COWICHAN TRIBES

Opioid Crisis Response

Tl’i’ to’ mukw’ mustimuhw
Each person is important

Cowichan Tribes Opioid Crisis Response Task Force

Report & Recommendations

Presented to Cowichan Tribes Chief & Council
November 6, 2020
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Acknowledgement & Thanks

We are grateful to all who shared their wisdom, experience, time, and input to support the work of the Cowichan Tribes Opioid Crisis Response Task Force, including Task Force members, Quw’utsun Sul’wheen, youth, community members, Cowichan Tribes staff, and service partners.

We are also grateful for the artwork provided by Quw’utsun artist Stuart Pagaduan.

Huy tseep q’u
Executive Summary

This report presents a summary of the work undertaken by Cowichan Tribes’ Opioid Crisis Response Task Force (the Task Force) over the past four months (August - October 2020), and includes preliminary findings and recommendations to Chief and Council.

The opioid overdose crisis was declared a public health emergency in B.C. in 2016. The crisis worsened in March 2020, as the COVID-19 pandemic led to an even deadlier drug supply and an increase in people using drugs at home and alone. The overdose crisis has devastated Indigenous communities, including Cowichan Tribes. From April to October 2020, our Nation has mourned the loss of 11 members - three of them youths - to the crisis. Another 9 members, all youths, have been hospitalized and survived.

In response to the worsening crisis, Chief William Seymour mandated the General Manager to establish the Task Force in July 2020. The Task Force met weekly from August through to October 30. The Task Force’s main goals were to: prevent overdose deaths; lead a coordinated response to address the crisis; increase awareness about prevention; help members access supports and services; and, engage with Quw’utsun Mustimuhw (community members), staff, and partners to develop an Action Plan with short and long-term solutions to address the crisis.

During its mandate, the Task Force undertook the following activities:

A communications campaign to reduce stigma and raise awareness about overdose prevention and where to get help. The campaign included videos, an Opioid Crisis Response webpage, newsletter sections, regular Facebook posts, posters, a highway billboard, and twice-monthly activity updates.

Enhanced outreach and harm reduction services through the implementation of a collaborative outreach plan with staff from the Youth Centre, Ts’ewulhtun Health Centre’s Harm Reduction Team, and Lalum’utul’ Smuneem. Staff have been providing in-person outreach and support to at-risk members including youth and people struggling with addiction, distributing Naloxone and providing training, and helping members access services and supports. In the months following implementation of the communications campaign and collaborative outreach plan, the rate of overdose deaths and hospitalizations in Cowichan Tribes has declined, and the rate of members seeking help has increased.

An opioid crisis community forum was held online (Facebook Live) on August 31st, with over 100 people participating and providing valuable comments to inform the Task Force’s work.

A Community Needs Assessment was started to learn what is needed to address the overdose crisis and inform the development of an Action Plan with long-term recommendations. To date, the following engagement activities have been undertaken to inform the Community Needs Assessment:

- Interviews with Cowichan Tribes frontline staff and managers and local healthcare leaders.
- The opioid crisis online community forum.
- An online survey of community members, with 222 responses including 127 responses from people registered with Cowichan Tribes (status and/or membership).
- Two circles with Task Force members.

The Community Needs Assessment is not yet complete and additional community engagement steps are needed to inform the development of an Action Plan with long-term recommendations.
The Task Force presents the following findings and preliminary recommendations to Chief and Council, based on our information gathering and engagement to date.

**Finding 1:** The collaborative overdose prevention and outreach work being undertaken by staff is saving lives, and must continue. However, current staffing and resources are not sufficient to provide the level of outreach and counselling supports that are needed.

**Recommendation 1: Continue Life-Saving Work With Enhanced Resourcing.** The Task Force therefore recommends that Cowichan Tribes continue collaborative overdose prevention work in the areas of harm reduction, enhanced mental wellness & addictions counselling, and in-person outreach with at-risk groups including youth and members struggling with addiction. Additional funding and staff should be allocated to continue to support this work, and increased by at least two (2) FTEs.

