COMMUNITY SUBSTANCE USE STRATEGY

PHASE THREE REPORT

PREPARED BY:
COMOX VALLEY COMMUNITY SUBSTANCE USE STRATEGY COLLABORATIVE

TERRITORIAL ACKNOWLEDGEMENT

We respectfully acknowledge that the work of the Substance Use Collaborative occurs on the traditional territory of the Pentlatch, E'iksan, Satsila, and Sahtloot people, now collectively known as the K'ómoks First Nation. 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 and commit to continuing the journey towards reconciliation.

PEER ACKNOWLEDGEMENT

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

"The Comox Valley Community Substance Use Strategy has been instrumental in bringing together community partners to discuss and act upon 21 recommendations from both the Walking Together Report/ Walk with Me and the Substance Use Strategy. This work has been and will be invaluable in providing the community with a solid foundation to move forward with actions from the recommendations."

Charmaine Enns, MD, MHSc, FRCPC
North Island and Alberni West Coast Medical Health Officer

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CONTRIBUTOR ACKNOWLEDGEMENT

This report is the result of the collective effort of organizations and individuals on the Comox Valley Community Substance Use Strategy Collaborative, its working group members and Peers, the Comox Valley Community Health Network and its funders City of Courtenay, Village of Cumberland, Town of Comox and Comox Valley Regional District.

CITY OF COURTENAY

Village of Cumberland Incorporated 1898

TOWN OF COMOX

Comox Valley REGIONAL DISTRICT

COMOX VALLEY COMMUNITY HEALTH NETWORK

INTRODUCTION

The development of the Strategy began with the formation of a Comox Valley Community Substance Use Strategy Committee (Committee) in 2020. The Comox Valley Community Substance Use Strategy Phase One Report was released in 2021 followed by The Comox Valley Community Substance Use Strategy Phase Two Report and the Walking Together: Towards a Stronger, More Integrated Substance Use Network in the Comox Valley report in 2023. These earlier reports offer important background and context. It is recommended that readers familiarize themselves with the first 2 reports before reading this report.

VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

Vision, mission, belief statements and guiding principles were created at the beginning of the Comox Valley Community Substance Use Strategy (Strategy) development and guide the work and actions being undertaken in all phases of the Strategy. They are reviewed annually, when minor changes are made. (see Appendix A)

During Phase Three of The Comox Valley Community Substance Use Strategy implementation, the previous committee evolved into the Comox Valley Community Substance Use Strategy Collaborative (Collaborative Table). This group was tasked with overseeing the implementation of the strategy recommendations and ongoing work as needed. The Collaborative Table continued with the understanding of substance use as developed by the Committee and described in the Phase Two report.

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 Collaborative Table continues to examine power imbalances, uncover systemic biases and create culturally safe spaces in the ongoing work to implement recommendations. Poverty, lack of affordable housing, history of trauma, stigma and discrimination, classism, racism, gender/sexual diversity, gender-based violence and colonization are all root causes that can contribute to substance use. **Historically, substance use policies and practices have had a disproportionately negative impact on racialized people and First Nations, Métis and Inuit peoples. They have negatively impacted access to, and experience with substance use services and supports.** These factors create additional barriers to health for individuals and ultimately impact community health. For this reason, the Collaborative Table is committed to placing those who experience the root causes and are disproportionately affected by substance use, along with people who use and need substance use support at the center of planning for system change. Enacting this commitment is ongoing as we continue to learn.

The above truths have continued to provide the basis for the work of the Collaborative Table and Actions Tables as the Comox Valley continues towards a strong Substance Use Support Network as described in the 2023 Walking Together Report.

> 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 most consistent message heard over the past four years from the community is that substance use supports are siloed. There is a strong need for greater collaboration, communication, bold action and innovation. In Phase Three, the focus was on expanding the Collaborative Table to implement recommendations aimed at developing a highly functioning Comox Valley Substance Use Support Network.

PHASE THREE WORK

During Phase Three the Collaborative Table was strengthened and implementation on recommendations began.

The actions are grouped into four areas:

1. **Strengthening the Collaborative Table**
2. **Actioning Recommendations**
3. **Ongoing Data Collection and Review**
4. **Informing the Community**

STRENGTHENING THE COLLABORATIVE TABLE

The first few months of Phase Three was focused on developing a strong Collaborative Table. As new members joined, the underlying beliefs and guiding principles were reinforced to ensure they remained central in the ongoing work. To do this the Collaborative Table:

