COWICHAN TRIBES
Opioid Crisis Response

Cowichan Tribes Opioid Crisis Response Working Group

Final Report & Recommendations

Approved by Chief & Council – January 24, 2023

Tl'i' to' mukw' Mustimuhw

Each person is important

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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 Working Group in developing this final report with recommendations. We are also deeply grateful to all who have collaborated and quickly pivoted over the past two years to support members who use substances during a continually worsening drug poisoning crisis and a global pandemic. Our combined efforts have saved the lives of some of our most vulnerable members, led to a decrease in the rate of fatal drug poisonings in Cowichan Tribes, and increased the rate of members seeking help for addiction. Thank you Quw'utsun S-ul'hween (Elders), Quw'utsun Youth, Quw'utsun Mustimuhw (community members), Cowichan Tribes staff, Working Group members, Chief and Council, members of the Opioid Crisis Response Task Force, and our service partners including Island Health, the First Nations Health Authority (FNHA), the RCMP, and many others. We are also grateful for the artwork provided by Quw'utsun artist Stuart Pagaduan. **Huy tseep q'u!**

Executive Summary

Recommended Strategies & Actions to Address the Crisis of Toxic Drug Deaths & Addiction in Cowichan Tribes

Vision: A strong, safe, healthy Nation, free from addiction and drug poisonings, where members are firmly grounded in Quw'utsun culture and get the services and supports they need, delivered by Cowichan Tribes.

Guiding Principles:

1. **Quw'utsun Culture**. Cowichan Tribes' approach to addressing the crisis of toxic drug deaths and addiction is firmly grounded in and guided by Quw'utsun culture, the Quw'utsun Snuw'uy'ulh (Teachings), the Hul'q'umi'num' language, and Nuts'amaat shqwaluwun (One Mind, One Heart).
2. **Healthy Families & Communities.** Building healthy Quw'utsun families and communities who are firmly grounded in Quw'utsun culture is essential to ending the crisis of toxic drug deaths and addiction.
3. **Cowichan Tribes Sovereignty & Self-Determination.** As much as possible, services and supports for Quw'utsun people must be managed and delivered by Cowichan Tribes, including detox, treatment, and long-term recovery services and supports.

Key Strategies to Address the Crisis:

1. **Improve Access to Services and Supports with an Integrated Approach & Continuum of Care:** Integrated approach to addiction prevention and treatment with a continuum of care, based on Quw'utsun culture; harm reduction & outreach; Detox & Treatment Houses; post-treatment recovery supports; cultural, counselling, and mental health supports; Sa'qw'thut culturally-grounded program; safe supply of substances.
2. **Cross-Departmental Collaboration Led By a Standing Working Group**: Standing Working Group to enable an integrated approach and continuum of care; collaboration among managers, staff, and partners to improve access to services and secure more provincial and federal long-term operational funding; situation monitoring, data collection, and reporting; collaboration among Cowichan Tribes and health service partners to improve services and end systemic racism.
3. **Improve Access to Housing & Shelter**: Housing First approach; supportive housing for people in recovery; increased supply of low-barrier pod housing for people who use substances; increased supply of on-reserve housing options; 24/7 Youth Safe Space; supportive housing for youth transitioning out of care; substance-free temporary housing and shelter.
4. **Prevention**: Collaborative, proactive, wrap-around interventions to support at-risk members and youth *before* they fall into crisis or begin using substances; New Youth Centre & youth supports.
5. **Education & Communication**: Prevention and harm reduction education, particularly for Quw'utsun youth and parents; public health communications on the toxic drug crisis; education to end discrimination and stigma against people who use substances; communications with service providers and governments to improve services and funding, and to end systemic racism.

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Top Priority Recommendations

Among the Working Group's recommendations, six have been identified as **top priority recommendations which require urgent action by Cowichan Tribes**:

- (1.1) Build and operate supportive housing for people in recovery.
- (2.1) Build and operate Cowichan Tribes-run Detox & Treatment Houses.
- (3.1) Build a new Youth Centre as soon as possible, as per the Youth Centre feasibility study.
- (3.2) Continue work with community partners to build and operate a 24/7 Youth Safe Space.
- (4.1) Ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed with *at least* 1 Coordinator, 2 Harm Reduction Workers and 1 Harm Reduction Nurse.
- (6) Establish a permanent cross-departmental working group – with dedicated support and adequate resources – to coordinate Cowichan Tribes' ongoing response to the crisis of toxic drug deaths and addiction.

It is important to note that implementing many of the Working Group's recommendations will require effective advocacy by Cowichan Tribes leadership to secure capital investments and adequate long-term operational funding agreements from the BC Government, the Government of Canada, the First Nations Health Authority, Island Health, and Ministry of Children and Family Development (MCFD).

Service Areas

Addressing the crisis of toxic drug deaths and addiction in Cowichan Tribes requires actions and investments in the following areas: 1. Housing; 2. Detox, Treatment & Recovery Supports; 3. Youth Supports & New Youth Centre; 4. Harm Reduction & Outreach; 5. Cultural, Counselling, and Mental Health Supports; 6. Working Group & Collaboration; 7. Communications & Prevention Education; 8. Safe Supply of Substances & Decriminalization; 9. Other Actions.

It is important to note that many of the findings and recommendations require ongoing cross-departmental collaboration and shared responsibility to provide the best possible services for members.

About the Crisis of Toxic Drug Deaths and Addiction

The crisis of toxic drug deaths was declared a public health emergency in BC in 2016 and has continued to worsen since then. In BC in 2021 there were 2,265 toxic drug deaths – the most ever recorded in a calendar year and a 28% increase over 2020.[1] The crisis has continued to worsen in 2022 – this year is on track to be the deadliest ever.[2]

[1] BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 - May 31, 2022", 14 July 2022, https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf, page 4.

[2] BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 - May 31, 2022", page 1-2.

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First Nations people are being killed by toxic drug poisonings at alarmingly disproportionate rates. In 2021, while making up 3.3% of BC's population, First Nations people accounted for 15% of toxic drug poisoning deaths – a death rate 5.4 times higher than other BC residents.[3] Drug poisonings in Cowichan Tribes increased sharply in 2020, and by Autumn 2020 there were 20 reports of drug poisonings among members, with 11 deaths and 9 hospitalizations; three Quw'utsun youth under 18 years old were among those killed and all 9 hospitalizations were Quw'utsun youths.[4] Cowichan Tribes has suffered additional losses from toxic drug poisonings in 2021 and 2022.

The crisis of toxic drug deaths is largely the result of two main crises: (1) The crisis of poisoned drugs; and, (2) the crisis of trauma and addiction in Cowichan Tribes, which is due largely to the ongoing impacts of colonization and racist, anti-Indigenous colonial policies.

