2015 to 2019 the rate of people, aged 12 and over, who perceived stress on most days in North Vancouver Island increased from 16.4% to 20.6%, a larger increase than in British Columbia (19.7%-20.6%). In Canada the rate went down from 21.5% in 2015 to 20.8% in 2019.



Source: (Vital Signs Data Hub, 2023)

Liquor Licensed Establishments

The British Columbia Government issues 3 types of liquor licences for establishments:

1 **FOOD PRIMARY LICENCE**
for selling liquor by the glass at businesses (restaurants) where the primary purpose is to serve food.

2 **LIQUOR PRIMARY LICENCE**
for selling liquor by the glass at businesses where the primary purpose is to sell liquor (bars, as well as stadiums, theatres, etc.) as well as other businesses that wish to serve liquor as an additional service to their primary business (spas, salons, art galleries, etc).

3 **MANUFACTURER LICENCE**
for making liquor at a winery, brewery or distillery. Manufacturers can also apply to add a lounge endorsement to their licence.

Source: BC Government

In the Comox Valley there are:

62 Food Primary licences: (1 Black Creek, 17 Comox, 39 Courtenay, 4 Cumberland)

29 Liquor primary licences: (2 Black Creek, 8 Comox, 17 Courtenay, 2 Cumberland)

11 Manufacturing Licences: (4 Comox, 6 Courtenay, 1 Cumberland)

In addition there are:

16 licensed retail stores (3 Comox, 7 Courtenay, 2 Cumberland, 1 Denman Island, 2 Hornby Island, 1 Black Creek)

4 licensed UBrew/UVin establishments (1 Comox and 3 Courtenay)

While all these establishments are licensed by the provincial government, municipalities have a role to play in the sale and consumption of alcohol that is set out in the Liquor Control and Licensing Act. Municipalities can set local by-laws and policies to guide the community impacts and operations of liquor-related businesses. For example municipalities can establish hours of operation, noise restrictions, good neighbour agreements, size of establishments and proximity to other liquor -related businesses, taking into consideration the impact the establishment may have on the community health, safety and livability.

Cannabis Retail Outlets

In the Comox Valley there are a total of 11 Cannabis licensed outlets (3 in Comox, 1 in Cumberland and 7 in Courtenay). Again while these outlets are licensed by the provincial government, municipalities have a role to play in the sale and consumption of Cannabis. *Source: BC Government*

Toxic Drug Poisoning Crisis

In March 2020, the World Health Organization declared the COVID-19 global pandemic. The restrictions imposed in response to the pandemic heightened the oppression many people in the Comox Valley were already experiencing. People who already faced racism, discrimination, marginalization, violence, exclusion and abuse were disproportionately affected at the height of the pandemic. Oppression continues to be heightened and the toxic drug poisoning deaths continue to climb as the COVID-19 restrictions lessen.

In April 2023, BC's Chief Coroner reported that the drug toxicity ia a "crisis of incomprehensible scale" as she announced that the lives lost between January and March of 2023 represented the second-highest total ever recorded in the first three months of a year since B.C. declared a public health emergency in 2016 (BCTV news 2023).

Some of the findings provincially in the BC Coroners Provincial Summary of Unintentional Illicit Drug Toxicity Deaths (2023) are:

- 197 suspected unregulated drug deaths in March 2023 and 177 in February 2023. The March numbers represent a 9% increase over March 2022 (181) and an 11% increase over Feb 2023
- Number of unregulated drug deaths in March 2023 equates to about 6.4 deaths per day in BC
- Between January 1 and March 21 2023, Northern Vancouver Island (includes Comox Valley) was one of the highest Health Service Delivery Areas with the highest rates of unregulated drug deaths in the province
- Between January 1 and March 31 2023 71% of those dying were 30 to 59 years of age and 77% of those dying were male
- Between January 1 and Mar 31 2023 84% of deaths occurred inside (47% in private residences, 36% in other inside residences) and 15% occurred outside in vehicles, sidewalks,streets, parks. 2 deaths occurred at Overdose Prevention Sites.
- There is no indication that prescribed safe supply is contributing to unregulated drug deaths.

The common misconception that most people losing their lives are unhoused is not substantiated in the data nor is there evidence that access to safe places to use or access to safer supply of prescribed drugs is contributing to toxic drug deaths.

In the Comox Valley:

13 people died due to toxic drug poisoning in 2020.