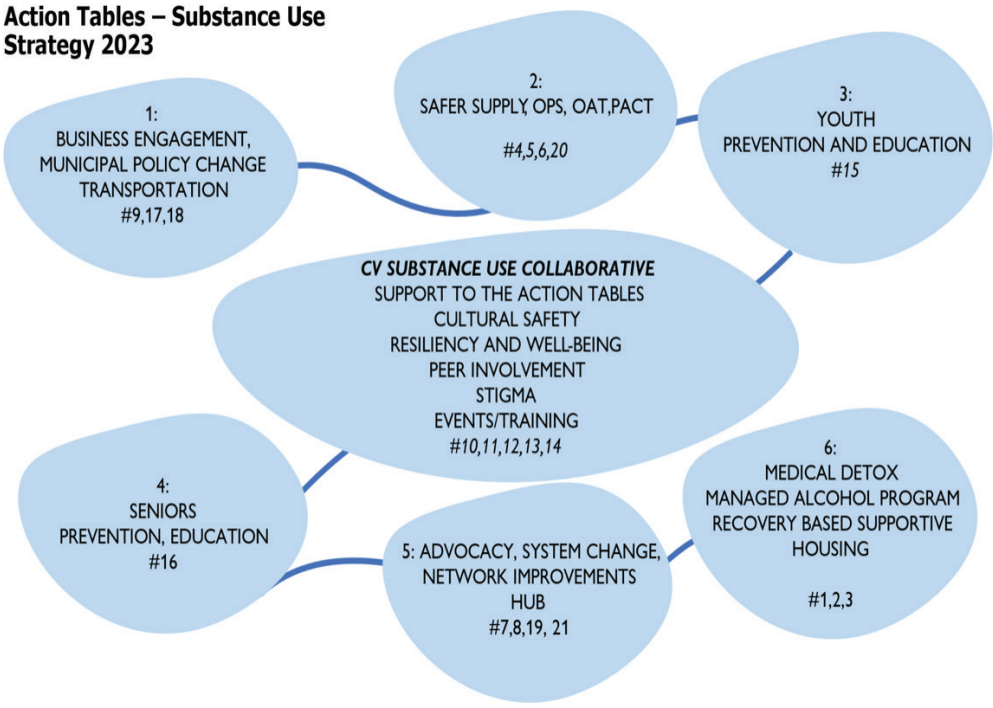
- **Reviewed and updated Collaborative Guidelines (see Appendix B)**
- **Developed a Support Plan that included ways for creating a safer space for Peers to participate and a process for paying honoraria for Peer participation**
- **Developed Expense Guidelines for participants to help reduce potential barriers for participation due to factors such as income, travel, and dependent care needs.**
- **Held two training sessions for the Collaborative Table, facilitated by Indigenous Women's Sharing Society. One session focused on Working with Peers and the second centered on Cultural Awareness and Humility.**
- **Actively engaged Peers in the Collaborative Table and supported one Peer to attend two conferences – Canadian Centre on Substance Use and Addiction National Conference in November 2023 and the 6th Annual BC Substance Use Conference in May 2024.**

This work served as an orientation to all members, reinforced the core values underlying the Strategy and provided cohesion for the beginning of action on Phase Two recommendations

ACTIONING RECOMMENDATIONS

The Collaborative Table reviewed all the recommendations outlined in the Phase Two Report and the Walking Together companion report, identified which ones were already being acted on in the community, decided on which recommendations were the work of the Collaborative Table, and determined which could be grouped together for implementation by newly formed Action Tables.

This process resulted in the recommendations being dispersed amongst the Collaborative Table and six Action Tables (see figure)



The Collaborative Table developed Guidelines for Action Tables (see Appendix C) to ensure consistency of Action Table processes. A member of the Collaborative Table leads each Action Table with support from the Strategy Coordinator and reports back to the Collaborative Table each month.

Action began on the recommendations assigned to the Collaborative Table and Action Tables Two and Three in early 2024. Some of the actions on recommendations are also being done by organizations addressing substance use and health in the community. The Collaborative Table stays informed about these initiatives, advocates for the initiatives and encourages the organizations to become members of the Collaborative Table. This has become one way the Collaborative Table and community organizations are working towards breaking down a siloed system and progressing towards a strong Substance Use Support Network as outlined in the Walking Together Report.

The **COLLABORATIVE TABLE** is responsible for overseeing recommendations **10** through **14** as most of them are foundational to the work of all the tables:

10. Address the need for culturally safe services.
11. Work to reduce stigma in the system.
12. Actively engage and support peers to be involved in every aspect of planning and of the recommendations in the strategy.
13. Actively practice cultural safety and humility, anti-racism, anti queer phobia, anti-ablism, anti-classism and anti-agism in the implementation of the strategy actions.
14. Comox Valley Substance Use Collaborative will provide oversight and leadership to implement Phase Three and ongoing recommendations. This includes finding an organization in the Comox Valley to provide ongoing leadership for the Strategy.

Much of the work to implement these recommendations is discussed under Strengthening the Collaborative Table above. To action recommendation 14, in the spring of 2024, the Collaborative Table put out a call for an Expressions of Interest to find an organization to facilitate the Collaborative Table and oversee the Substance Use Strategy moving forward. In late May, an interview was held and following a unanimous vote at the Collaborative Table, the Indigenous Woman's Sharing Society (IWSS) was selected as the successful organization to continue the work. The transition will take place throughout the summer and will be fully in place by the fall of 2024.

ACTION TABLE ONE, when formed, will be responsible for recommendations **9**, **17** and **18**.

9. Pursue service and transportation improvements for remote places and places without strong transit systems (Hornby and Denman Islands, Cumberland and others).
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 sales and selling establishments to reduce negative impacts to community health, safety and livability.

Although this Action Table has not been formed, initial discussions about recommendation 17 have taken place at the Collaborative Table and action on this recommendation will likely begin in the fall of 2024. The Collaborative Table has begun exploring models in other communities where businesses and employers have been engaged in conversations about substance use, harm reduction and generating solutions. Recommendation 9 addresses transportation issues that also exist for many other community groups. A community organization will convene a group in the fall to discuss transportation issues, with some members of the Collaborative Table expected to attend. This may result in a wider group than those involved in substance use planning together to address this recommendation.

ACTION TABLE TWO has been formed and is addressing recommendations **4**, **5**, **6**, **20**.

4. Expand safer supply services.
5. Relocate and expand overdose prevention (OPS) site and services.
6. Pursue improvements in opioid agonist therapy (OAT) delivery.
20. Implement a Peer assisted care team (PACT) in the Comox Valley

Action Updates from this table include:

4. SAFER SUPPLY SERVICES

The Community Action Team (CAT) was part of a multi-CAT Safer Supply Working Group through Health Quality BC which met in 2022/23 and published the CAT Safer Supply Project Tool Kit that will assist with local, provincial and federal advocacy for safer supply. Expanding safer supply is part of the work of the CAT who are a member of the Collaborative Table. The Project Coordinator for the CAT is taking the lead for Action Table Two.