The toxic drug crisis is made worse by: (1) the failure of the BC Government and the Government of Canada to address the crisis as the grave public health emergency that it is; (2) widespread, systemic racism towards First Nations people; (3) societal and governmental prejudice and discrimination against people who use substances; (4) the failure of the BC Government and the Government of Canada to provide adequate funding and resources to First Nations to address the crisis; (5) the failure of the BC Government and the Government of Canada to take adequate action on reconciliation.

The Crisis of Poisoned Drugs

The poisoned illicit drug supply and the lack of access to a regulated safe supply of substances are the most immediate causes of the crisis of toxic drug deaths. The **BC Coroners Service Death Review Panel** reports that: "The primary cause of increased deaths is the growing toxicity and unpredictability of the street supply of drugs. The current drug policy framework of prohibition is the primary driver of this illegal, unregulated and toxic street supply."[5]

The Crisis of Trauma & Addiction in Cowichan Tribes

Cowichan Tribes members struggle with high rates of trauma-related mental health and substance misuse challenges. The crisis of addiction in Cowichan Tribes is fueled by several underlying and interconnected causes, including: (1) trauma, including intergenerational trauma from the Indian Residential School system and other colonial practices intended to destroy Indigenous communities and cultures; (2) lack of safe, affordable housing and shelter; (3) lack of access to detox, treatment, and long-term recovery services and supports; (4) lack of proactive and preventative youth supports including the lack of an operational Cowichan Tribes Youth Centre and 24/7 Youth Safe Space; (5) increasing need for low-barrier and accessible counselling, cultural, mental health, and prevention supports; (6) disconnection from family, Quw'utsun culture, community, and the land; (7) interpersonal and sexualized violence; (8) relatively high rates of children in care; (9) relatively poor social determinants of health; (10) the COVID-19 pandemic.

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[3] First Nations Health Authority, "First Nations And The Toxic Drug Poisoning Crisis In BC: January – December 2021," January 2021, https://www.fnha.ca/Documents/FNHA-Harm-Reduction-First-Nations-and-the-Toxic-Drug-Crisis-in-BC-Jan-Dec-2021.pdf.
[4] Cowichan Tribes Opioid Crisis Response Task Force, *Report & Recommendations*, 6 November 2020, https://cowichantribes.com/application/files/7016/0753/6913/Opioid_Task_Force_Report-Final-Nov_6-2020.pdf, page 3.
[5] BC Coroners Service Death Review Panel, A Review of Illicit Drug Toxicity Deaths, 9 March 2022, https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf, page 4.

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Summary of Findings & Recommendations to Address the Crisis of Toxic Drug Deaths & Addiction in Cowichan Tribes

The Opioid Crisis Response Working Group presents the following findings and recommendations to Cowichan Tribes Chief and Council on what is needed to address the crisis of toxic drug deaths and addiction in Cowichan Tribes.

Please see Methodology section – as well as relevant sections of the Full Report – for information gathering, research, and data sources for the findings below.

1. Housing - Findings & Community Needs

- During community engagement, lack of housing was repeatedly cited as a main barrier to recovery from addiction. Having access to safe, affordable, appropriate housing was the most-mentioned need in community engagement with people who use substances. Lack of housing creates instability, contributes to more frequent use of substances and toxic drug deaths, and is a main barrier to getting well.
- There is an urgent need for improved access to safe, affordable housing options including: supportive housing for members in recovery; additional low-barrier housing; and, additional supportive housing for youth transitioning out of care and into the community.
- There is a need to dramatically increase the housing supply throughout the Cowichan Valley.
- The lack of safe, affordable housing is fueling other crises, including the crisis of interpersonal and sexualized violence and the crisis of children in care, which in turn cause trauma and fuel addiction.

The BC Government and the Government of Canada need to dramatically increase the supply of social housing and take far stronger actions to address the housing crisis.

Successes: What's Working – Housing

- Sustainable Housing and Lalum'utul' Smun'eem are collaborating to create 10 beds of supportive housing for Quw'utsun youth transitioning out of care and into the community. The building will also have four units of housing for Quw'utsun S-ul'hween, to create an intergenerational community and ensure youth are connected to Quw'utsun culture and learning from their Elders. While this collaborative initiative is promising, it is important to note that more supportive housing for youth transitioning out of care is needed.
- The Housing First approach with low-barrier pod housing is saving lives and helping members get well. The Housing First approach has led to numerous benefits for Cowichan Tribes including: lower rates of fatal drug poisonings among residents; residents feel safer and healthier; decreased violence; more members seeking help for addiction; reduced spread of needles in the community thanks to a central point for sharps pick-up; thanks to the stability of pod housing, several residents have joined and/or completed treatment programs, several have found employment, and several have moved into their own housing. Long-term sites for low barrier housing are needed.
- January 2023 Cowichan Tribes received approval for an $800,000 grant from United Way in partnership with Cowichan Housing Association to purchase land for long-term low barrier supportive housing.

Recommendation 1 – Housing

It is recommended that Cowichan Tribes:

1.1 Build and operate supportive housing for people in recovery. ***(TOP PRIORITY RECOMMENDATION)***

1.2 Formally support a Housing First approach to addressing the crisis of toxic drug deaths and addiction.

1.3 Collaborate with partners to increase the supply of low-barrier pod housing , and establish permanent sites with different options to meet different needs.

1.4 Build and operate "sober" transitional housing & shelter for people who don't use substances.

1.5 Build and operate additional supportive housing for Quw'utsun youth transitioning out of care and into the community.

1.6 Advocate to the BC Government and the Government of Canada to increase funding for Cowichan Tribes' housing needs, and to take stronger action to address the housing crisis.

1.7 Advocate to the City of Duncan, the Cowichan Valley Regional District, and the BC Government to dramatically increase the supply of off-reserve housing in the Cowichan Valley, including by increasing allowable density and housing types, and ending exclusionary single-family zoning.

"Teachings are so powerful. It's teachings that have kept Cowichan Tribes people strong through everything they have lived through. Teachings are about family, love, kindness, helping each other. Every single member of Cowichan Tribes is here for a reason. Sometimes that reason gets lost, but it can be found again!"

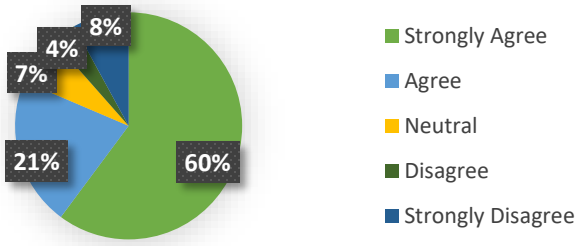
- Quw'utsun community member

2. Detox, Treatment & Recovery Supports – Findings & Community Needs

- **Quw'utsun people are dying while waiting for access to treatment.** Kwun'atsustul Counselling analysed data gathered by Ts'ewulhtun Health Centre staff from January 2019 to May 2021 on members who told staff they needed treatment**.** Ten (10) members who needed treatment died before they were able to access appropriate services and supports.
- **There is a dire lack of access to detox, treatment, and post-treatment recovery supports for Quw'utsun people** and a need to expand community-based, non-residential treatment options, and wrap-around supports.
- Members struggling with addiction are often unable to access the services and supports they need when they need them. Gaps and barriers include: lack of local services; long wait lists; lack of culturally safe services; lack of treatment options; lack of youth detox and treatment services; lack of medical detox; systemic racism; and, private options that are not accessible for most.
- There is high demand and community need for local, timely, culturally-safe detox and treatment, as well as post-treatment recovery supports including supportive housing.
- There is strong community support for Cowichan Tribes-operated detox and treatment services, according to community engagement and the **Opioid Crisis Community Survey**.