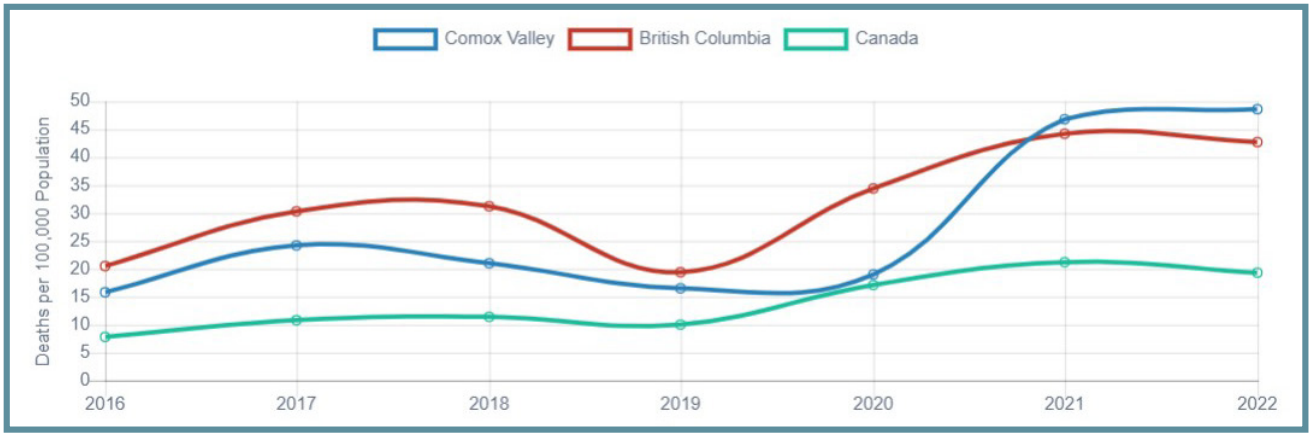
35 people lost their lives to toxic drug poisoning in 2021, an alarming and very sad increase over 2020

37 lives were lost to toxic drugs in 2022

This is a total of **85** preventable deaths in our community in 3 years.

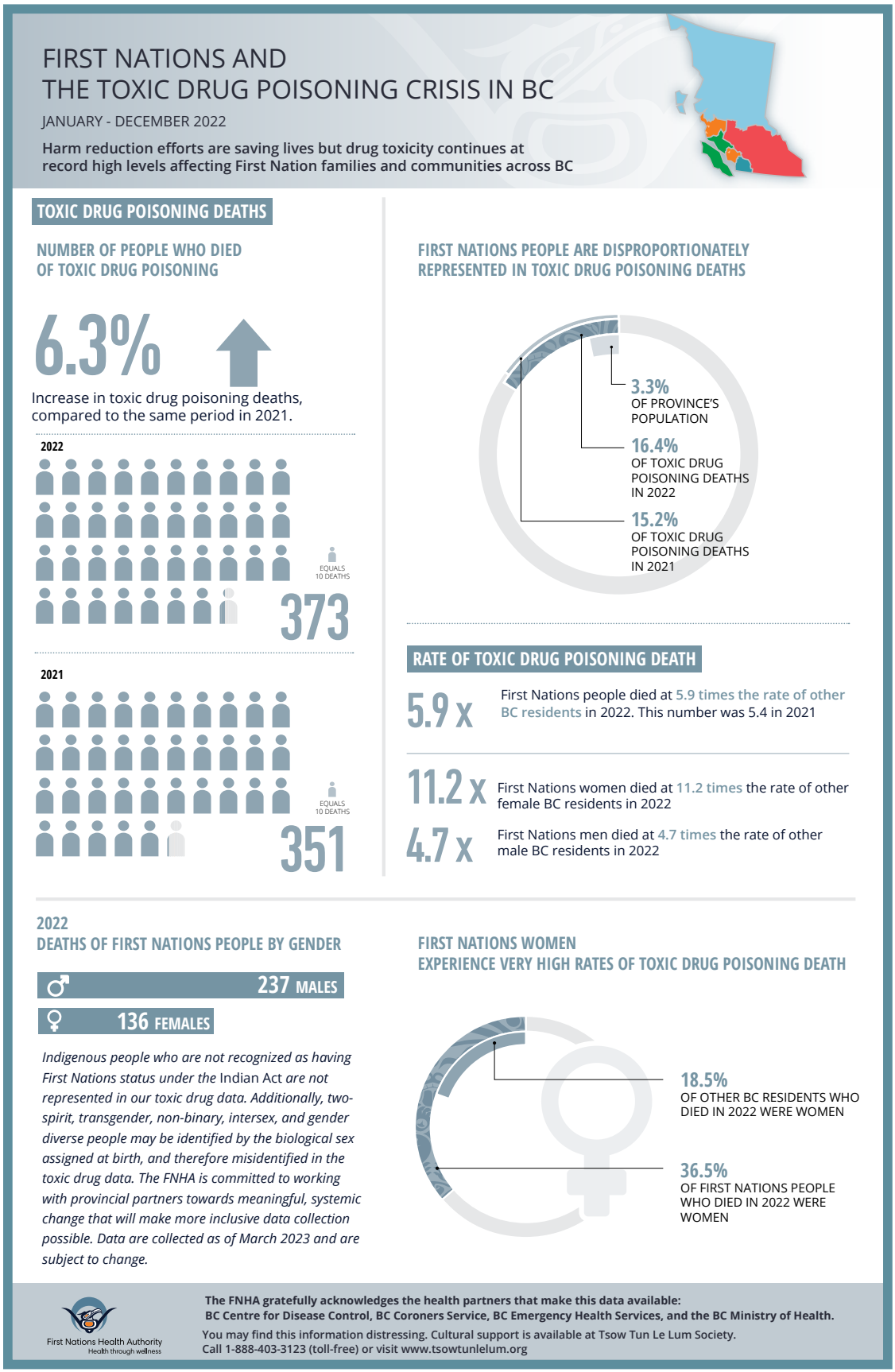
Source: BC Coroners Service (2023)