In July 2024, BC's Provincial Health Officer released a special report Alternatives to Unregulated Drugs: Another Step in Saving Lives. It states, "*The unregulated toxic drug poisoning emergency has been exacerbated by various factors, including chronic gaps in the health-care system, housing instability and homelessness, poverty, the impacts of colonialism and racism, criminalization and stigma, as well as other determinants of health and inequity. This has resulted in an inequitable distribution of deaths across B.C.'s population, with disproportionate impacts on Indigenous Peoples*".
(Office of the Provincial Health Officer, Provincial Health Officer's Special Report, July 2024, retrieved Aug 2, 2024).

The report recommends that the Province of BC explore providing access to non-prescribed alternatives (also known as safer supply) to unregulated drugs that are increasing in potency. The report argues that providing alternatives to unregulated drugs:

- Presents a key opportunity to address the fundamental driver of the public health emergency: the highly toxic and unpredictable unregulated drug supply.
- Partly addresses the underlying cause of toxic drug poisoning deaths: drug prohibition and the resulting highly toxic unregulated drug supply.
- Potentially prevents as many as 165,000 to 225,000 people in BC from accessing the toxic unregulated supply in any 12-month period.
- Potentially prevents the many people who have died from the unregulated drug supply who did not have a substance-use disorder from dying.
- Addresses the issue of prohibition limiting the establishment of protection and quality-control measures for unregulated drugs.
- Provides people who use drugs and who are at high risk of dying with products of known quality, composition and purity that they can use instead of unregulated drugs.
- Potentially prevents the unregulated market from supplying many people who use drugs with substances that are manufactured, supplied and distributed by organized crime groups.

Source: Office of the Provincial Health Officer, Provincial Health Officer's Special Report, July 2024.

5. OVERDOSE PREVENTION SITE (OPS)

The CAT has long been advocating for inhalation services to be included in the overdose prevention site. Inhalation is the most common method of consumption, and our community is the only community on Vancouver Island with an OPS site that provides injection services only. Last year, Island Health approved the development of an inhalation OPS that will provide the opportunity for 8 to 10 people to access the inhalation site at the same time. Building the site is in progress and is expected to be open in the fall of 2024 for safe inhalation and other services.

There have been improvements in mental health and substance use support for unhoused people in the past year. A partnership between Island Health and SOLID Outreach Victoria was facilitated by the CAT to support the establishment of a Peer Outreach Team in the Comox Valley. The team supports unhoused people who are using substances during the interim until inhalation services are available at the OPS and may continue in some capacity after the OPS inhalation services are in place. The Island Health Outreach Team (IHOST) continues to be an essential outreach service for those who are unhoused including those who use substances. Formed in late 2022/early 2023 the team comprises nurses, an occupational therapist, a support and recovery worker, peers, and physicians who travel to where people are in our community, to deliver care which now includes the capacity to prescribe Opioid Agonist Therapy (OAT).

6. OPIOID AGONIST THERAPY

Improvements have also been made regarding delivery of OAT in the last year. The Village Clinic (formerly Comox Valley Addictions Clinic) relocated and continues to provide access to Suboxone, Methadone and Kadian that are an effective treatment for some people dependent on different types of opioids such as Hydromorphone, Oxycodone, Heroin and Fentanyl. The medications prevent the effects of withdrawal and reduce cravings so people can focus on other elements of their recovery. There are four Doctors, three Peers, two working dogs and administration staff at the Village who can provide care to people within a week. Nurses on the IHOST Team can also prescribe OAT and offer some withdrawal management services/care. Once prescribed, access to the prescribed OAT drug has improved through working with community pharmacists. Access to timely treatment continues to be inadequate and requires ongoing efforts to establish an access hub where people can receive treatment relatively quickly when they are ready.

20. PEER ASSISTED CARE TEAM

Comox Valley was successful in receiving funding for a Peer Assisted Care Team. The PACT is a team of two people - a person with lived expertise (Peer) and a mental health professional who work together to respond to mental health related calls in the community. The goal is to provide an alternative to police and shift BC's crisis care to a community-led, client-centered, trauma-informed response centered on the mental health and well-being of the affected individual, their family, and their community. The PACT will operate under the leadership of AVI Health and Community Services (Comox Valley) in partnership with K'ómoks First Nation and will begin operation in the Fall of 2024.

ACTION TABLE THREE has been formed and is addressing recommendations **15**.

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

Each month, this table is seeing new youth agencies and youth joining the Action Table. Some of the table activities include:

- Building partnerships and creating community collaboration for youth services in the Comox Valley.
- Exploring the creation of a community youth council that would prioritize education and information distribution for youth.
- Hosting two Youth Expos to showcase resources for youth in the community.
- Determining proactive ways to engage purposefully with the school district and students to ensure youth have access to information and appropriate resources.
- Developing a questionnaire for youth, asking them how they want to receive information, and areas/topics they feel they need to learn about.
- Hosting a second safe space program.

This Action Table is led by the City of Courtenay's Community Youth Development Supervisor, a member of the Collaborative Table who is actively involved in youth programs in the Comox Valley.

ACTION TABLE FOUR, when formed, will be responsible for recommendation **16**.

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

There is interest from a member of the Collaborative to lead this table and it will likely begin in the fall of 2024.

ACTION TABLE FIVE, when formed, will be responsible for recommendations **7**, **8**, **19**, **21**.