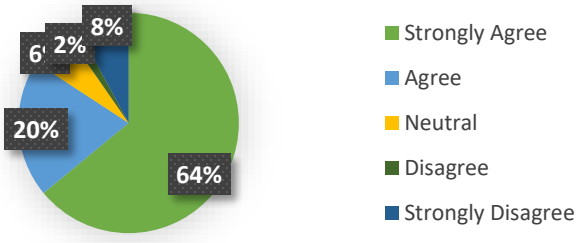
"Cowichan Tribes needs its own detox centre." Among 113 Cowichan-registered respondents:

- Strongly agree: 68 (60%)
- Agree: 24 (21%)
- Neutral: 8 (7%)
- Disagree: 4 (4%)
- Strongly disagree: 9 (8%)



"Cowichan Tribes needs its own addiction treatment and recovery centre." Among 114 Cowichan-registered respondents:

- Strongly agree: 73 (64%)
- Agree: 23 (20%)
- Neutral: 7 (6%)
- Disagree: 2 (2%)
- Strongly disagree: 9 (8%)



10 Quw'utsun members who needed treatment died before they were able to access appropriate services and supports.

- Ts'ewulhtun Health Centre point-of-contact and case management data

Recommendation 2 – Detox, Treatment & Recovery Supports

It is recommended that Cowichan Tribes:

2.1 Build and operate Cowichan Tribes-run Detox & Treatment Houses. ***(TOP PRIORITY RECOMMENDATION).***

(Note: Detox & Treatment Houses were approved by Chief & Council in January 2022.)

2.2 Improve access to youth detox and treatment services and supports.

2.3 Advocate to the BC Government and the Government of Canada to dramatically increase funding for culturally appropriate detox and treatment services in the Cowichan Valley.

Successes: What's Working – Detox, Treatment & Recovery

Kwun'atsustul Counselling created a new "Treatment Coordinator" position in February 2022 to support members in accessing treatment. Preliminary reports show an increase in members being able to access both FNHA and provincial detox and residential treatment services.
By meeting the members at "The Village" or in community, barriers to accessing services are being reduced.
October 2022 SNAPSHOT: 4 acceptance intakes, 2 graduates, 6 members entered treatment.

February – October 2022: 37 members admitted to to residential treatment. 6 members were struggling with alcohol only. 31 required opiate agonist therapy (OAT). 11 graduated.

"We need to have a detox and I think we need to have culture involved more. There is a lot of our youth that don't believe in our ways. I think we can probably work in that area and there has to be a treatment centre that they can be put into. We really need our own treatment centre instead of shipping them off somewhere else."

- *Quw'utsun Elder*

3. Youth Supports & New Youth Centre – Findings & Community Needs

- Youth services and supports are essential for the long-term wellbeing of Quw'utsun youth.
- Cowichan Tribes currently does not have an operational Youth Centre. There is an urgent need to build a new Youth Centre so children, youth, and their families have a safe, accessible and positive physical location to engage with programming, resources, supports, and culture in order to prevent youth from engaging with substances. The key to protecting children and youth from substance misuse and drug poisoning is prevention. By the time our outreach teams are engaging with youth on the street, we have missed our opportunity to ensure a positive and healthy lifestyle.
- The COVID-19 pandemic and related restrictions and activity closures have been severely detrimental to the health and wellbeing of Quw'utsun youth, and have contributed to an increase of substance use among Quw'utsun youth.
- Need for permanent site and building for a 24/7 Youth Safe Space.
- Need for additional staff to serve as dedicated frontline youth outreach workers to support the most vulnerable Quw'utsun Youth. There are not enough Youth Centre staff to resume "pre-pandemic" services while also maintaining essential frontline youth outreach services.
- Need for ongoing harm-reduction education campaign for Quw'utsun youth and parents.
- Need to ground supports for Quw'utsun Youth in the traditional Quw'utsun ways of caring for and raising our youth, including a collaborative, community-based "Auntie & Uncle" approach so that *all* Quw'utsun Youth have the opportunity to be connected to Quw'utsun culture and are engaged with Quw'utsun S-ul'hween.
- Need to increase supports for Quw'utsun Youth who age out of care and into the community, including proactive, wrap-around transition planning and supportive housing.
- Need to increase age at which youth are forced to "age out" of receiving essential supports and services.
- Quw'utsun youth who leave the community for treatment are at a high risk for relapse when they return. Youth may avoid coming home out of fear they will relapse.
- Cowichan Tribes does not have adequate youth services and wrap-around supports in place to ensure that youth who leave home to get treatment do not relapse when they return.
- Need to ensure same standard of culturally appropriate care for all Quw'utsun youth, regardless of which agency is responsible for them.
- Need to partner with other Coast Salish nations to care for each other's youth who go away for treatment.

"It's killing my friends, my relatives, and crushing the spirit of my ancestors."

- *Quw'utsun Youth on the crisis of toxic drug deaths in Cowichan Tribes*

Recommendation 3 – Youth Supports & New Youth Centre

It is recommended that Cowichan Tribes:

3.1 Build a new Youth Centre as soon as possible, as per the Youth Centre feasibility study. ***(TOP PRIORITY RECOMMENDATION)***

3.2 Continue work with community partners to build and operate a 24/7 Youth Safe Space. ***(TOP PRIORITY RECOMMENDATION)***

3.3 Recognize youth services and supports as essential services for the long-term wellbeing Quw'utsun youth.

3.4 Enhance cross-department and community collaboration to ensure adequate youth supports, programs, and activities, including frontline youth outreach workers.

3.5 Improve access to culturally appropriate detox and treatment services for Quw'utsun youth.

3.6 Improve collaborative planning and wrap-around supports for Quw'utsun youth transitioning out of care and into the community, including supportive housing.

3.7 Advocate to ensure all Quw'utsun youth in care receive the same standard of culturally appropriate service, regardless of which agency is responsible for them.

3.8 Advocate to the BC Government to increase the age at which youth in care are forced to "age out" of receiving essential services and supports.

3.9 Build partnerships with other Coast Salish nations to care for Quw'utsun youth who leave home for treatment.

3.10 Establish a cooperative protocol with Cowichan District Hospital to ensure timely communication and discharge planning with Lalum'utul' Smun'eem and Ts'ewulhtun Health Centre when Quw'utsun youth are admitted and need culturally safe follow-up supports.