Between 2016 and 2022 the deaths per 100,000 people in the Comox Valley rose from 15 to 46.1, a larger increase than in either British Columbia or in Canada.



Source: (Vital Signs Data Hub, 2023)

The incidence of toxic drug poisonings amongst Indigenous people and in particular Indigenous women in 2022 is very disturbing. Available data for British Columbia for 2022 indicate that:



Source (with Permission): First Nations Health Authority

This data clearly shows why this Strategy needs to be developed within a framework of cultural safety and cultural humility while addressing social inequities across all social determinants of health.

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

Continued high rates of alcohol consumption and daily smoking along with the numbers, locations and hours of liquor and cannabis establishments, the toxic drug crisis and increased perceived life stress all indicate the need for increased substance use and mental health support. These indicators are likely related to intersecting factors such as the ongoing effects of the pandemic and inflation with accompanying higher costs of food and housing. The effect of these ongoing social and economic changes require a coordinated community response to improve individual and community health.

COLLECTIVE ACTION FOR SYSTEMS CHANGE: RECOMMENDATIONS

Together, the recommendations from the research conversations facilitated by the Walk With Me team and recommendations developed by the Committee form the actions to be taken up in Phase Three of the Strategy. Also brought forward here are the ongoing recommendations from Phase One that continue to be relevant.

The recommendations are extensive and broad. The work of Phase Three is to decide what recommendations to start with and then decide who needs to be involved to plan and implement actions to achieve the recommedation. The complete recommendations include a role for coordinating entity or entities to facilitate bringing key people together, suggestions for who could be at a planning table for each recommendation and some key questions to start the discussion about each recommendation. These suggestions are intended as a starting point and can be expanded on. The Collaborative will oversee this work and review the makeup of table membership and the key questions to make sure they are inclusive. Listed here are the broad recommendations. The complete recommendations with supporting suggestions are in Appendix A.

WALKING TOGETHER REPORT RECOMMENDATIONS (WALK WITH ME)

Note: Please read Chapter 6 in the Walking Together Report

1. **Create and implement medical detox service in the Comox Valley**
2. **Create and implement a recovery-based supportive housing service**
3. **Expand managed alcohol program services**
4. **Expand safer supply services**
5. **Relocate and expand overdose prevention site (OPS) and services**
6. **Pursue Improvements in opioid agonist therapy (OAT) delivery**
7. **Pursue a series of networking improvements .**
8. **Create a services hub**
9. **Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)**
10. **Address the need for culturally safe services**
11. **Work to reduce/eliminate stigma in the system**

SUBSTANCE USE STRATEGY RECOMMENDATIONS (COMMITTEE)

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.
13. Actively practice cultural safety and humility, anti-racism; anti-queer-phobia; anti-ableism, anti-classism and anti-agism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.
14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.
15. Update and increase substance use awareness programs for youth and their families.
16. Increase awareness about substance use and access to substance use services specifically for seniors
17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.
18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and livability. Work with municipalities to obtain the necessary data.
19. Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs
20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley
21. Advocate for more non-market affordable housing for all ages and circumstances.