7. Pursue a series of network improvements

8. Create a services hub.

16. Actively advocate to Federal and Provincial Governments for an easily accessible safer supply of drugs

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

8. HEALTH SERVICES HUB

Although this table has not formed yet, action has been taken at the Collaborative Table and in the community on these recommendations. The Comox-Strathcona Regional Hospital Board and Island Health have partnered to explore advancing a Health Services Hub for the Comox Valley. Representatives of the Collaborative Table presented the Phase Two report's recommendation for a Services Hub to the Regional Hospital Board. The Board was encouraged to create a hub that included both Island Health and other community services and to pay attention to what Peers said in the Walking Together Report regarding what was needed in a Health Services Hub. The Collaborative Table also asked to be involved in the planning of a Health Services Hub. The Health Services Hub Fact Sheet developed by Island Health states "A health services hub is a centralized location where an individual can access a number of different services, delivered by a range of professionals, based on the community needs. These services may include but are not limited to primary health care, home care/support services, mental health and substance use, public health (e.g., immunizations, etc.), rehabilitation, health promotion and chronic disease management as well exploring the potential for social servicing sector services such as housing and employment supports, childcare, legal aid and often other not-for-profit organizations. Either this Action Table or the Collaborative Table aims to be involved to ensure community voices, including those of Peers, are integrated into this project.

21. ADVOCATE FOR MORE NON-MARKET AFFORDABLE HOUSING

Housing is the most important harm reduction strategy for people to begin to manage the impacts of substance use. BC Housing announced in May 2024 that they acquired property for a purpose-built shelter and supportive housing to be built in Courtenay. The purpose-built shelter will be the first to be constructed, followed by the supportive housing with an expected opening date sometime in 2026 -2027. This is a result of significant lobbying from local government and community members and is recognized as a starting point, with much more housing still needed. See Braidwood and Ryan Road Discussion Guide for more information.

In April 2024, a draft Housing Needs Report was presented to the CVRD Board. The report emphasizes the need for non-market housing in the Comox Valley and estimates the number of units needed over the next several years. Hopefully, this report will be useful to plan for new non-market affordable housing.

ACTION TABLE SIX, when formed, will be responsible for recommendations 1,2,3

1. Create and implement medical detox in the Comox Valley
2. Create and implement a recovery based supportive housing service
3. Expand managed alcohol; program (MAP) services

This table has not been formed yet.

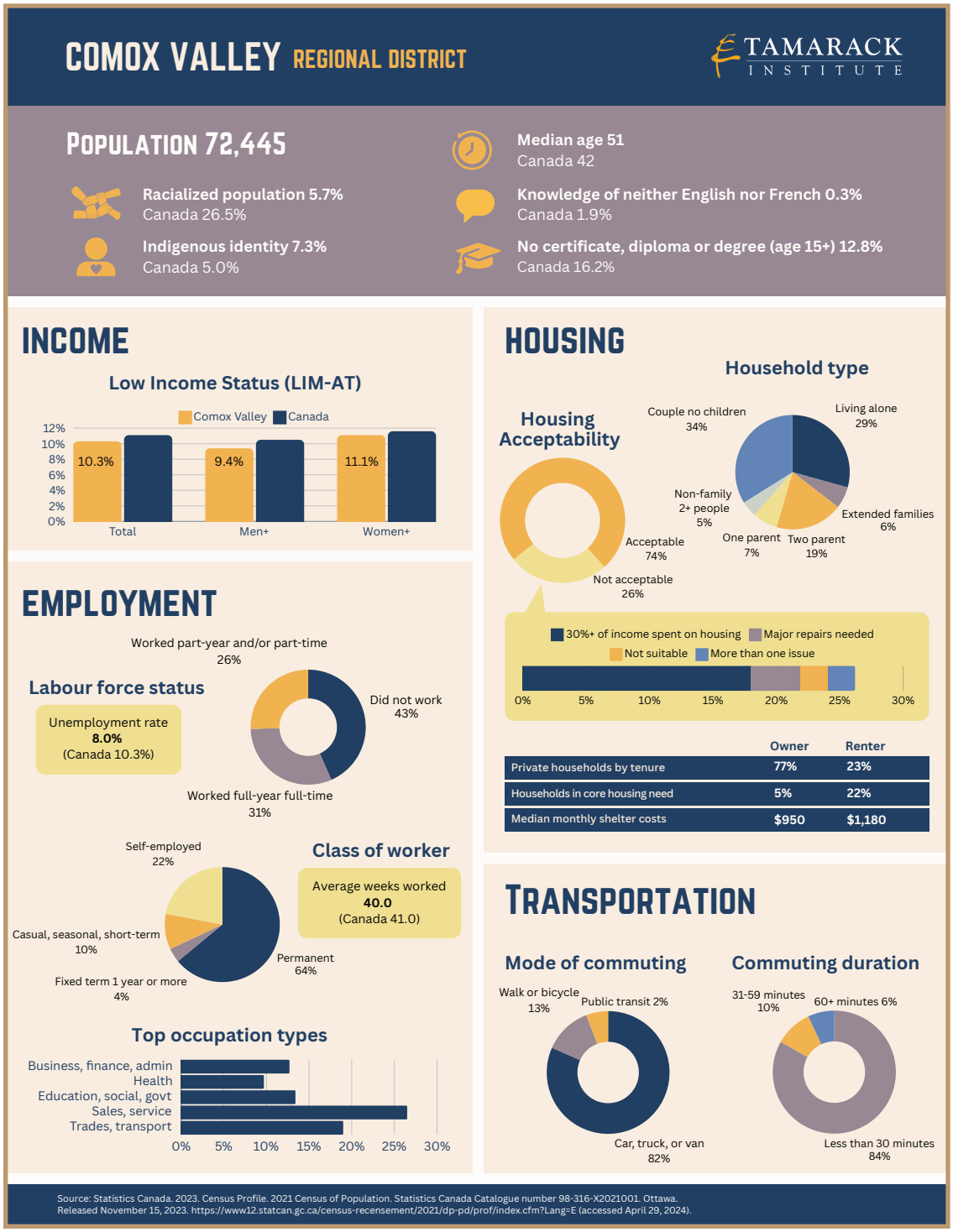
ONGOING DATA COLLECTION AND REVIEW

A list of ongoing quantitative data, along with potential data sources, continues to be compiled. This is data that the Collaborative Table believes would be valuable to track to measure progress. In addition, the Collaborative Table is in the process of planning to collect qualitative data (stories, art etc.), to provide context for the quantitative data. Conversations with some of the local data collectors (Island Health, RCMP, North Island College, municipalities) are ongoing to assess what is currently being collected and to identify additional data that would be useful for implementing the Strategy. In some cases, it is challenging to obtain data because organizations do not have processes to collect the information that the Collaborative Table and/or Action Tables would like to have. Ongoing conversations are continuing as relationships are being built and Collaborative Table members discover what data they are all collecting or have the capacity to collect.