Successes: What's Working – Youth Supports & Youth Centre

- When COVID-19 hit, the Youth Centre team shifted to outreach, harm reduction, and providing an emergency overnight youth safe space. The fast pivot and flexibility in connecting with high-risk youth was life-saving. Ongoing frontline worker connections with youth are essential for tracking the frequency of non-fatal overdoses in youth and ensuring that youth are connected to resources. Ongoing, consistent collaboration between the Youth Centre team, Lalum'utul Smun'eem, Embracing Life, Kwun'atsustul Counselling, and external service providers from MCFD, the Discovery Youth Outreach Team, Cowichan Valley Youth Services, and Canadian Mental Health Association – Cowichan Valley, and the Community Action Team (CAT) has been invaluable.
- **Youth Services House opened December 2022**

4. Harm Reduction & Outreach – Findings & Community Needs

- Need to ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed.
- The Cowichan Overdose Prevention Site (OPS) is an invaluable resource and is saving lives, but its hours should be extended.

Successes: What's Working - Harm Reduction & Outreach

Frontline harm reduction & outreach is saving lives, is an essential service, and must continue. Ts'ewulhtun Health Centre set up a permanent Harm Reduction & Outreach Team in the spring of 2022. The harm reduction team is doing naloxone training, building strong relationships, doing youth outreach in partnership with Discovery Youth, and delivering food and supplies to vulnerable members, while providing a friendly, safe, and consistent access point for referrals to counselling, treatment, housing, basic needs, cultural supports, and access to other services. Having a Cowichan Tribes harm reduction and outreach team has increased the rate of members seeking help for addiction.

Recommendation 4 – Harm Reduction & Outreach

It is recommended that Cowichan Tribes:

4.1 Ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed with *at least* 1 Coordinator, 2 Harm Reduction Workers and 1 Harm Reduction Nurse. ***(TOP PRIORITY RECOMMENDATION).***

4.2 Advocate to the BC Government, the Government of Canada, FNHA, Island Health, and local service providers to increase and maintain frontline outreach and harm reduction supports.

5. Cultural, Counselling, and Mental Health Supports – Findings & Community Needs

- The dual public health crises of COVID-19 and the crisis of toxic drug deaths and addiction have dramatically increased and shifted Kwun'atsustul Counseling's workload. Cultural, counselling, and mental health supports are essential for prevention and recovery.
- There is a need for mental health outreach, including peer support workers and counsellors, to "meet people where they're at," connect members to treatment and other supports, and "walk alongside" members throughout their healing journey.
- From 2010 to 2020, Kwun'atsustul staffing levels were reduced by 55% and the team struggled to meet the high demand among Quw'utsun people for counselling, cultural, addiction, and mental health supports. In post-pandemic planning, insufficient space for groups, counselling, programs, and offices is a major barrier to providing the services and supports that the community needs.

- The Sa'qw'thut culturally-grounded program day treatment program requires a permanent location and more staff to meet community need.
- Need to increase Embracing Life team to *at least* 3 full-time positions. Given the essential role Embracing Life plays in prevention, intervention, referrals, relationship-based connections to other services, non-clinical personal care, and Indigenizing services for Quw'utsun people (including upcoming service protocols with Cowichan District Hospital), the Embracing Life team should be increased to *at least* 3 full-time positions (1 manager and 2 staff).

Successes: What's Working - Cultural, Counselling, and Mental Health Supports

- In Fall 2021, Kwun'atsustul Counselling launched the Sa'qw'thut culturally-grounded day treatment program to provide local, accessible, culture-based, day program and wraparound recovery support. Preliminary findings show Sa'qw'thut is effectively helping members with recovery and enhancing access to mental health and cultural support. 33 members have participated.
- Embracing Life's focus on building relationships and trust has led to more members asking for help and improved access to services. Embracing Life has become an essential prevention and intervention service for many members, as many members will only ask for help from people they know personally and trust. Embracing Life is also working to Indigenize services and supports delivered by non-Indigenous governments and providers.
- Collaboration and integration between Working Group members has enhanced wraparound supports, care, and interdepartmental communications, empowering staff to respond quickly and creatively to meet the urgent needs of community members.

Recommendation 5 - Cultural, Counselling & Mental Health Supports

It is recommended that Cowichan Tribes:

5.1 Increase Kwun'atsustul Counselling staffing to *at least* 2010 levels (13 staff) to maintain regular counselling services, *plus* additional staff to maintain and expand the Sa'qw'thut culturally-grounded treatment program as it expands to meet community need.

5.2 Increase the Embracing Life team to *at least* 3 full-time positions (1 manager and 2 staff).

5.3 Advocate to the BC Government, the Government of Canada, Island Health, and the FNHA to increase funding and supports for culturally appropriate mental health and counselling services in the Cowichan Valley.

6. Working Group & Collaboration – Findings & Community Needs

- Need to make the Opioid Crisis Response Working Group a permanent standing working group, and include representatives from Ts'ewulhtun Health Centre, Lalum'utul' Smun'eem, Sustainable Housing, and addition to external partners such as RCMP, Island Health, and FNHA.
- Need to improve the collection, monitoring, analysis, and reporting of a variety of data points related to the crisis of toxic drug deaths and addiction in Cowichan Tribes. Such data collection is vital to understand the crisis and to maintaining and enhancing Cowichan Tribes' ongoing response.
- Need for dedicated support and adequate resources for Working Group administrative assistance, communications, and data collection.

Successes: What's Working - Working Group & Collaboration

The Opioid Crisis Response Working Group has improved cross-departmental collaboration in Cowichan Tribes and with external health and law-enforcement partners, improved services for members, and increased awareness among external partners including Island Health, the FNHA, and the RCMP of the needs of Quw'utsun people.

Recommendation 6 - Working Group & Collaboration

It is recommended that Cowichan Tribes:

6. Establish a permanent cross-departmental working group – with dedicated support and adequate resources – to coordinate Cowichan Tribes' ongoing response to the crisis of toxic drug deaths and addiction. ***(TOP PRIORITY RECOMMENDATION).***

7. Communications & Prevention Education – Findings & Community Needs

Successes: What's Working - Communications & Prevention Education

The Working Group's communications and prevention education campaign has had a significant impact in increasing awareness of the toxic drug crisis, reduce stigma associated with addiction, and helped improve access to services and supports.

Recommendation 7 - Communications & Prevention Education

It is recommended that Cowichan Tribes:

7. Maintain and enhance the Working Group's prevention and harm reduction education and communications campaign, including regular newsletter sections, social media posts, updates to the Opioids webage, and ongoing updates to members on the toxic drug crisis and how to get help for addiction.