ONGOING RECOMMENDATIONS FROM COMMUNITY SUBSTANCE USE STRATEGY PHASE ONE REPORT

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

While the Phase Two Strategy work was being done there were people and organizations continuing to work on responses to substance use and health in the community. As a result many of the recommendations have some emerging work being done and this work will need to be built upon in action planning. For example:

- **March 9, 2023 - the Comox Strathcona Regional Hospital District Board approved a memorandum of understanding with Island Health that supports the development of a Community Health Services Hub located in the Comox Valley.**
- **July 7, 2023 - the Province of BC announced funding for a Peer Assisted Care Team in the Comox Valley**
- **The Community Action Team (CAT) is supporting the initiation of a peer- run Overdose Prevention Site**
- **The Community Action Team (CAT) is part of a multi-CAT Safer Supply Working Group through Health Quality BC that has recently published the CAT Safer Supply Project Tool Kit that will assist with local, provincial and federal advocacy for safer supply**

TOWARDS A STRONG COMOX VALLEY SUBSTANCE USE SUPPORT NETWORK

The most consistent message heard in the Committee community engagement and the WWM conversations was that the system is siloed and in all areas there is a need to listen to each other, work together, try new things and be bold. The intent of the Strategy is that good work already being done in many areas in the community will be brought together to form a highly functioning Substance Use Support Network and where there are gaps new supports will be developed.

All of the thirty recommendations listed in this report require a coordinated effort that puts people who use substances at the centre and organizational differences aside. Putting people who are disproportionately affected by substance use due to social inequities, gender differences, racism, anti-queer-phobia, classism, ageism and ableism along with people who use and need substance use supports at the centre of planning for system change is critical. Through engaging in conversations, listening to all perspectives, developing strong relationships, creating actions and pursuing funding significant system change can and will happen.

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APPENDIX

DETAILED RECOMMENDATIONS FOR COLLABORATIVE AND ACTION TABLES

WALKING TOGETHER REPORT RECOMMENDATIONS:

1.Create and implement Medical Detox Service in the Comox Valley

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, community recovery and harm reduction service providers, addictions medicine physicians, Medical Health Officer, local governments, peers, Indigenous voices.
Acknowledging: The damage enacted by the lack of an established local medical detox service, including the damage suffered by Peers in transitioning to and from an out-of-town service, and the harms produced through the extensive wait-times in place for Peers to access this service, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How many medical detox beds are needed?
- How will these be funded?
- How can immediate, low barrier, on-demand medical detox be made available to people seeking this service (including options for people who smoke)?
- How can the barrier of long referral wait-times be reduced?
- How can the gap in transition from medical detox to social detox be closed?
- Is there potential to implement a stronger medical detox program at the Comox Valley Hospital?
- How might a wider "hub" of community services integrate medical detox options?
- Stakeholders should aim to produce concrete results (i.e.ie: detox beds with low-barrier entry) within as short a time frame as possible.

2. Create and implement a Recovery-based Supportive Housing Service

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, community recovery and harm reduction service providers, Dawn to Dawn Action on Homelessness Society, addictions medicine Physicians, Medical Health Officer, local government, peers, Indigenous voices, funders (i.e: BC Housing and others)
Acknowledging: The lack of Supportive Housing in the Comox Valley, and the damage suffered by Peers who are cycling through patterns of medical and social detox without a sufficient transitional housing option to stabilize their progress, we recommend a coordinating entity bring together key players to chart a direction forward.
Key questions include:

- How many supportive housing units are needed (now and projecting into the future)?
- Who will these units be funded?
- How long should supportive housing be provided to those needing it?
- Should Recovery-based supportive housing be developed as a stand-alone entity with links to medical and social detox programs?
- Should supportive housing include social detox programs? And/or, should supportive housing be developed as part of a multi-staged subsidized treatment program or centre (i.e.: a program that includes medical/social detox and supportive housing as 3-stage components of a live-in residential program)?
- How will people be transitioned into and out of supportive housing towards long-term housing?
- What services and support infrastructures should be integrated into a supportive housing initiative?
- What models should be used for supportive housing (i.e.: Group- Based? Family-Centred? Farm-Based? Culturally Driven? Tiny Home Village?)
- How might supportive housing options integrate within a wider "hub" of community services?
- Stakeholders should aim to produce a series of supportive housing units that address the service needs of people in Recovery.

3. Expand Managed Alcohol Program Services

Key to this table: Island Health, Comox Valley Hospital, AVI Health and Community Services, community harm reduction service providers, addictions medicine physicians, Medical Health Officer, local governments, peers, Indigenous voices, funders.
Acknowledging: The important role Managed Alcohol Programs play both in enabling inpatient care, and in helping to stabilize alcohol use in the community, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How can patients help lead in establishing their dosing norms?
- How can Managed Alcohol Programs be developed in accordance with a Patient-led approach?
- How can Managed Alcohol Programs be developed in-hospital and in-community?
- How can acute care, long-term care, supportive housing, outpatient, community, NGOs, and others collaborate to develop a Managed Alcohol Program that serves the entire Comox Valley?
- What services and support infrastructures should be integrated into a Managed Alcohol Program initiative?
- How can this model be funded?
- Stakeholders should aim to produce tangible results (i.e.: an expanded Managed Alcohol Program) in short order.