**Finding 2:** With the Task Force’s term complete, an organizational structure is needed to continue to address the overdose crisis. Staff input and lessons learned during Cowichan Tribes’ response to COVID-19 indicate that the best structure moving forward is a cross-departmental, multidisciplinary staff Working Group.

**Recommendation 2: Establish an Overdose Response Working Group.** The Task Force therefore recommends that the General Manager establish a multidisciplinary Working Group to lead and coordinate Cowichan Tribes' continuing response to the overdose crisis.

**Finding 3:** We heard clearly from community members that an Action Plan with long-term recommendations to address the overdose crisis must be informed by appropriate engagement with Sul’wheen, youth, people struggling with addiction, people in recovery, and other community members. This kind of engagement was not possible within the timeframe of the Task Force’s mandate.

**Recommendation 3: Continue Community Needs Assessment & Develop an Action Plan.** The Task Force therefore recommends that the Working Group undertake additional community engagement activities including meaningful and appropriate engagement with Sul’wheen, youth, at-risk groups including members struggling with addiction, people in recovery, and community members; and, within 6 months, develop and submit to Chief and Council an Action Plan with comprehensive recommendations (including medium to long term) to address the overdose crisis.

**Finding 4:** There is a dire lack of access to local detox and addiction treatment services for members. We heard clearly from community members that Cowichan Tribes needs its own detox & treatment centre.

**Recommendation 4: Conduct a Detox & Treatment Centre Feasibility Study.** The Task Force therefore recommends that Cowichan Tribes conduct a feasibility study on establishing our own culturally safe detox and treatment centre, which includes a variety of service options to address the needs of community members for prevention, intervention and postvention. The study should include consideration of wrap-around second stage recovery supports including safe housing.

**Finding 5:** The communications campaign is having an impact and has likely contributed to the downward trend in the rate of overdoses, and must continue.

**Recommendation 5: Continue to Resource the Communications Campaign.** The Task Force therefore recommends that Cowichan Tribes continue to resource the communications campaign to reduce stigma and raise awareness about prevention, the risks of drug use, and where to get help.
Background & Context

About the Overdose Crisis

The opioid overdose crisis was declared a public health emergency in B.C. in 2016. The crisis began to worsen in March, 2020, as the COVID-19 pandemic led to an even more toxic and deadly drug supply and an increase in people using drugs at home, alone. Several reports have highlighted the increase in overdose deaths in BC, as well as the impact to Indigenous communities.

In a June 2020 report, the First Nations Health Authority reported that 16 per cent of all overdose deaths in BC between January and May 2020 were First Nations people, while First Nations represent only 3.3 per cent of the province’s population. This number was 9.9 per cent in 2019. The report noted that First Nations women died from overdose at 8.7 times the rate of other women in BC in 2019.

An August 26, 2020 Statement from the Chief Public Health Officer of Canada, noted that for the third consecutive month this year, the number of drug overdose deaths recorded in BC has exceeded 170. These deaths represent a 136% increase over the number of deaths recorded in July 2019. Chief Public Health Officer of Canada, Dr. Tam stated that “People use substances for many different reasons, such as a means of coping with trauma and other pain. For some, substance use can have negative impacts on their life. We know that addiction is not a choice, it is a treatable medical condition. There are many different paths to wellness and recovery. I encourage those in a position to support people who use substances to explore all of the options at their disposal.”

The Illicit Drug Toxicity Deaths in BC January 1, 2010 – September 30, 2020 report from the BC Coroner’s Service noted several important factors. In 2020, 84% of illicit drug toxicity deaths occurred inside (56% in private residences and 28% in other residences including social and supportive housing, single resident occupancies (SROs), shelters, and hotels and other indoor locations) and 15% occurred outside in vehicles, sidewalks, streets, parks, etc. The report stated that 62.2 per cent of illicit drug overdoses on Vancouver Island occurred in a private residence. However, no deaths have been reported at supervised consumption or drug overdose prevention sites, the report stated.