Phase One and Phase Two reports contained extensive data. Included in this Phase Three report is new data reported on in the last year.

COMOX VALLEY CENSUS DATA

New census data was released for 2021 and the following infographic is a snapshot of our Comox Valley data.



Source: Western Canada Leads-Communities Ending Poverty Tamarack Institute, retrieved July 23, 2024

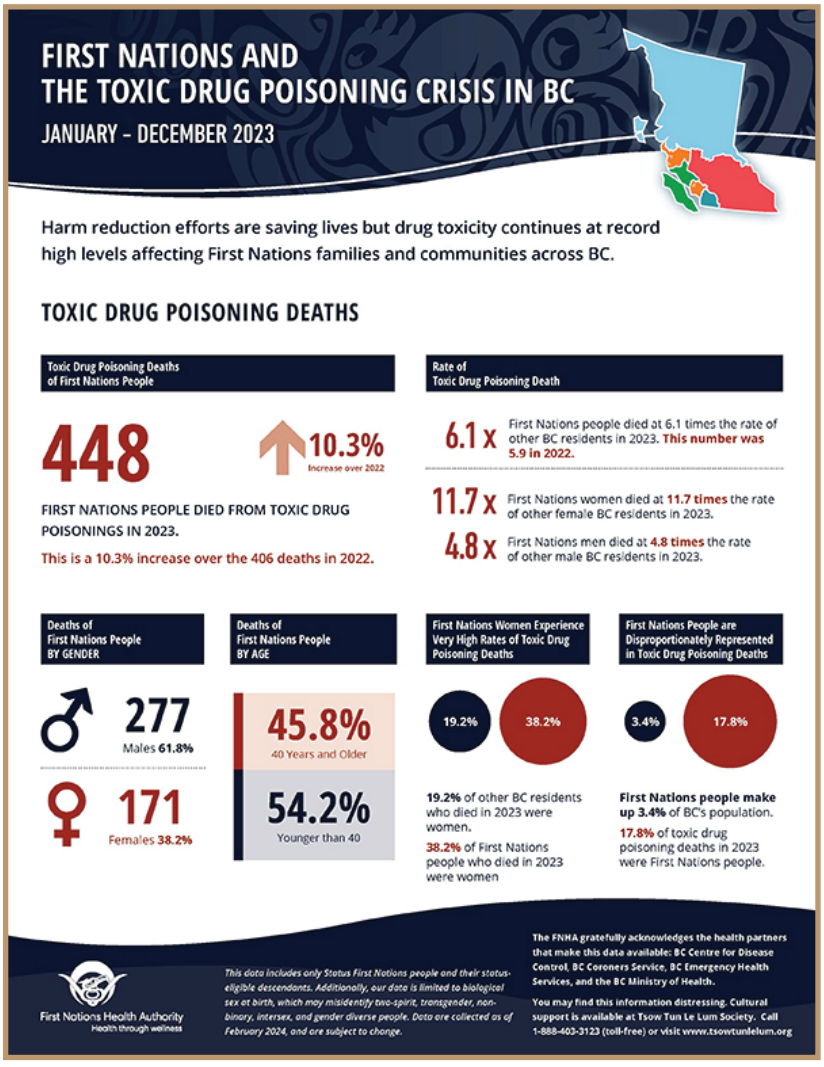
ONGOING UNREGULATED TOXIC DRUG CRISIS

Eight years after it was declared a public health emergency, the unregulated toxic drug crisis in BC continues to take the lives of an alarming number of people in our community. Since the public health emergency was declared the following number of preventable deaths due to drug poisonings by year have occurred in the Comox Valley:

- 2016: **11** lives lost
- 2017: **17** lives lost
- 2018: **15** lives lost
- 2019: **12** lives lost
- 2020: **14** lives lost
- 2021: **35** lives lost in 2021, *an alarming increase over 2020*
- 2022: **37** lives lost
- 2023: **36** lives lost
- 2024: **14** lives lost to April 2024 (first 3 months of year)

Source: BC Coroners Service (April 2024) retrieved July 23, 2024.

This is a total of **191** preventable deaths in our community since the public health emergency was declared indicating the crisis is becoming worse not abating.



IMPACT OF UNREGULATED TOXIC DRUG CRISIS ON FIRST NATIONS PEOPLE

The unregulated toxic drug crisis has disproportionately affected First Nations people and the First Nations Health Authority has released the following data that outlines how the crisis impacted First Nations across BC in 2023.

The First Nations and the Toxic Drug Poisoning in BC infographic above is used with the permission of the First Nations Health Authority.

BC EMERGENCY SERVICES DRUG POISONING RESPONSE Calls to attend unregulated toxic drug poisonings by BC emergency Services in the Comox Valley have also increased significantly since 2016. The yearly totals below represent the number of calls paramedics attended to in the Comox Valley to December 31, 2023.

- 2016: **114** responses
- 2017: **216** responses
- 2018: **223** responses
- 2019: **176** responses
- 2020: **234** responses
- 2021: **514** responses
- 2022: **458** responses
- 2023: **700** responses

Calls to attend unregulated toxic drug poisonings have increased along with the corresponding increase in the number of deaths due to the rising toxicity of the drugs. The majority of the calls are situated in Courtenay, with Comox second and Cumberland third. All three municipalities have seen an increase over the time of the public health emergency. In addition to killing people, this crisis places significant pressure on valuable community emergency services.