4. Expand Safer Supply Services

Key to this table: AVI Health and Community Services, Island Health, community harm reduction service providers, addictions medicine physicians, local governments, Medical Health Officer, peers, Indigenous voices, funders.
Acknowledging: The important role Safer Supply programs play in reducing reliance on toxic drugs, and in helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How can our community support the Safer Supply work that AVI Health and Community Services is providing in the Comox Valley?
- How can this program, under AVI's direction, be expanded to meet community needs?
- What services and support infrastructures should be integrated into an expanded Safer Supply program?
- How can this expansion be funded?
- This work should aim to produce tangible results (i.e.: an expanded Safer Supply program) that honours and builds on the pioneering work being done by AVI Health and Community Services.

5. Relocate and Expand Overdose Prevention Site (OPS) and Services

Key to this table: Island Health, AVI Health and Community Services, local governments, community harm reduction service providers, Medical Health Officer, peers, Indigenous voices, funders.
Acknowledging: The important role OPS Services play in reducing reliance on toxic drugs, and helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- Where should OPS services be located? (i.e.: closer to services like Connect and Travelodge? In community? At the Comox Valley Hospital?)
- How might the hours of OPS be expanded?
- How might inhalation services be included?
- What additional services and support infrastructures should be integrated into an OPS program?
- How might this expansion be funded?
- This work should aim to produce tangible results (i.e.: an expanded/ relocated OPS Service).

6. Pursue Improvements in Opioid Agonist Therapy (OAT) Delivery

Key to this table: Comox Valley Transition Society / The Lodge / College of Pharmacists of BC, local OAT providing pharmacists, community harm reduction service providers, Medical Health Officer, peers, Indigenous voices, funders.
Acknowledging: The important role OAT programs play in stabilizing substance use, and the need to ensure availability of OAT services and support staff who can witness OAT consumption, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How can barriers to OAT witnessing be reduced?
- How can the responsibility for OAT supervision be addressed in such a way as to honour, and utilize the strong links at-play between Community Service Providers and Peers while still maintaining safety in providing OAT supervision responsibly?
- How might we attract more OAT providers to the Comox Valley?
- Should the College of Pharmacists of BC be approached for changes to OAT witnessing protocols?
- This work should aim to produce changes in regulations, leading to stronger OAT delivery practices in the Valley.

7. Pursue a Series of Network Improvements

Key to this table: entire service network, peers, Indigenous voices.
Acknowledging: A series of improvements has been identified as necessary to make our care network run more effectively, we recommend that a coordinating entity bring together network stakeholders throughout the system to chart a direction forward.
Key questions include:

- How can agencies work together efficiently and collaboratively?
- How can an inter-agency communication and client data-sharing system be developed in such a way as to give Peers power over their information? Who will be responsible for the consent process, and how will it work? Is such a system worth recommending? (i.e. do the benefits to Peers of having a system that shares their data with multiple providers thereby allowing for a streamlining of services outweigh the potential risks associated with a loss of privacy in relation to personal data)?
- How can Island Health and community providers work together respectfully, and with clarity around roles and responsibilities?
- How can Peers become involved on front-line navigation and leadership levels in shaping the development of the Network?
- This work should aim to produce tangible changes in the communication channels, effectiveness, and efficiency of our system, and should work to address the power imbalances expressed between Island Health and community Service Providers–creating a stronger network of collaboration.

8. Create a Services Hub

Key to this table: entire service network, peers, Indigenous voices, funders, local governments
Acknowledging: The value of a single point of access centre that provides: primary care, addictions medicine care, mental health care, access to a wide range of community services including medical and social detox, Peer navigators, employment opportunities, and others, we recommend a coordinating entity to bring together network stakeholders throughout the system to chart a direction forward.
Key questions include:

- How can such a centre be designed, developed, and built?
- How can a strategically beneficial group of services be brought together in the centre?
- What partnerships are needed to make such a centre happen?
- What funding sources can be utilized to make such a centre happen?
- This work should aim to produce a brick and mortar services centre designed to provide an amalgamation of services in one place, and access to navigators who can link clients to a wide range of services both inside and outside of the building.