The B.C. Coroner’s review of completed cases from 2016-19 indicates that the top four detected drugs relevant to illicit drug toxicity deaths were fentanyl (83%), cocaine (50%), meth/amphetamine (34%), and heroin (15%). The proportion of illicit drug toxicity deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was approximately 80 per cent in 2020, and 85 per cent in 2019. Carfentanil was detected in 132 suspected illicit drug toxicity deaths in 2019 and 34 deaths in 2020.

Overdose Crisis in Cowichan Tribes

There are 20 recent reports of opioid-related overdoses of Cowichan Tribes members, resulting in several hospitalizations or fatalities. There were 11 fatalities and 9 survivors (all youth) who were hospitalized from April to October 2020. This is the number of overdoses that have been reported to the Cowichan Tribes Opioid Crisis Response Task Force. There were likely more overdoses which were not reported.

Most of the reported overdoses took place during the COVID-19 pandemic between April and August 2020. There were a few weeks of no overdoses reported, and then 2 more fatalities were reported in
October 2020. There have been other overdoses reported in the last few years, but they tended to occur on an occasional basis, not all in a cluster as has recently taken place. The first reported youth overdose fatality was last year, in October 2019.

There was a variety of age ranges:

- The ages range from 14 to 55 years.
- There were 3 youth fatalities (under 18 years-old).
- There were 8 adult fatalities (ranging from early 20s to 50s).

There are reports to indicate there were several incidents where youth or adults were using in groups, possibly during parties.

The overdoses seemed to occur in waves:

- 5 youth were reported as hospitalized in one weekend alone (all 5 youth survived at that time).
- There were 5 overdose fatalities in the month of July (4 adults and 1 youth).
- 9 youth overall were hospitalized in the period of 2 months.

The nature of the drug supply, and the type of usage, was unconfirmed:

- It is unknown whether the drugs related to the overdoses were heroin laced with fentanyl, or meth laced with fentanyl, or other toxic substances.
- It is unknown whether the substances related to the overdoses were smoked or injected, although it is reported that many youth overdoses resulted from smoking substances.

As reports were made to the Task Force indirectly via child protection (without names or identifying information, unless requests for follow-up support were made for outreach or counselling for youth who survived overdoses), or by relatives, and not made by the Coroner’s office, many factors are unknown:

- Although it is clear that some substance users were using in a habitual and chronic way, it is unclear whether most overdoses involved recreational or habitual usage.
- Many friends and relatives reported they were unaware that the person who overdosed was using “hard” drugs, indicating that some who overdosed had been using alone.
- Some overdoses occurred when users were reported to be intoxicated by alcohol at the time.
- Even in scenarios where people were using in a group setting, Naloxone did not often seem to be present, or users may have all been in a similar state and unable to apply Naloxone.

A number of factors contributed to the recent overdose hospitalizations and fatalities:

- Extremely toxic substances were in the drug supply due to borders being closed and higher levels of toxic substances being mixed with the usual drugs (as confirmed by the Coroner’s reports of highly toxic levels of substances in the drugs related to overdoses in BC).
- Stress and anxiety are known to be increased since the COVID-19 pandemic due to increased social isolation and economic decline, factors such as intergenerational trauma would be magnified (as confirmed by increased referrals for mental health and addictions counselling in the last 6 months).
- Many households in the community are impacted by addictions and violence, factors that likely escalate during stressful times such as COVID-19.
• Prior to the Task Force, limited prevention information was being distributed to the Cowichan Tribes community, regarding safer use, harm reduction supports and Naloxone distribution.
• Youth tend to rely more on social connections due to their developmental needs, and may have experienced the impact of social isolation more than adults, especially with schools, some youth group homes, youth treatment centres and many youth services being closed in the local area.
• There was no dedicated outreach to at-risk youth in the Cowichan Valley prior to the Task Force.
• There has been a shortage of culturally relevant options for detox and additions treatment in the local area, despite several advocacy efforts for increases in these services.