8. Safe Supply of Substances & Decriminalization - Findings & Community Needs

- There is a need for a regulated, accessible safe supply of substances. The poisoned illicit drug supply and the lack of legal safe supply are the most immediate causes of the crisis of toxic drug deaths. Access to safe supply is needed to keep people alive until they can heal. **Simply put, dead people cannot go to detox or treatment.**
- Current medications and safe supply are inadequate. The BC Government, the Government of Canada, and health service providers have failed to take adequate action to increase access to safe supply.
- Criminalization of substances is putting Quw'utsun youth at risk of drug poising and death. Youth often don't call 911 when there are drug poisonings because they are scared of the legal consequences.
- Criminalization of substance use is worsening the crisis and fueling stigma and discrimination.
- Criminalization disproportionately harms Indigenous people.

Successes: What's Working - Safe Supply of Substances & Decriminalization

The Overdose Prevention Site (OPS), harm reduction model, and moves towards decriminalization of simple possession are working and encouraging people to call 911 when drug poisonings occur.

Recommendation 8 - Safe Supply of Substances & Decriminalization

It is recommended that Cowichan Tribes:

8.1 Improve access to safe supply of substances.

8.2 Advocate to the BC Government, the Government of Canada, Island Health, and FNHA to fully decriminalize substance use and rapidly improve access to a safe supply of substances.

9. Other Findings & Community Needs

- There is a need for the Government of Canada and the BC Government to dramatically increase sustained, long-term program and service funding to First Nations to address the crisis of toxic drug deaths and addiction – not just short-term funding and one-time grants.
- At Cowichan Tribes, the ongoing pandemic and toxic drug death crisis, in combination with personal responsibilities and heavy workloads, continues to contribute to staff burnout, worsening staff mental health, and increasing loss of staff. Ts'ewulhtun Health Centre and Lalum'utul' Smun'eem staff routinely witness and respond to extreme trauma, often for people they know, making it challenging for staff to "leave work at work."
- While the Employee Assistance Program (EAP) is available for short-term support, Clinical Counselling is not currently included in the staff benefits package. Including Clinical Counselling in the staff benefits package would empower staff to pick their own counsellors, develop long-term therapeutic relationships conductive to intergenerational healing rather than being limited

to short-term crisis interventions, and focus on long-term and sustainable mental and emotional wellness.

- There is a need for all Cowichan Tribes services and programs to be culturally grounded and accessible to all members in equitable, low-barrier, de-centralized way regardless of whether members reside on- or off-reserve.

Recommendation 9

It is recommended that Cowichan Tribes:

9. Add Clinical Counselling to the employee benefits package and enhance mental health supports for staff.

Moving Forward

Moving forward, addressing the crisis of toxic drug deaths and addiction must remain a top priority for Cowichan Tribes. Additional members were lost to fatal overdoses in 2021 and 2022.

Moreover, ongoing advocacy to the BC Government, the Government of Canada, and health service providers to act with far more urgency and drastically increase resources and funding to address the worsening crisis of toxic drug deaths is needed.

While the challenges ahead are many, the Working Group believes that our recommendations – if prioritized and enacted – will prove effective in addressing the crisis of toxic drug deaths and addiction in Cowichan Tribes.

Members of the Opioid Crisis Response Working Group are grateful to Chief and Council for entrusting us with this important mandate. We are also grateful to all who shared their wisdom, experience, time, and input to guide the development of the recommendations, including Quw'utsun S-ul'hween (Elders), Quw'utsun Youth, Quw'utsun Mustimuhw (community members), community members who use substances, Cowichan Tribes staff, Working Group members, and our many local service partners. **Huy tseep q'u!**

Ts'its'uw' atul. Nuts'umat kwun' syaays sh-hwuys kwtho' mukw'

Help one another and work together for the good of all

- *the Quw'utsun Snuw'uy'ulh (Teachings)*

Opioid Crisis Response Final Report & Recommendations: Full Report

About This Report

This report presents the Opioid Crisis Response Working Group's **findings and recommendations on what is needed to address the crisis of toxic drug deaths and addiction in Cowichan Tribes,** as mandated by Cowichan Tribes Chief & Council.

This report is intended to:

- Provide guidance and recommendations to Chief & Council, Cowichan Tribes managers, departments, staff, and members on what is needed to address the crisis.
- Help inform planning, resource allocation, and service delivery by Cowichan Tribes' executive leadership and Operational Leadership Team, department managers, and staff.
- Provide evidence of community needs to inform funding negotiations and discussions with the Government of Canada, the BC Government, and service delivery partners.

This report's findings and recommendations firmly align with and support **Cowichan Tribes' Strategic Plan 2019-2024**[6] and **Cowichan Tribes' Comprehensive Community Plan**,[7] including goals in the areas of culture, health and wellness, youth, housing, self-determination, and safety.

Additionally, the Working Group hopes that this report will provide guidance and solutions on what is needed to address the crisis of toxic drug deaths and addiction to:

- Service delivery partners, including Island Health and the First Nations Health Authority.
- The governments of Canada, British Columbia, and surrounding municipalities, including decision-makers, policy-makers, and service providers.

Background

After a devastating increase in toxic drug deaths in Cowichan Tribes in 2020, Chief and Council mandated the formation of a Task Force to coordinate a response to the crisis and engage with Quw'utsun Mustimuhw (community members) to develop solutions. In November 2020, the interim **Opioid Crisis Response Task Force Report and Recommendations**[8] were presented to Chief & Council.

Following the Task Force's recommendations, Cowichan Tribes established a standing Opioid Crisis Response Working Group in January 2021 to develop a final report with an action plan and recommendations for Cowichan Tribes to address the crisis. The Working Group included Cowichan Tribes managers and staff, and met regularly with partners from Island Health, the First Nations Health Authority (FNHA), and the Royal Canadian Mounted Police (RCMP).

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[6] Cowichan Tribes, *Cowichan Tribes Strategic Plan 2019-2024*, Summer 2019, https://www.cowichantribes.com/application/files/4215/9379/6107/Cowichan_Tribes_Strategic_Plan_2019-2024_final_web.pdf.

[7] Cowichan Tribes, *Cowichan Tribes Comprehensive Community Plan,* July 2014, https://cowichantribes.com/application/files/3216/0529/3326/Cowichan-CCP_v6_Final__July_2014.pdf.

[8] Cowichan Tribes Opioid Crisis Response Task Force, *Report & Recommendations*.

The Working Group's findings and recommendations were informed by extensive information gathering, research, and partner and community engagement to understand current gaps and community needs related to crisis of toxic drugs deaths and addiction in Cowichan Tribes. The Working Group engaged with: Quw'utsun Mustimuhw through a survey (see **Opioid Crisis Community Survey Report**)[9] and an online forum; Quw'utsun youth and Quw'utsun S-ul'hween (Elders) through interviews and group discussions; Community members who use substances (see **Summary of Interviews with People Who Use Substances**)[10]; Community members living in low-barrier housing (see **Hope and Transformation**)[11]; Cowichan Tribes managers and staff; and, service delivery partners. Information gathering and research included: analysis of point-of-contact data and case management data from Ts'ewulhtun Health Centre; analysis of service data by Lalum'utul' Smun'eem; wise practices research, including wise practices in culturally safe addiction treatment services and supports; desk-based research and literature review. Data analysis and the writing of the report was overseen by members of the Working Group and its Chair (manager of Kwun'atsustul Counselling) and supported by Roundtable Consulting.