9. Pursue Service and Transportation improvements for Remote Places, and Places Without Strong Transit Systems (Hornby and Denman Islands, Cumberland, and others)

Key to this table: Hornby and Denman Community Health Care Society, City of Cumberland, BC Transit/Comox Valley, Wheels for Wellness, Island Health, Medical Health Officer, peers, Indigenous voices, funders.
Acknowledging: The difficulties involved in the transportation of Peers from the more remote regions of the Comox Valley to in-town services, we recommend that a coordinating entity bring together key players to chart a direction forward.
A key question is:

- What do improvements in both service delivery and transportation to services look like for Peers in these regions?
- This work should aim to produce results that include stronger Harm Reduction and Recovery program delivery in remote places within the Comox Valley, and stronger transportation systems that support the linkages between Peers and in town services.

10. Address the Need for Culturally Safe Services

Key to this table: Elders/Knowledge Keepers, Indigenous organizations, Indigenous peers and leaders, service providers, K'ómoks First Nation, Island Health
Acknowledging: The need expressed for culturally safe services, we recommend a coordinating entity bring together key players to chart a direction forward.
Key questions include:

- How can Cultural Safety principles be brought into existing services?
- What new services are needed that honour the teachings of Cultural Leaders, and show respect for Indigenous ways of knowing and healing?
- This work should be guided by local Elders/Knowledge Keepers and should honour territory and teachings.

11. Work to Reduce/Eliminate Stigma in the System

Key to this table: entire service provider network, peers, local governments
Acknowledging: The expressed need to develop services that are safe for Peers, and that are premised upon an atmosphere of respect, we recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How can anti-stigma training be included in the work of our network and its constituent organizations?
- What education, information and/or staff development programs are needed within the Service Provider Network to reduce/eliminate stigma?
- How can service providers work together across the network to advance this work
- This work should be guided by local Peer leaders

SUBSTANCE USE COMMITTEE RECOMMENDATIONS:

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.

Key players at this table: First Nations, Métis and Inuit voices, peers, Substance Use Strategy Collaborative members and Collaborative action planning table members.

Acknowledging: Peers are the exports about the realities of substance use and the inequities that arise when accessing services due to the stigma of substance use. We recommend peers be involved in all planning and actions related to the Strategy and that their involvement include decision-making, leadership and access to paid employment where possible.

Key questions include:

- How will the Collaborative honour the previous Strategy Committee's commitment to peer, First Nations, Métis and Inuit voices and the voices of people traditionally not heard in substance use planning initiatives?
- What actions are being taken to create safe spaces so peers to feel comfortable and safe?
- How are peers supported to be involved in decision making and leadership roles?
- Would considering a Lived Experience Circle on Substance Use and a Peer Navigator Program be an option to ensure peers are fully involved in solutions for substance use system change?

13. Actively practice cultural safety and humility, anti-racism, anti-queer phobia, anti-ableism, anti-classism and anti-agism in the implementation of Strategy actions.

Key players at this table: First Nations, Métis and Inuit voices, people of colour, black people, gender/sexuality diverse people, people with disabilities, peers, newcomers/immigrants, entire service network, Island Health, First Nations Health Authority, K'ómoks First Nation Health Services, Immigrant Welcome Centre, PRIDE Comox Valley, Division of Family Practice/Primary Care Network, Community Action Team.

Acknowledging: There are social inequities and gender differences that result in discrimination of people who use substances as well as a lack of equitable substance use services, we recommend equity priority groups are brought together with other key players to plan a future direction.

Key questions include:

- How will practices of cultural safety and cultural humility, anti-racism, anti-queer phobia, anti-ableism, anti-classism and anti-agism be included in the work of planning and implementing actions?
- How are cultural safety principles enacted throughout all Strategy actions as they are developed?
- How are people who experience inequity in our community heard and included in the development of actions and implementation of the Strategy?
- Is an equity lens or equitable approach being used when creating policy or new practices to address substance use?
- How are the social determinants of health being addressed in the development of actions and implementation of the strategy?

14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.

Key players at this table: entire service network including First Nations and Métis specific services, peers, First Nations, Métis and Inuit voices, equity priority groups, funders, local government, Island Health, First Nation Health Authority, K'òmoks First Nation Health Services, Division of Family Practice/Primary Care Network.

Acknowledging: That creating action and breaking down silos in response to recommendations requires an ongoing coordinated effort across the Comox Valley. We recommend that the CV Substance Use Collaborative act as the coordinating entity to begin this work in Phase Three.