Cowichan Tribes began taking action to address the overdose crisis in 2015, through activities including:

• Ts’ewulhtun has been distributing harm reduction supplies and information since 2015.
• Held two consultations with BC Minister of Mental Health and Addictions Judy Darcy to advocate for increased local addictions treatment options (August 2017 and November 2019).
• Participating on the Our Cowichan Community Health Network, identifying local health issues and developing community-based solutions.
• Participating on the local Community Action Team (CAT), a committee of service providers, business representatives and community members to respond to the opioid overdose crisis. The CAT has held community forums, advises on Overdose Prevention Site operations, and advocates for more treatment options (2015 to Current).
• Collaborated with the Canadian Mental Health Association on a sharps disposal project for needle retrieval to ease stigma and reduce harms associated with substance misuse (2018).
• Provided regular and daily on-call Counselling supports for community members in healing intergenerational trauma, and referrals to opioid specific treatment options (Ongoing).

Formation of Cowichan Tribes’ Opioid Crisis Response Task Force

In response to the worsening overdose crisis, Chief William Seymour mandated the General Manager to establish the Cowichan Tribes Opioid Crisis Response Task Force in July 2020. The goals of the Task Force were to:

• Prevent overdose deaths.
• Provide important information to members and raise awareness of overdose prevention and harm reduction strategies.
• Make sure people who need help and support can access the right services.
• Eliminate the stigma around drug use and addictions.
• Lead a coordinated response and develop an action plan to address the immediate causes and the root causes of the opioid and addictions crisis.
• Engage with Quw’utsun Mustimuhw (community members) to develop solutions to the crisis.

The Task Force met weekly from August through October 30th, 2020. The Task Force was composed of Cowichan Tribes staff and community representatives.
Actions Taken by the Task Force

The Task Force met weekly from August through October 2020. The Task Force began by developing Terms of Reference to guide its work. During its mandate, the Task Force undertook the following actions:

Communications Campaign

The Task Force implemented a communications campaign to reduce the stigma associated with drug use and to raise awareness about the risks of drug use, overdose prevention and harm reduction resources, where to get help, and how members can support each other. The communications campaign included videos (online and on Shaw Community Channel), an Opioid Crisis Response section on Cowichan Tribes’ website, an Opioid Crisis Response Section in the community newsletter, posters, a billboard on the highway, regular Facebook posts, and twice-monthly Task Force activity updates to members.

Enhanced Outreach and Harm Reduction

The Task Force implemented a collaborative outreach plan with staff from the Youth Centre, Ts’ewu:lı́htun Health Centre’s Harm Reduction Team, and Lalum’utul’ Smuneem. Staff have been providing in-person outreach in the community with at-risk groups including youth and members struggling with addiction, including at the COVID-19 emergency tent sites at the Mound, St. Julian, and the Cowichan Women Against Violence Society. Outreach has included raising awareness about the deadly drug supply, distributing Naloxone kits (often with food), holding Naloxone trainings, building relationships and trust with community members and checking in on how they’re doing, and helping at-risk members access services and supports.

The enhanced outreach work by staff has been well-received by community members, and interviews with staff indicate that this work is an effective and essential way to address the overdose crisis.

From August through October, staff have distributed over 400 Naloxone kits, and held over 80 training engagements with more than 140 people trained. Over this time period, there were three times more Naloxone kits distributed than in all of 2019. Naloxone training has included pop-up trainings for
community members, trainings for staff, trainings done during outreach and door-to-door, and individual and group trainings by appointment.

In interviews and Task Force circles, Cowichan Tribes staff emphasized that the collaborative, cross-departmental approach to outreach has been effective, and that cross-departmental collaboration must continue as the Nation moves forward in addressing the crisis.

In the months following implementation of the Task Force’s communications campaign and collaborative outreach plan, the rate of overdose deaths and hospitalizations in Cowichan Tribes has decreased, and the number of members seeking help with addictions and referrals to detox and treatment has increased. We believe our efforts have contributed to these trends.