In November, 2021, the Working Group completed a feasibility study[12] for Cowichan Tribes to build and operate its own medically supervised detox facility and residential treatment facility. In January, 2022, based on the recommendations of the feasibility study, Chief and Council approved the formation of a new team in Ts'ewulhtun Health Centre to establish and operate the detox and treatment facilities. However, sustainable operational funding is still needed to operate the facilities.

Successes To Date in Cowichan Tribes' Response To The Crisis

Summaries of Cowichan Tribes' response to the crisis and what is working well are included in each section below. Key elements of Cowichan Tribes' response to date include:

- **Establishing the Opioid Crisis Response Task Force,** followed by the Working Group, to lead and coordinated Cowichan Tribes' response to the crisis, and engage with Quw'utsun Mustimuhw to develop long-term recommendations to address the crisis.
- **Collaboration and integration** between Opioid Crisis Response Working Group members and among Cowichan Tribes departments has enhanced services and wraparound supports for members, and improved cross-departmental communications, empowering staff to respond more quickly and creatively to meet the urgent needs of community members. Enhanced

[9] Cowichan Tribes Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report*, June 2021, https://cowichantribes.com/application/files/5716/2334/9048/Opioid_Crisis_Community_Survey_Report_Final.pdf.
[10] Cowichan Tribes Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances,* November 2021, https://cowichantribes.com/application/files/5016/3794/6511/Summary_of_Interviews_with_People_Who_Use_Substances.pdf.
[11] Our Cowichan Communities Health Network, "Hope and Transformation: The impact of temporary housing and the Housing First model in Cowichan as reported by the residents of the current sites," December 2021, https://ourcchn.ca/files/Hope%20and%20Transformation%20Presentation%20from%20the%20Residents%20of%20the%20Shelter%20Sites%20December%202021.pdf.
[12] Cowichan Tribes Opioid Crisis Response Working Group, *Detox & Treatment House Feasibility Study*, January 2022, https://cowichantribes.com/application/files/2816/4745/6042/Cowichan_Tribes_Opioid_Crisis_Response_feasibility_studyFINAL_January_2022.pdf.

collaboration and communication with numerous local service partners has also helped improve access to services for members.

- **A communications and education campaign** to provide members with information on where to get help for addiction, harm reduction, and what to do if there is a drug poisoning, has led to greater awareness among members.
- The COVID-19 pandemic corresponded with a dramatic increase in toxic drug poisonings, including among Quw'utsun youth. **Youth Centre staff effectively pivoted** to frontline harm reduction and outreach, and operating an emergency overnight youth centre. Their fast pivot and flexibility in connecting with high-risk Quw'utsun youth was life-saving.
- Ts'ewulhtun Health Centre added additional staff to the **Harm Reduction and Outreach Team**, and in Spring 2022 made the team permanent. The team's work is saving lives, building trusting relationships with some of our most vulnerable members, and improving access to services. Having the team in community has increased the rate of members seeking help for addiction.
- **Kwun'atsustul Counselling launched the Sa'qw'thut culturally-grounded day treatment program,** which is effectively supporting members on the road to recovery and providing rapid access to mental health and cultural support. However, current capacity does not meet community need.
- **Kwun'atsustul Counselling created a new "treatment coordinator" position** to support members in accessing treatment, leading to an increase in members accessing both FNHA and provincial detox and residential treatment services, and other services and supports.
- **Embracing Life's focus on building relationships and trust with members** is leading to more members feeling enough trust to ask for help to access the services & supports they need.
- **The Working Group completed a feasibility study for Cowichan Tribes-run Detox & Treatment Houses.** Chief and Council approved the establishment of a team within Ts'ewulhtun Health Centre to oversee the building and operation of the detox and treatment houses, but funds are needed to move forward.
- **Cowichan Tribes collaborated with local partners to support a Housing First approach** with low-barrier pod housing, which is saving lives and helpin g members get well.
- **The Working Group undertook extensive engagement and information gathering** with Quw'utsun Mustimuhw, Cowichan Tribes staff, and local service partners to inform the findings and recommendations to address the crisis of toxic drug deaths and addiction in Cowichan Tribes.

Ts'ewulhtun's Harm Reduction and Outreach Team

Methodology

This report's findings and recommendations were informed by extensive information gathering, research, and stakeholder and community engagement to understand current gaps and community needs related to crisis of toxic drug deaths and addiction in Cowichan Tribes.

Community and stakeholder engagement included:

1. **Quw'utsun Mustimuhw (community members).**
    - **Survey.** An online survey of members was undertaken in the fall of 2020, and findings were presented in June 2021. See the **Opioid Crisis Community Survey Report.**[13]
    - **Online forum.** An online community forum was held via Facebook live in August 2020, with over 100 community members taking part.
    - It should be noted that in-person gatherings were not possible due to the pandemic.
2. **Quw'utsun Youth.** Youth Centre staff held an in-person focus group with Quw'utsun Youth aged 12 to 16 in the summer of 2021 to learn what Quw'utsun Youth need to stay safe and well. Frontline staff also engaged with at-risk youth in community to understand their needs.
3. **Quw'utsun Sul'wheen (Elders)**. While in-person gatherings were not possible due to COVID, Working Group staff engaged with Elders in-person individually. Staff also spoke with Elders who support the Sa'qw'thut nature program and outreach visits at the Mound.
4. **Community members who use substances.** Cowichan Tribes' staff did in-person interviews with 30 community members who use substances, most of whom are struggling with addiction and housing insecurity. Please see **Summary of Interviews with People Who Use Substances.**[14]
5. **Community members living in low-barrier housing**. Local outreach workers engaged with community members living in low-barrier housing at the Mound. Please see **Hope and Transformation – Benefits of Housing First Model.**[15]
6. **Cowichan Tribes managers and staff** from Kwun'atsustul Counselling, the Youth Centre, Lalum'utul' Smun'eem, Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team, the Chief Administration Officer, and Sustainable Housing Department.
7. **Service delivery partners** including Island Health, Lookout Housing Society, Cowichan Housing Association, Cowichan Community Action Team (CAT), Overdose Prevention Site, the First Nations Health Authority (FNHA), the City of Duncan, and the Duncan-Cowichan RCMP.

Information gathering and research included:

1. Analysis of point-of-contact and case management data from Ts'ewulhtun Health Centre departments and Lalum'utul' Smun'eem related to members struggling with addiction.
2. Wise Practices Research, including in culturally safe addiction treatment services and supports.
3. Desk-based research, including a review of existing services and gaps, as well as relevant reports from federal and provincial agencies and service delivery partners including FNHA.

[13] Cowichan Tribes Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report*.
[14] Cowichan Tribes Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances.*
[15] Our Cowichan Communities Health Network, "Hope and Transformation."