Key questions include:

- How will the Collaborative review, discuss, understand, and match their actions to the foundational Vision, Mission, Belief Statement and Guiding Principles of the Strategy?
- What initial and ongoing education and workshops will the Collaborative do together so everyone is grounded in the foundations of the Strategy?
- Has the Collaborative developed a peer support plan that is being enacted?
- Has the Collaborative developed a resiliency and well-being plan for its members and the substance use network so people are" held up" and supported in a good way as they do this work that is, at times, stressful and difficult?
- How will the Collaborative be structured to be inclusive and function with action tables?
- How can the recommendations be prioritized? What recommendations need to be worked on first?
- How will action tables of the key players for the recommendations be formed and utilized?
- How will decision-makers and funders work with peers, equity priority groups, Indigenous people and substance use services to plan and fund actions?
- How will Collaborative ensure that data agreements are in place and are collected ongoing as data is made available so action tables have "real-time" data to work with while planning and implementing recommendations?
- Where will the Collaborative be housed and supported after Phase Three and how will funding be procured to ensure the sustainability of the Collaborative?

15. Update and increase substance use awareness programs for youth and their families

Key players at this table: Youth, First Nations, Métis and Inuit voices, Comox Valley School District, LINC (City of Courtenay Recreation), John Howard Society (The Station and The Foundry), Island Health, First Nation Health Authority, Island Health Child and Youth Mental Health Services, Pride Comox Valley, K'òmoks First Nation Health Services, Sasamans Society, Indigenous Women's Sharing Society/Unbroken Chain, Division of Family Practice/Primary Care Network

Acknowledging: That youth often go to peers to learn about substances and substance use as they find many adults supporting them "out of touch", we recommend a coordinating entity to bring together key players to plan a direction forward.

Key questions include:

- How are ideas from First Nations, Métis and Inuit youth, Immigrant youth, gender/sexuality diverse youth, youth with disabilities being included at the planning table for this recommedation and actions?
- How could a school-based youth council to talk about substance use be formed?
- How can an educated peer-based model of substance use education with more real-life examples be implemented to build on the informal process of peer information already happening?
- How can evidence-based education for parents on topics such as trauma, resiliency, emotional connection to youth, and how to support youth to prevent or delay substance use be implemented?
- How can integrated education on harm reduction (drugs, alcohol, smoking, vaping), life skills, safer sex, youth mental health be implemented?
- Can more harm reduction services be implemented within schools in partnership with community agencies providing harm reduction?
- How can youth be engaged in prevention initiatives related to the effects of tobacco, e-cigarettes, cannabis and vaping?

16. Increase Awareness about substance use and access to substance use services specifically for seniors

Key players at this table: Seniors (including immigrants/newcomer seniors, gender/sexuality diverse seniors, First Nations, Métis and Inuit Elders and seniors of colour; seniors serving organizations, Island Health, Community Resource Networks (CV), First Nation Health Authority, K'òmoks First Nation Health Services, Pride Comox Valley, Indigenous Women's Sharing Society/ Unbroken Chain, Upper Island Women of Native Ancestry Society, Division of Family Practice/Primary Care Network

Acknowledging: That the number of seniors living in the Comox valley is increasing and it is difficult for seniors to move beyond the stigma associated with substance use to seek support. When they do seek support, access to substance use services for seniors are limited. We recommend a coordinating entity to bring together key players to plan a direction forward.

Key questions include:

- How are seniors from equity priority groups (see recommendation #13) included at the planning table for this recommendation and action?
- What are the current best practices to provide substance use public awareness, education and services for seniors?
- How can an anti-stigma public awareness campaign about substance use directed at seniors be developed?
- What are key messages to be included in a public awareness campaign directed at seniors that helps them understand using substances is not a personal failing and gives them permission to to seek support?
- What are gaps and strengths in current substance use service for seniors?
- How can services to seniors be coordinated with existing community services for seniors?
- What education is needed for service providers and community agencies to approach seniors about substance use?

17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction

Key players at this table: Peers, First Nations, Métis and Inuit voices,Chamber of Commerce, municipal business associations, entire service provider network, including First Nation and Métis service organizations, local governments including school district, Comox Valley Community Justice Centre, Island Health, First Nations Health Authority

Acknowledging: The business community and employers are affected by substance use in the community and that they need to be involved in conversations, education sessions and creating solutions, we recommend that a coordinating entity bring together key players to plan a direction forward.

Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommedation and action?
- How are businesses and employers affected by substance use in our community?
- How can the business community and employers be engaged to address substance use in the community?
- What are some solutions so businesses and people who use substances are both heard and accommodated?
- What kind of educational/awareness programs are businesses and employers interested in?
- How can the business community and employers be engaged in addressing stigma towards people who use substances in our community. A source of ideas might be EACH+EVERY (eachandevery.org)
- How could this work aim to produce accurate information and more respect, understanding and relationships between businesses and people who use substances

18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis sales and selling establishments to reduce negative impacts to community health, safety and livability

Key players at this table: Local governments, peers, Chamber of Commerce, cannabis outlet operators; liquor store operators, liquor serving establishment operators, citizens, youth, Indigenous and Metis voices, Island Health, First Nations Health Authority, K'òmoks First Nation Health Services

Acknowledging: That municipalities can set local by-laws and policies to guide such things as hours of operation, size of establishments and proximity to other liquor-related businesses in consideration of the impacts on community health, safety and livability, we recommend that a coordinating entity bring together key players to plan a direction forward.