**Community Forum**

On August 31, the Task Force held an Opioid Crisis online community forum on Facebook Live. Over 100 people participated in the forum, and the video of the forum made over 2,800 impressions on Facebook. Community members made many valuable comments to inform the Task Force’s work and recommendations.

**Community Needs Assessment**

The Task Force began a Community Needs Assessment to understand why the crisis is occurring, what’s working well, and what is needed to address the crisis. To date, engagement activities to inform the Community Needs Assessment have included:

- An Opioid Crisis online community forum on Facebook Live.
- Task Force circles.
- Interviews with Cowichan Tribes frontline staff from the Harm Reduction Team and Lalum’utul’ Smuneem, and with local healthcare leaders.
- An online survey of community members. We received over 200 responses to the survey, including over 120 response from people registered with Cowichan Tribes (status and/or members). The survey closed October 15th, and an in-depth analysis and summary of the survey responses is not yet complete.

**Next Steps**

It is important to note that the Community Needs Assessment and the development of an Action Plan with long-term recommendations to address the crisis are not yet complete. Additional engagement with a number of groups and more time is required to develop the Action Plan and recommendations.

In the following sections, we present our findings and recommendations for Chief & Council.
Findings & Recommendations

Finding 1: Outreach, Overdose Prevention, and Harm Reduction Work Must Continue

The enhanced outreach and overdose prevention work being undertaken by staff has been well-received by community members. Staff have also voiced that the collaborative approach to in-person outreach with community members is an effective and essential way to confront the overdose and addiction crisis. This work is saving lives, and must continue.

However, current staffing and resources are not sufficient to provide the level of outreach and counselling supports that are needed. We heard clearly from Cowichan Tribes community members and staff that additional resources and more staff are needed to properly address the crisis of addiction and overdoses.

Of the more than 120 online survey respondents who are registered with Cowichan Tribes (status and/or membership):

- 81% agreed or strongly agreed that “More resources are needed to address the overdose crisis”

Recommendation 1: Continue Life-Saving Work with Enhanced Resourcing

The Task Force therefore recommends that Cowichan Tribes continue collaborative overdose prevention work in the areas of harm reduction, enhanced mental wellness & addictions counselling, and in-person outreach with at-risk groups including youth and members struggling with addiction. Additional funding and staff should be allocated to continue to support this work, and increased by at least two (2) FTEs.

Members of Ts’ewulhtun’s Harm Reduction Team (Edward Joe & Stella Nilsson) hold a pop-up Naloxone training for community members.
Finding 2: Overdose Response Working Group Should be Established

As noted above, we’ve heard clearly from community members and staff that the life-saving work in the areas of overdose prevention, harm reduction, in-person outreach with at-risk groups, and enhanced mental wellness and addiction counselling must continue, with enhanced resourcing and additional staff.

Staff have also indicated that the collaborative approach taken over the past four months has been effective. This includes collaboration among Cowichan Tribes departments, and collaboration with external partners and service providers.

With the Task Force’s scheduled mandate completed on October 31st, an organizational structure is needed to continue to lead and coordinate Cowichan Tribes’ response to the crisis of addiction and overdoses. Interviews with staff and lessons learned during Cowichan Tribes’ response to the COVID-19 pandemic indicate that the best structure moving forward is a cross-departmental, multidisciplinary staff Working Group.

**Recommendation 2: Establish an Overdose Response Working Group**

The Task Force therefore recommends that the General Manager establish a multidisciplinary Working Group to lead and coordinate Cowichan Tribes' continuing response to the overdose crisis.