Source: BC Emergency Health Services retrieved July 24, 2024.

CHANGES TO DECRIMINALIZATION IN BC

Increasingly toxic fentanyl and its similar substances remain the main driver of unregulated drug toxicity deaths. Dependence on substances is a health issue, not a criminal issue. To recognize this and reduce the stigma associated with substance use that prevents people from seeking important health and social services, the BC Government applied for and was granted an exemption to the federal Controlled Drugs and Substances Act. This exemption came into effect on January 31st, 2023, and removed criminal penalties for the possession of small amounts (less than 2.5 grams) of some illegal substances (opioids, cocaine, methamphetamine, and MDMA) for personal use by people over 18. It also recognized that some groups, such as Indigenous, Black, and other racialized communities who experience disproportionate police interactions, are more harmed by the criminalization of drugs than others.

Several evaluation and monitoring activities of the exemption were undertaken in BC. Findings to date have identified the following key results:

- In the first nine-month period after decriminalization was implemented, the number of possession offenses decreased by 77%, and the number of seizures below 2.5g decreased by 96%, compared to the previous four years' average.
- The North and Southeast regions of BC saw the biggest decrease in rates of possession charges.
- There is no systematically collected evidence about whether public substance use, including use in hospitals, increased or decreased during the time of decriminalization.
- Use of health care resources, including medication for opioid use disorder (OAT), overdose prevention sites, and drug checking remained stable in the ten months following the implementation of decriminalization, while the number of take-home naloxone kits shipped to participating sites increased.

Source: BCCDC Decriminalization in BC. retrieved July 24, 2024

On May 7, 2024, after a request from the BC Government, the Federal Government approved the exemption of public spaces from BC's decriminalization policy. Possession of substances under the 2.5g threshold for personal use by adults, in private residences, designated addictions health care facilities, places where individuals are lawfully sheltering, and overdose prevention and drug checking sites remained decriminalized. However, police now have authority to seize any amount of illegal drugs possessed in public and make arrests. Guidance for police emphasizes that officers must consider whether it is preferable to take no further action, issue a warning, or with the individual's consent, refer them to services when addressing an alleged possession offense, especially if the alleged possession offense does not pose a risk to others in the community.
Source: BCCDC Decriminalization in BC. retrieved July 24, 2024

This new exemption caused concern at the Collaborative Table because of the potential it had to further stigmatize people and cause them to use alone in unsafe circumstances, potentially putting those who use substances at far greater risk. This amendment to BC's Decriminalization Pilot was seen as being in contradiction to years of harm reduction messaging, "Don't use alone". Under the leadership of the Comox Valley Community Action Team, information about the meaning, implications, and implementation of this exemption was sought and communicated to the Collaborative members, as well as to others, including people on the street who need to know their rights.

In April 2024, the BC Government released a data snapshot report titled Building a Mental Health and Substance Use System of Care. Although it is a provincial report, it does outline many aspects of a system of care that is needed in all communities. Many of the components of the system of care are included in the recommendations in the Comox Valley Community Substance Use Strategy.

ADOLESCENT HEALTH SURVEY:

The McCreary Centre Society completed the BC Adolescent Health Survey (BCAHS) in the spring of 2023 and the results were published in early 2024. 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 Comox Valley data is included in the North Vancouver Island Report and is what is reported below. The health survey covers several health-related topics related to youth. For this report, two areas are being reported on – mental health and well-being and substance use.

MENTAL HEALTH AND WELL BEING

42% of adolescents rated their overall mental health as fair or poor. This is more than in previous adolescent studies in 2013 and 2018.

Compared to 5 years earlier, there was a decrease in youth who rated their quality of life positively, and an increase in those who wished they had a different life.

25% of adolescents said they felt lonely often (20%) or always (5%)

In the past month, most students **(59%)** experienced some level of despair, including 8% who felt so sad, hopeless, or discouraged that they wondered if anything was worthwhile. The percentage who experienced extreme despair was like 2018 and higher than in 2013 (5%).

MENTAL HEALTH AND WELL BEING

Majority of students **(61%)** felt quite or very hopeful for their future. They were less likely to feel this level of hopefulness compared to 5 years earlier (69% in 2018).

Non-binary youth were the most likely to have self- harmed in the past year (**63%*** vs. 35% of females vs. 17% of males).

Non-binary students were at least twice as likely as their male and female peers to have seriously considered and attempted suicide.

36% of youth had a relative or close friend who had attempted or died by suicide, including 17% who had this experience in the past year.

Non-binary youth were most likely to report several mental health conditions, and males were the least likely. For example, **48%** of non-binary youth experienced depression, compared to 19% of females and 9% of males; and **64%** had an anxiety disorder (vs. 40% of females vs. 12% of males).

Youth are most likely to access a family member, followed by a friend or peer when looking for reliable information on mental health. There were some gender differences in where youth went for mental health information.

- Females were more likely than males to go to a same-aged peer (39% vs. 32%).
- Non-binary youth were the least likely to go to a family member (e.g., 22% vs. 48% of males), and the most likely to go to a mental health professional (37% vs. 19% of females vs. 14% of males).
- Males were the least likely to access a website/online resource (e.g., 19% vs. 23% of females) and most likely to not go anywhere for this information (e.g., 35% vs. 23% of non-binary youth).

Source: North Vancouver Island Report: McCreary BC Adolescent Health Survey 2023 retrieved July 24, 2024

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Vaping: 32% of youth had ever vaped (vs. 26% provincially). Females were more likely than males to have vaped (38% vs. 26%). Three quarters of youth who had vaped first did so before their 15th birthday. The majority of those who had tried vaping had vaped in the past 30 days (57%).