Key questions include:

- What impact or potential impacts do liquor and cannabis establishments have on the health, safety and livability of a community?
- What current municipal by-laws and policies guide liquor and cannabis establishments?
- How can the Collaborative work with local municipalities to get data about sales and locations of liquor and cannabis establishments by municipality so there is good local data to support review and development of municipal by-laws?
- How many liquor selling or serving establishments need to be in any area?
- How close should liquor and cannabis establishments be to each other?
- What are consistent, reasonable hours for selling and serving liquor?
- Are there areas of the region that should not have liquor or cannabis establishments nearby?
- What are local government processes for liquor or cannabis establishments to apply for permits or variances - are they clear and fair?

19. Actively Advocate to Federal and Provincial governments for an easily accessible safer supply of drugs

Key players at this table: Peers, Community Action Team, local governments including school district, Comox Valley MLA and MP, local advocates (eg Moms Stop the Harm), AVI Health and Community Services, First Nations, Métis and Inuit voices, Indigenous Women's Sharing Society/Unbroken Chain, Division of Family Practice/Primary Care Network; local Opiate Antagonist Treatment (OAT) providing pharmacists.

Acknowledging: The decriminalization pilot project in BC has the potential to reinforce that substance use is a health issue and reduce stigma and marginalization towards people who use substances. As it will not decrease the make-up of an increasingly more toxic unregulated drug supply, sustained advocacy is needed. We recommend that a coordinating entity bring together key players to plan a direction going forward.

Key questions include:

- How are people from equity priority groups (see recommendation #13) who use the toxic unregulated drug supply included at the planning table for this recommendation and action?
- Who needs to be included in a sustained advocacy campaign?
- What needs to be included in a sustained advocacy campaign?
- What are the important messages to include in a campaign?
- What changes in legislation are needed to increase a safer supply of drugs?
- What services/supports need to be in place to support an accessible safe supply of drugs?
- What do peers consider an accessible safer supply of drugs?
- What are a variety of options to provide a safer supply of drugs so people using substances have a choice depending on their health and social needs?

20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley

Key players at this table: Peers, First Nations, Métis and Inuit voices, local governments, MLA, Medical Health Officer, Island Health, First Nations Health Authority, Division of Family Practice/Primary Care Network, Community Action Team (CAT), Homeless Response Team, harm reduction service providers, peer support providers; AVI Health and Community Services, Indigenous Women's Sharing Society/Unbroken Chain,Upper Island Women of Native Ancestry Society, K'òmoks First Nation Health Services
Acknowledging: People having a mental health crisis in the community are best supported by a Peer Assisted Care Team (PACT) of a trained peer and a mental health professional that shifts care during a crisis to a community-based, client-centered, trauma-informed response. We recommend that a coordinating entity bring together key players to chart a direction forward.
Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommedation and action?
- Is there an Agency that could oversee the operation of a PACT?
- How could a PACT operate in the Comox Valley?
- How will a PACT be integrated with other outreach services?
- How will a PACT be funded?
- How will the community know how to reach the PACT when needed?
- How will Peers and Indigenous and Metis people be integrated into the PACT?
- How will the impact of a PACT be measured?

21. Advocate more non-market affordable housing for all ages and circumstances

Key players at this table: Peers, Indigenous and Metis voices, local governments, housing providers, Coalition to End Homelessness, MLA, MP, BC Housing, developers, modular home developers; housing support service providers.
Acknowledging: A supply of available, non-market affordable housing is an important first step to address substance use, as stable housing facilitates access to prevention, harm reduction and treatment. We recommend a coordinating entity to bring together key players to chart a direction forward.
Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommedation and action?
- How can local governments create and adopt a definition of housing affordability for the region similar to what has recently been done in the Municipality of Saanich?
- What needs to be included in a comprehensive plan to increase low income and low barrier housing and support quickly?
- How can land be found for affordable housing?
- How can local governments support low income affordable housing through by-law and policy changes?
- What non-traditional forms of housing can be considered (e.g. Tiny home communities built to support specific needs including for people who use substance, people in recovery, youth, LGBTQ2S+, and female)
- What can be done to address community concerns about some housing projects?
- How can awareness be promoted about all forms of housing and address discrimination in communities?