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**DRUG SUPPLY IS DEADLY**  
**DON’T USE DRUGS ALONE**

*Use at Overdose Prevention Site (221 Trunk Rd.)*  
*Doctor can give safe supply of opioids cowichantribes.com*

**Carry Naloxone - Call 9-1-1 in case of overdose**

*This billboard on Highway 1 is part of the Task Force’s communications campaign.*
Finding 3: Community Needs Assessment & Action Plan Must Continue

The Task Force initiated a Community Needs Assessment to understand why the crisis is occurring, what is currently working well, and what is needed to address the crisis. To date, the following activities have been taken to inform the Community Needs Assessment:

- Interviews with four of Cowichan Tribes’ frontline staff and managers from the Harm Reduction Team and Lalum’utul’ Smun’eem, and with key informants including local healthcare leaders.
- An Opioid Crisis online community forum (Facebook Live).
- An online survey of community members. We received 222 responses, with 127 responses from people registered with Cowichan Tribes (status and/or membership). The survey closed October 15th. A preliminary, high-level review of the survey data has been carried out, but an in-depth analysis and summary of the data is not yet complete.
- Two circles with members of the Task Force.

In September and October, we heard clearly from community members, Cowichan Tribes staff, and Task Force members that an Action Plan and long-term recommendations to address the overdose crisis must be guided by Quw’utsun Sul’wheen, and must be informed by appropriate and meaningful engagement with Sul’wheen, youth, people struggling with addiction, people in recovery, and other community members.

Engaging with at-risk groups and people struggling with addiction in an appropriate, trauma-informed, and culturally safe way requires considerable planning, time, and resources. This kind of engagement was not possible within the timeframe of the Task Force’s mandate. These additional engagement steps must be undertaken to complete the Community Needs Assessment and develop an Action Plan with long-term recommendations to address the crisis of addiction and overdoses.

Recommendation 3: Continue Community Needs Assessment & Develop an Action Plan

The Task Force therefore recommends that the Working Group undertake additional community engagement activities including meaningful and appropriate engagement with Sul’wheen, youth, at-risk groups including members struggling with addiction, people in recovery, and community members; and, within 6 months, develop and submit to Chief and Council an Action Plan with comprehensive recommendations (including medium to long term) to address the overdose crisis.
Finding 4: Cowichan Tribes Needs Its Own Detox & Treatment Center

We heard clearly from community members and staff that Cowichan Tribes needs its own detox & treatment centre. In our community engagement to date, this has been by far the most commonly mentioned need.

There is a dire lack of access to detox and addiction treatment services for members, and access to culturally appropriate detox and treatment services is even worse. Post-treatment recovery supports are also inadequate.

Among the online survey respondents who are registered with Cowichan Tribes (status and/or membership):

- **84%** either agreed (20%) or strongly agreed (64%) that “Cowichan Tribes needs its own addiction treatment and recovery centre”

- **81%** either agreed (21%) or strongly agreed (60%) that “Cowichan Tribes needs its own detox centre”

During the online community forum, interviews, and Task Force circles, the need for Cowichan Tribes to have its own detox and treatment centre and post-treatment recovery supports was also voiced frequently by community members, Cowichan Tribes staff, and Task Force members.

**Recommendation 4: Conduct a Detox & Treatment Centre Feasibility Study**

The Task Force therefore recommends that Cowichan Tribes do a feasibility study on establishing our own culturally safe detox and treatment centre, which includes a variety of service options to address the needs of community members for prevention, intervention and postvention. The study should include consideration of wrap-around second stage recovery supports including safe housing.
Finding 5: The Communications Campaign is Having an Impact and Must Continue

Through information gathering to date, including the community forum, interviews with staff, Task Force circles, and the preliminary review of survey data, we’ve heard clearly that the Task Force’s communications campaign is having an impact and has been well-received by community, especially videos featuring Cowichan Tribes members. We believe the campaign has contributed to the decrease in the rate of overdose deaths and hospitalizations, and the increased rate of members seeking help.

