

BRIEFING NOTE

FOR DECISION

ISSUE: Emergency request for funding for addictions and homelessness in the Cowichan Valley

BACKGROUND:

- The Cowichan Valley is in crisis due to the growing use of illegal opioids. While deaths due to overdose have reduced significantly due to the Overdose Prevention Site (OPS), the number of overdoses have increased and the congregation of users in the downtown core is drastically affecting the business community and citizens due to theft and destruction of private property.
- Over the past two years, a Collective Impact approach has been used to involve over 300 participants across 60 organizations to design a community response to this crisis. However, the situation has now reached a point where community members are taking dangerous action to protect their property and families.
- Observational data collected through the OPS, open 6 hours a day 7 days a week, suggests the following profile for fiscal year 2018/19:
 - 26,683 client visits, representing 316 unique individuals; with 170 overdoses recorded
 - Over one third of total unique users are youth 15-24 years of age; 75% of this group are Indigenous and 20% of this group have complex needs with challenging behaviours posing serious harm to themselves and others (i.e. theft, destruction of property, and assaults)
 - The remaining two thirds is comprised of adults who use substances. Approximately 20% of adults using substances are responsible for most of the challenging behaviours
- Through Cowichan's peer-led 'Street School' over 180 individuals of all ages, who use substances have met and identified their pathways to hope: having a voice in their health and wellbeing; access to stigma-free health care when needed; safe drug supply; local treatment coinciding with housing/ recovery housing; mental health support and treatment to deal with ongoing trauma, anxiety and depression and opportunities to be reintegrated into work and community
- Individuals who have completed local treatment and supportive recovery programs who transition into market housing sometimes find that their sobriety/recovery is at risk due to the nature of the residential settings these individuals are able to obtain. Housing that is explicitly oriented to sobriety and wellness is a strong factor in preventing relapse and would need to be a component of a holistic response.
- On October 16, 2019 Minister Darcy met with stakeholders affected by the crisis and heard Cowichan's vision to trial a "**whole community design for a whole community collective impact**"

REQUEST: Invest \$2.8M in Cowichan each year over five years to trial and evaluate a multi-pronged approach that augments the existing system of health services, promotes cultural safety, and is trauma and LGBTQS informed. The strategy is to: simultaneously remove the market for a poisoned drug supply; create a supportive recovery environment; and disrupt the current pattern of crime and addiction that is impacting Cowichan's residential and business communities.

This investment in health services will contribute to a whole system approach to stabilization and healing aligned with other investments in variety of affordable and low barrier housing options, and a review of policing policies or bylaws.

Key components of this request include:

- **Four, peer informed temporary treatment & recovery centres (2 Indigenous):** temporary sites (e.g. modular, small homes dispersed across the region) to house up to 10 individuals each and immediately activate local treatment and supportive recovery programs (e.g. Opioid Agonist Therapy OAT, individualized counselling, and connection to integrated health/social services)
- **Youth Prevention (indigenous):** co-develop pathways of connection with Cowichan Tribes for marginalized youth to return to community, culture, traditional healing and well-being
- **Safe drug supply:** a clearly identified subset of people who use drugs will be provided supervised access to a safe drug supply such as injectable hydromorphone and/or injectable diacetylmorphine (iOAT) for the treatment of moderate to severe opioid use.
- **Expanded OAT offered at a central clinic and via mobile outreach teams:** the services will support individuals using substances, focused on youth, Indigenous, and clients with challenging behaviours where they are at (e.g. rural, remote, home, streets, and mental health services)
- **Research Partnership:** evaluate alternative sources of heroin such as heroin compassion clubs or cultivating Asian poppy for seeds; and the effectiveness of culturally appropriate brief intervention counseling in support of youth, Indigenous and clients with challenging behaviours
- **Community restoration:** Continued collaboration with community partners to reduce stigma, fear, address compassion fatigue, and involvement in design, implementation, and evaluation
- **Coordination and Evaluation of the project** – ensuring successful implementation, continuous tracking and quality improvement, and project modifications if required. A partnership with academic institutions and the Province to increase the rigour of the evaluation, and contribute to scalability and the current shallow body of literature on effective programs and practices. **(Please see Appendix 1 Outcomes and Appendix 2 Partnerships)**

SUMMARY:

Cowichan is uniquely positioned to trial an innovative community-led approach to the opioid crisis

- **Community Readiness:** Cowichan is ready to put this plan into action. The foundation for an integrated and interdisciplinary system of care is in place; ongoing community dialogues with individuals who use drugs and stakeholders have identified system gaps; and community leaders are committed to collectively build out the details of this project
- **Cost efficient:** the solution will leverage existing community capital to create temporary treatment and recovery centres, and build on existing support systems and services
- **Cost effective:** partners are committed to aligning with best evidence for care and redirecting resources to prevention from the current crisis response

- **Design Efficiency of Proof of Concept:** Cowichan Valley is big enough to experience the direct impact of the crisis and small enough to track outcomes and mitigate confounding variables