Smoking: 19% of youth had smoked tobacco, including 2% who smoked tobacco exclusively, and 17% who had both smoked and vaped. 15% vaped exclusively. The percentage who had tried smoking was lower than in previous years (e.g., 27% in 2018), but remained above the provincial rate (15% in 2023). Males were the least likely to have smoked tobacco (e.g., 16% vs. 22% of females).

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Alcohol: Youth were less likely to have tried alcohol than 5 years earlier (48% vs. 54% in 2018). But remained more likely than youth in the province to have tried it (38% across BC).

Cannabis: **31%** of youth had ever used cannabis, which was a decrease from previous survey years (e.g., 37% in 2013 and 2018), and remained above the provincial rate of 22%. Males were the least likely to have tried cannabis (e.g., 27% vs. 34% of females). Among youth who had tried cannabis: Of those who used cannabis 59% used it in the past 30 days; 14% used it on 20 or more days in the past month and 35% used cannabis on the Saturday before taking the survey.

Other Substances: **15%** of youth had used substances other than alcohol and cannabis. Compared to 5 years earlier, youth were less likely to have used hallucinogens other than mushrooms (3% vs. 5% in 2018), ecstasy/MDMA (2% vs.6%), and cocaine (2% vs. 4%).

Youth who had used substances most commonly reported last doing so because they wanted to have fun (68% of females vs. 60% of males). Some also reported using substances as a way to manage their emotions, such as stress and sadness.

55% of those who used substances in the past 12 months did not report any negative consequences. The most commonly reported consequences were being told they did something they could not remember (35% of females vs. 27% of males) and passing out.

Source: North Vancouver Island Report: McCreary BC Adolescent Health Survey 2023 retrieved July 24, 2024

INFORMING THE COMMUNITY

A community event, held on June 11 2024 was attended by 42 people that included Indigenous Elders, Peers, service providers, local elected officials and community members. The event was a celebration of individual and community resilience and an opportunity to report on Phase Two of the Strategy work. A panel of people with lived expertise of substance use delivered a powerful keynote address. They spoke of their own journeys and shared how working with the Collaborative Table has impacted their lives. This was an emotional and heartfelt presentation which had a noticeable impact on attendees. After the panel, a networking lunch was offered to participants followed by a progress update on Phase Three of the Strategy. The Indigenous Women's Sharing Society was then announced as the organization to facilitate the ongoing work of the Strategy. This announcement was met with widespread support.

The work accomplished in Phase Three - strengthening the Collaborative Table, engaging more organizations, and beginning to implement recommendations - has proven to be an excellent start for breaking down silos and strengthening the Substance Use Support Network in the Comox Valley. Progress has been made and there is still much more to do. As a community, we look forward to the accomplishments of the Collaborative Table, the Actions Tables and the many dedicated organizations working within the Substance Use Support Network under the leadership of Indigenous Women's Sharing Society.

APPENDIX A

COMOX VALLEY COMMUNITY SUBSTANCE USE STRATEGY VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

In Phase One the CVSUS Committee developed a vision, mission, belief statements and guiding principles to guide the ongoing development and implementation of the Substance Use Strategy. These are seen as ever evolving and can be updated as necessary. These guide all work and actions being undertaken to develop and implement the strategy.

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 need necessities such as, culturally safe supports including housing and health care options that are rapidly accessible.

10 We believe that Canada's colonial history has led to substance use policies and laws (e.g prohibition) founded on system-based racism. These policies and laws have disproportionately affected Indigenous people resulting in higher rates of toxic drug deaths and other health outcomes.

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.

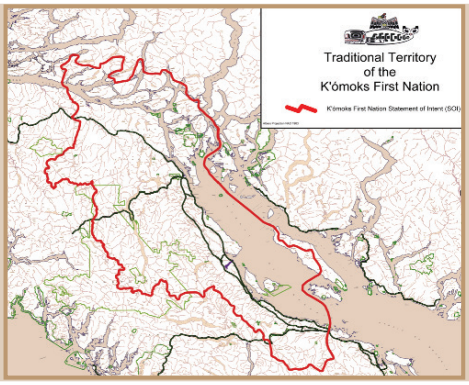
Updated: August 2024
Next Review: August 2025

APPENDIX B

COMOX VALLEY SUBSTANCE USE COLLABORATIVE GUIDELINES

TERRITORIAL ACKNOWLEDGEMENT

We respectfully acknowledge that the work of the Substance Use Collaborative occurs on the traditional territory of the Pentlatch, E'iksan, Satsila, and Sahtloot people, now collectively known as the K'ómoks First Nation. 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 and commit to continuing the journey towards reconciliation.



BACKGROUND

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 (Strategy) for the Comox Valley.

A multi-sectoral group of people from across the region was brought together to form the Comox Valley Community Substance Use Strategy Committee (Committee) to develop recommendations and actions for a fair and equitable plan to reduce substance related harms in the Comox Valley. The Phase One report was released in November 2021 and the Phase Two report was released June 30, 2023. The Phase 3 Report will be released in the summer of 2024.

One of the recommendations in the Phase One and Two reports was to build on the Comox Valley Substance Use Committee to form a Comox Valley Substance Use Collaborative (Collaborative) of people with lived and living experience, community agencies and teams, K'ómoks First Nation, local MPs and MLAs, local municipalities, Comox Valley Regional District , School District #71, Island Health, Division of Family Practice/Primary Care Network, Community Action Team and RCMP to coordinate the implementation of the strategy.

The Collaborative was formed in August 2023 and a process has begun to transfer responsibility for ongoing facilitation of the strategy to from the Community Health Network to a local Comox Valley organization. This transition is expected to happen in the summer of 2024.

The following are the Guidelines (TOR) and attachments for the Collaborative as determined by first the Committee and revised by the Collaborative. This is an evolving document.