The communications campaign has included the following elements:

- The creation of an Opioid Response webpage on Cowichan Tribes’ website.
- An Opioid Crisis online community forum via Facebook Live, in which over 100 people participated; the video of the forum has reached over 2,800 people on Facebook.
- A highway billboard warning about the toxic & deadly drug supply.
- The production of several videos on overdose prevention and the importance of addressing the crisis. Videos featuring Cowichan Tribes members have been especially well-received by community members, and are sparking conversations about drug use and addictions.
- A ongoing community newsletter section with important information about overdose prevention and where to get help.
- Posters with overdose prevention messaging.
- Ongoing Facebook posts to raise awareness about the dangers of drug use, overdose prevention and harm reduction including where to get Naloxone and training, where to get help, and the need to support each other and reduce the shame and stigma around drug use.

Clear, consistent communications on overdose prevention, the risks of drug use, the toxic drug supply, where to get help, and the need to reduce stigma around drug use and addictions must continue.

Recommendation 5: Continue to Resource Communications Campaign

The Task Force therefore recommends that Cowichan Tribes continue to resource the communications campaign to reduce stigma and raise awareness about prevention, the risks of drug use, and where to get help.

The Task Force’s videos of Quw’utsun Youth speaking out about the overdose crisis have been viewed over 1,000 times and were widely shared on social media.
Other Preliminary Findings
A number of other findings have emerged from our information gathering to date.

As noted above, the Community Needs Assessment is ongoing, a number of engagement steps are still required, and the Task Force has only done a preliminary, high-level review of survey responses.

Nevertheless, through the online community forum, interviews with staff, Task Force circles, and preliminary review of survey responses, the following findings on the overdose crisis have emerged.

Why is the Overdoses Crisis Occurring?

- Lack of access to detox and addiction treatment & recovery services and supports. Access to detox and addiction treatment services for members struggling with addiction is inadequate. Access to culturally safe services is even worse. There is also a lack of adequate post-detox, second-stage recovery supports.
- Housing shortage is a major problem. The shortage of safe, adequate housing for members is a major barrier to addressing the crisis of addiction and overdoses. Members returning from detox often don’t have a safe place to live when they return to the community. Many members and youth are forced to live with people who use drugs because of the housing shortage. The housing shortage is also forcing members to stay with their abusers because there is nowhere else for them to live.
- Ongoing stigma and shame around addictions.
- Intergenerational trauma.
- Toxic drug supply.
- COVID-19 pandemic. The pandemic has worsened existing issues, created even more barriers to services and programs, and worsened the mental and emotional health of members.

What is Working Well?

- Outreach and Harm Reduction teams are doing great work.
- Collaborative approach to outreach, overdose prevention, harm reduction.
- Communications. Videos, overdose prevention messaging, Facebook posts, community forum. Videos of youth and members have been great, and are having an impact. More people are talking about drugs and addiction.
- Overdose Prevention Site.
- Safe supply is more available locally.
- Emergency tent shelter.

What Could Be Better? (What are needs? What are gaps? What additional programs and services are needed? What are barriers?)

- Cowichan Tribes needs its own detox and treatment centre.
- Lack of access to culturally safe treatments.
- Systemic racism. Widespread racism in healthcare is major barrier to access.
- Need more supports for members and vulnerable youth.
- Need more supports and navigation for members who want to go detox and treatment.
• Need second stage, post treatment recovery supports that include a range of service options for members with different needs.
• Housing is a major need. Need safe housing for people to come back to after detox.
• Need to create culture of health, with focus on healthy families.
• Need to reduce stigma and shame around drug use and addictions, have more conversations among families and friends.
• Need more physical space to run programming.
• Need services for Indigenous people by Indigenous people.

Conclusion & Thanks

Thank you for taking the time to read our report and recommendations. We are grateful to Chief & Council for entrusting us with this important work. We believe our recommendations can and should be acted on promptly. We look forward to continuing to work collaboratively to address the crisis of addiction and overdoses, developing an Action Plan with long-term solutions, and building a healthier, safer, stronger Nation.

We again express our gratitude to all who shared their wisdom, experience, time, and input to support the work of the Opioid Crisis Response Task Force, including Task Force members, Quw’utsun Sul’wheen, youth, community members, Cowichan Tribes staff, and service partners.

Huy tseep q’u