What we heard from S-ul'hween (Elders)

The Working Group sought guidance from Quw'utsun S-ul'hween (Elders) on what is needed to address the crisis of toxic drug deaths and addiction in Cowichan Tribes, and on the Recommended Strategies & Actions.

Due to the pandemic, in-person gatherings were not possible. Ts'ewulhtun Health Centre staff held one-on-one conversations with six Elders, to seek their guidance and input, and ensure that the Working Group's Recommended Strategies and Actions are the right way forward to address the crisis.

This summary of findings represents the voices of the six Elders we engaged with, and not all Quw'utsun S-ul'hween (Elders).

The key findings from our engagement with Elders were:

- Elders support the Working Group's Recommended Strategies & Actions to address the crisis, including the establishment of Detox & Treatment Houses in Cowichan Tribes, and enhancing other services and supports.
- Elders have noticed and appreciate the increased efforts by Cowichan Tribes and Ts'ewulhtun Health Centre in particular to help members who are struggling with addiction.
- Elders said the ongoing harms and trauma from Indian Residential Schools are a main contributing factor to the crisis of addiction in the community today.
- Elders emphasized that Quw'utsun culture is essential in addressing the crisis and preventing addiction. They noted the importance of grounding Quw'utsun youth in Quw'utsun culture, including through regularly connecting with Elders.
- Elders highlighted the importance of healthy homes and the need to support parents.
- Elders noted the importance of creating a sense of belonging, identity, and self-esteem for Quw'utsun youth.
- Elders noted the importance of prevention, including more youth activities.
- Elders spoke to how crucial housing and employment are to recovering from addiction.
- An Elder noted the need for "another building where [Quw'utsun youth] learn how to sing our Tzinquaw songs, learn how to dance. Because I am sure they watch them and they wish that they could do it. … They need a place to belong."

> ***"If we can get the gym and invite them and have Elders there and just talk with them. People judge so badly what happens to these kids. You don't know what has gone on in their lives. There needs to be more compassion in our communities."***
>
> \- Quw'utsun Elder

About the Crisis of Toxic Drug Deaths & Addiction

The crisis of toxic drug deaths was declared a public health emergency in BC in 2016, and continued to worsen during the COVID-19 pandemic.[16] The crisis is disproportionately killing First Nations people, including our youth.

2021 was the deadliest year on record, and the crisis continues to worsen in 2022. In BC in 2021 there were 2,265 toxic drug deaths – the highest ever recorded in a calendar year and a 28% increase over 2020.[17] In the first five months of 2022 in BC, 940 people were killed by toxic drugs[18], putting the province on track for an even deadlier year than 2021.

BC Emergency Health Services received 35,525 calls for overdoses in 2021 (an average of 97 overdose calls per day), the highest annual total ever recorded and a 31% increase from 2020.[19]

First Nations people are being killed by drug toxic drug poisonings at alarmingly disproportionate rates. In 2021:

- First Nations people died from toxic drug poisonings at 5.4 times the rate of other BC residents. Despite making up just 3.3% of BC's population, First Nations people accounted for 15% of toxic drug deaths.
- First Nations women died from toxic drug poisonings at nearly 9.8 times the rate of other female BC residents.
- First Nations men from toxic drug poisonings died at 4.2 times the rate of other male BC residents.[20]

From 2004 to 2013, young Indigenous people in BC who used substances were nearly 13 times more likely to die than all Canadians of the of the same age group, with overdose being the leading cause of death.[21]

Tl'i' to' mukw' Mustimuhw

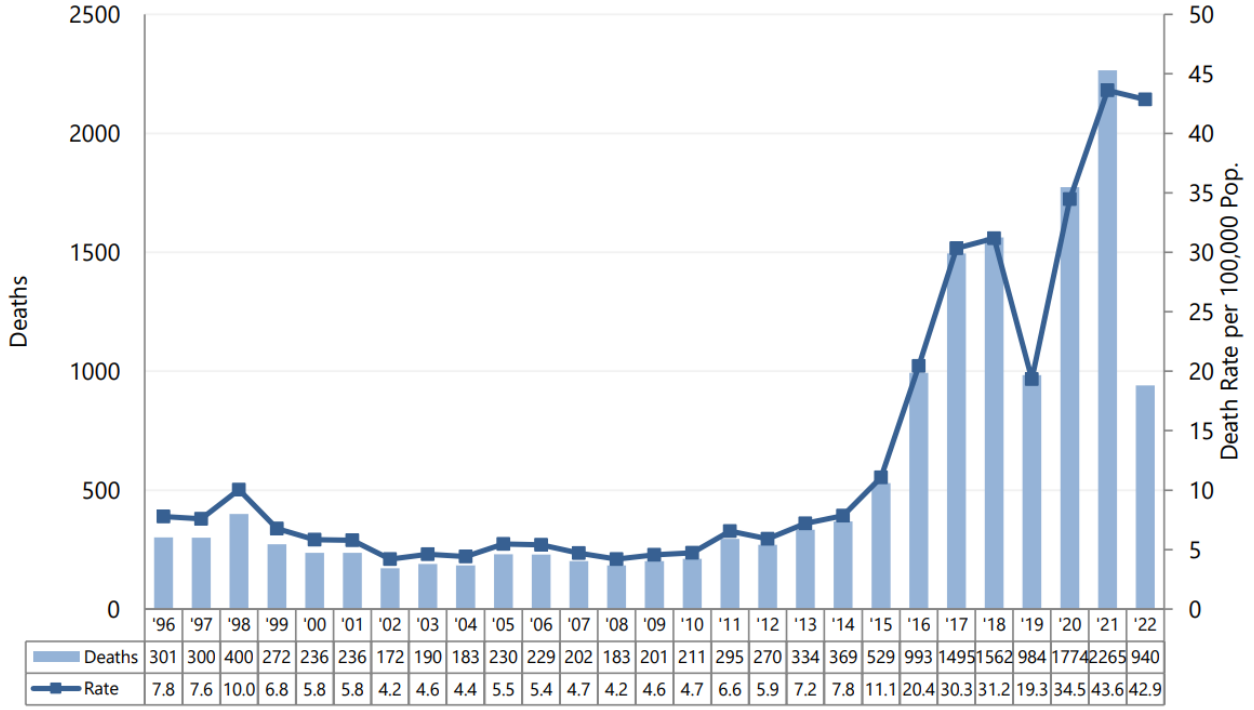
Each person is important

- Quw'utsun Snuw'uy'ulh (Teachings)

[16]BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 – May 31, 2022," page 4.
[17]BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 – May 31, 2022," page 4.
[18] BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 – May 31, 2022," page 4.
[19] BC Emergency Health Services, "Overdose & Drug Poisoning Data," January 2022, http://www.bcehs.ca/about/accountability/data/overdose-drug-poisoning-data#2021--overdose--numbers.
[20] First Nations Health Authority, "First Nations And The Toxic Drug Poisoning Crisis In BC: January – December 2021."
[21] Jongbloed, Kate, et. al. "The Cedar Project: mortality among young Indigenous people who use drugs in British Columbia," *Canadian Medical Association Journal*, November 06, 2017 189 (44) E1352-E1359; DOI: https://doi.org/10.1503/cmaj.160778.