APPENDIX 1

OUTCOMES

- **Short Term (within 12 months of detailed design) –Stabilize the Community**
 - Reduction in overdoses, hospital visits and infections amongst those individuals using substances; and improved initiation and retention in OAT
 - Feedback from business and residential community that instances of crime and disruptive behaviours are reduced
 - Improved inter-agency collaboration resulting in enhanced services and improved integration with existing services
 - The development of new pathways of care for the most vulnerable and highest need individuals using substances, and youth at risk for addiction

- **Medium Term (within 24 months of detailed design) –Restoring Hope**
 - 30% – 60% of individuals currently using street drugs are using safe drug options
 - New pathways of care are established for the most vulnerable youth and youth at risk for addiction with a focus on Indigenous youth
 - Increase in community wide collaboration as seen in greater degree of participation in the Cowichan Collective Impact approach
 - Individual clients of the expanded OAT offered at a central clinic and via mobile outreach teams will report that they have hope in the future, their lives are stable and less chaotic, that they don't have to do crime or hustle for money, and the money they do have is being used for things like food, or rent – not drugs

Upon approval of this proposal it will take approximately three months for the Cowichan Community Action Team to develop the service model, governance structure and detailed budget.

APPENDIX 2

Under the Cowichan Collective Impact Model, the following partners are engaged, informed and connected to activities to ensure that all citizens of the Cowichan Communities enjoy good health. These partners will promote and align efforts with the Cowichan Vision for Community Wellbeing for Enhancing the Community Wide Substance Use Model.

Cowichan Community Partners

Cowichan Community Leadership Table:

Mayors-City of Duncan, Municipality of North Cowichan, Town of Ladysmith, Town of Lake Cowichan, Cowichan Valley Regional District; Chief, Cowichan Tribes; MLA, MP, Superintendent RCMP, Chair School District 79, Island Health (Cowichan) Medical Health Officer

Community Action Team Leadership:

Our Cowichan Communities Health Network, Medical Health Officer Island Health, Kwun'atsustul Cowichan Tribes, Canadian Mental Health Association, Business Representatives, Community Member at Large

Community Action Team:

Our Cowichan Communities Health Network, Municipality of North Cowichan, , City of Duncan, Town of Lake Cowichan, Cowichan Tribes Ts'ewulthun Health, Cowichan Tribes Kwun'atsustul, Cowichan Valley Regional District, Primary Care Network Leaders, British Columbia Ambulance Service, RCMP, Canadian Mental Health Association Cowichan Valley Branch, Island Health- (Medical Health Officer, communications, MHSU Manager and Director, Harm Reduction services, Project Director for Overdose Response, Public Health management, Public Health Director) ,Peers and those with lived experience, Cowichan Overdose Prevention Site, Cowichan Division of Family Practice, Physicians, Nurse Practitioner, Social Planning Cowichan, School District 79, Discovery Youth and Family Services, Ministry of Children and Family Development, MLA Sonia Furstenau and Doug Routley, MP Alistair Macgregor, First Nations Health Authority, Ladysmith Resource Centre Association, Phoenix Wellness Centre, House of Friendship, NARSF, Bylaw officers, Cowichan Highway Business Corridor Association, Chamber of Commerce, Duncan Business Improvement Association, Cowichan Housing Association, Cowichan Valley Basket Society, Cowichan Women Against Violence, Cowichan Lake Community Services, Open Door Youth Outreach, Ministry of Social Development and Poverty Reduction, Warmland Shelter, CVRD Child and Youth Programming, Cowichan District Hospital Social Work and Emergency Physician

Our Cowichan Communities Health Network:

43 members comprised of federal, provincial and local governments, Health, First Nations, education, community organizations and individuals

Cowichan Housing and Homeless Coalition:

103 members comprised of federal, provincial and local governments, First Nations, education, Health, community organizations, business and individuals

APPENDIX 3

The creation of housing that supports sobriety and recovery will be a key success factor in addressing the impacts of substance use in the Cowichan Region. Based on the proposed investment in health services parallel efforts would be undertaken to develop a sober living residential function. As such it is anticipated that two pathways would be contemplated;

1. Use of existing rental stock in the community that would be available to people emerging from the **“Four, peer informed temporary treatment & recovery centres”**. This housing would be supported by a staff function during the weekdays, 9:00 – 5:00, and would be predicated on the principle that residents support each other in maintaining sobriety and achieving wellness. Typically this kind of program would have 4 – 8 individuals living in a single family home supported by an in-reach part time staffing function. To serve the outflow from the proposed treatment and recovery centres it is anticipated that 40 “beds” would be required, meaning that approximately 5 – 10 houses would be needed. That number may not be realistic in terms of availability of housing stock in the current rental environment in the Cowichan region.
2. That a purpose built residential option of 40 self contained dwelling units be developed, with the goal of creating an intentional community that is founded on sobriety, wellness and mutual support. This development would be a transitional facility, with individuals staying for no longer than two years before they move on to other residential options in the community.

Investing in supported recovery services is an important part of addressing the substance use issues faced by the community, but for most people maintaining sobriety is the biggest challenge, especially in the first two years.