PURPOSE

The Comox Valley Substance Use Collaborative (Collaborative) works together to implement recommendations in the Comox Valley Substance Use Strategy Reports, monitor results and update the strategy to meet the communities needs going forward.

STRATEGY, VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

The Vision, Mission, Belief Statements and Guiding Principles for the Collaborative are based on many months of work by the Substance Use Strategy Committee. They provided the foundation for the strategy work and will continue be the foundation for the implementation of the strategy recommendations. They are ever evolving and can be updated going forward as necessary.

THE COLLABORATIVE IS RESPONSIBLE FOR:

- Implementing and amending as necessary the Substance Use Strategy for the Comox Valley
- Maintain network values and guiding principles and Meeting Agreements to ensure the inclusion of people with lived/living experience and those that work to support them in the implementation and updating of a substance use strategy
- Support and oversee the work of the Action Teams to implement Strategy recommendations.
- Ongoing engagement and reporting to the Community on the purpose and actions related to the Strategy
- Creating a small working group that is reviewed annually when members can change

THE WORKING GROUP IS RESPONSIBLE FOR:

- Planning the work of the Collaborative with the Coordinator and bring items for decision back to the Collaborative.

PARTICIPATION AND LEADERSHIP

- New members are welcome to join the work of the Collaborative at any time.
- People may participate as either a passive or active member of the group
- The Collaborative should always include at least 10 people
- Co-chairs for the committee will be selected on a yearly basis in September and shall include at least one member of the Lead Organization
- The working group will have 4-6 members and will include people with lived/living experience of substance use and/or misuse
- At least one of the Collaborative Co-chairs will be on the working group
- People with lived/living experience of substance use (Peers) are an essential part of this work and their participation on both the larger committee and the working group is required.

ENGAGEMENT AND REIMBURSEMENT OF PARTICIPANTS

- As involvement is essential to this work, financial support will be provided participants who need it to reduce potential barriers to participation.
- Collaborative Expense Guidelines and Peer Support Guidelines regarding Peer payment are developed.

CONFLICT OF INTEREST

- When a member of the committee has a material interest in a matter before the Collaborative, the member must declare that there is a potential conflict of interest.
- A material interest shall include but not be limited to any possibility of financial gain for the member or their organization or business.
- Participants are required to use good judgment and openness about personal dealings to ensure that any conflict or perception of a conflict between personal interest and Collaboration participation is declared.
- When a conflict is determined the person will leave the meeting while the matter is discussed, and not participate in any discussions or any decisions taken on that matter.

DECISION-MAKING

- Decisions are made by consensus based on the following Gradients of Agreement and process:

Gradients of Agreement:

1. **Whole-hearted Agreement**
2. **Agree with minor concern**
3. **Don't like but will support**
4. **More discussion needed**
5. **Serious Disagreement**

Consensus Decision-making Process:

The gradient of agreement scale is explained to participants. After discussion on a topic for a decision and airing of any concerns, the facilitator takes a "**pulse check**" on a proposal for decision using the gradients of agreement. If everyone is a 1-3, the decision is made by full -consensus and the group moves on.

If any participant expresses a 4 or a 5 on the scale, they are given the opportunity to explain their concerns and suggest alternatives. Once those have been heard, the facilitator works with group to re-phrase the decision that attempts to address concerns. After revision, the facilitator calls for a **decision**. In this second "**pulse check**":

- If all participants fall within #1-3 full consensus is reached.
- If fewer than 10% of participants express a 4-5, the group will proceed having achieved a modified consensus
- The concerns are noted in the minutes
- If more than 10% of the participants at the meeting fall within # 4-5, the decision requires more discussion (and may be further discussed or delayed).
- At any point in the decision-making process, people who express a #4-5 must be willing to work with the group to develop a compromise proposal.

Updated: August 2024
Next Review: August 2025

APPENDIX C

COMOX VALLEY SUBSTANCE USE COLLABORATIVE ACTION TABLE GUIDELINES

JANUARY 2024

Each Comox Valley Substance Use Strategy Acton Team will enact the following guidelines based on the Phase 2 Strategy Report as they develop implementation plans for the recommendations assigned to them.

All Action Teams will:

- Choose a facilitator and note taker for your action table. You can also ask the Strategy Coordinator to assist.
- Meet at regularly scheduled times either in person or via zoom. Be consistent in your participation. The Strategy Coordinator can assist with zoom scheduling
- Match actions developed to the foundational Vision, Mission, Belief Statement and Guiding Principles of the Strategy (Strategy page 8-10)
- Actively engage and support Peers (see Peer Support Document) to be involved in every aspect of planning and implementation of the recommendations and development of actions plans. (Strategy recommendation 12)
- Actively practice cultural safety and humility, anti-racism; anti-queer phobia; anti-ableism, anti-classism, anti-gender-based violence and anti-agism (Strategy recommendations #13).
- Ensure that Cultural Safety principles are part of actions plans to create Culturally safe supports and services (Strategy recommendation 10 and 13)
- Build resiliency and well-being for action team members and in actions developed so people are" held up" and supported in a good way as they do this work that is, at times, stressful and difficult.
  Consider and honour all perspectives and frameworks outlined in the Strategy including:
    - Indigenous Harm Reduction Principles and Practice Model (page 16)
    - All Paths Lead to Wellness Model (page 18)
    - Responding to the Toxic Drug Crisis for First Nations (page 19)
    - Four Pillars Model (page 20)
- Use data in Strategy report and any other more recent data as appropriate to develop actions (page 26-30)
- Use System Gaps and Strengths Analysis (Chapter 5: Walk With me Report) to develop actions as appropriate.
- Address reducing/eliminating stigma for actions being developed (Strategy Recommendation 11)
- If unsure how to proceed at any time, contact the strategy coordinator.
- Report the action table progress to the Substance Use Strategy Collaborative during the regular meetings.

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Next Review: August 2025