Credit: Chart by BC Coroners Service [22]

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21	'22
Deaths	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	295	270	334	369	529	993	1495	1562	984	1774	2265	940
Rate	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.6	5.9	7.2	7.8	11.1	20.4	30.3	31.2	19.3	34.5	43.6	42.9

Managers and staff from local community service providers, including Ts'ewulhtun Health Centre and Lalum'utul' Smun'eem, have faced continuously increasing workloads over the past two years due to the worsening toxic drug poisoning crisis that is devastating Cowichan Tribes families – and the COVID-19 pandemic. Ts'ewulhtun Health Centre staff have increased services and supports to prevent toxic drug deaths and help members struggling with addiction, while simultaneously responding to the workload demands of the pandemic.

The Crisis in Cowichan Tribes

Toxic drug poisonings in Cowichan Tribes increased sharply in 2020, and by autumn 2020 there were 20 reports of drug poisonings among members, with 11 deaths and nine (9) hospitalizations.[23] Three Quw'utsun youth under 18 years old were among those killed. All of the 9 hospitalizations in 2020 were Quw'utsun youths. In 2021 and 2022, additional members died of fatal overdoses. While some members who died were struggling with addiction, others were just experimenting with drugs. Cowichan Tribes staff have received many reports of non-fatal overdoses – especially in youth – which can cause long-

[22] BC Coroners Service, "Illicit Drug Toxicity Deaths in BC: January 1, 2012 - May 31, 2022", page 4.
[23] Cowichan Tribes Opioid Crisis Response Task Force, *Report & Recommendations*, page 3.

term health complications including permanent brain damage from hypoxic brain injury. Frontline reports from staff and community partners show that some youth are overdosing and being revived multiple times per day or week.

Cowichan Tribes and local partners increased harm reduction, naloxone distribution, and public safety communications in the fall 2020, contributing to a decline in the rate of fatal drug poisonings in Cowichan Tribes.[24] Island Health's Discovery Youth Outreach Team has also been an invaluable partner in supporting Quw'utsun youth. In the first 6 months of 2022, the Discovery team had 1076 contacts with youth, completed 624 safety plans with youth, disitributed 295 naloxone kits and 820 harm reduction supplies – most of the youth engaged were Indigenous, and many were Quw'tsun.

However, Quw'utsun people continue to be poisoned by toxic drugs, and the rate of toxic drug poisonings in the Cowichan Valley remains very high.[25]

Frontline outreach workers report that some members – primarily at-risk Quw'utsun youth – are overdosing and being revived with naloxone multiple times per week. - Ts'ewulhtun Health Centre staff reports

The crisis of toxic drug deaths and addiction is having a devastating impact on Cowichan Tribes. The impacts of the crisis on Quw'utsun people are documented in detail in the **Opioid Crisis Community Survey Report**[26] and the **Opioid Crisis Response Task force Report**.[27] The crisis is causing profound loss and trauma. Many community members are living in fear and feeling unsafe, afraid that they or their loved ones will be killed by toxic drugs. Many feel unsafe due to visible housing insecurity and untreated mental health and substance use disorders in the community. Families and youth are being harmed, with relationships being fractured, families separated, and children placed in care. The crisis is also contributing to the loss of Quw'utsun culture, language, and teachings.

Moving forward, addressing the crisis of toxic drug deaths and addiction must remain a top priority for Cowichan Tribes.

[24] Point-of-contact data and frontline reports from Ts'ewulhtun Health Centre and Island Health Discovery Youth Outreach Team.
[25] BC Centre for Disease Control, "Paramedic-Attended Illegal Drug Event Rates in British Columbia by Local Health Area 2021," 10 February 2022, http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/bcehs_lha_no_counts.pdf.
[26] Cowichan Tribes Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report*.
[27] Cowichan Tribes Opioid Crisis Response Task Force, *Report & Recommendations*.

What is Causing the Crisis of Toxic Drug Deaths

The crisis of toxic drug deaths in Cowichan Tribes is largely the result of two main crises:

1. **The crisis of poisoned drugs.**
2. **The intersecting crises of intergenerational trauma and substance misuse,** which is due largely to the ongoing impacts of colonization, the Indian Residential Schools system, and a variety of racist, anti-Indigenous colonial policies and practices, many of which continue today.

The crisis has been made worse by:

- **The failure of the BC Government and the Government of Canada to address the crisis as the devastating public health emergency that it is**, including failure to take appropriate action and invest needed resources, health policy failure, housing policy failure, health system failure, and failure to adequately reform harmful, discriminatory drug laws.[28] This crisis is a humanitarian disaster, yet the federal and provincial governments are still not addressing it with the funding, resources, and urgent actions needed for an adequate disaster response. "We have not seen a response commensurate with the size of this crisis, with so many people dying every day," said BC Chief Coroner Lisa Lapointe.[29] "We know what a response to a public health emergency looks like because we have seen it with COVID — a provincial response, provincial testing, provincial vaccination sites and provincial data. We have not seen that."
- **Widespread and systemic racism towards First Nations people** – well-documented in *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*[30] – who are being killed by toxic drug poisonings at alarmingly disproportionate rates.[31]
- **Societal and governmental prejudice and discrimination against people who use substances**.[32]
- **The failure of the BC Government and the Government of Canada to provide funding** and resources to First Nations communities to address the crisis that is adequate and commensurate with the alarmingly disproportionate number of First Nations people being killed by toxic drug poisonings.

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[28] BC Coroners Service Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, pages 4, 13-19.

[29] Ian Mulgrew, "B.C.'s chief coroner laments lack of action as opioid crisis hits worst death toll yet," *Vancouver Sun*, 30 January 2022, https://vancouversun.com/opinion/columnists/change-bonnie-henry-to-b-c-s-chief-coroner.

[30] Hon. Dr. M.E. Turpel-Lafond (Aki-Kwe), *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, Addressing Racism Review, 30 November 2020, https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf.

[31] First Nations Health Authority, "First Nations And The Toxic Drug Poisoning Crisis In BC: January – December 2021".

[32] Mulgrew, "B.C.'s chief coroner laments lack of action as opioid crisis hits worst death toll yet".

The Crisis of Poisoned Drugs

The poisoned illicit drug supply and the lack of access to a regulated safe supply of substances are the most immediate causes of the crisis of toxic drug deaths. The BC Coroners Service Death Review Panel reports that "the primary cause of increased deaths is the growing toxicity and unpredictability of the street supply of drugs. The current drug policy framework of prohibition is the primary driver of this illegal, unregulated and toxic street supply."[33] Several kinds of illicit drugs are being poisoned with fentanyl, fentanyl analogues, and benzodiazepines.[34] The lack of access to a legal, safe supply of substances forces people who use substances to purchase illicit drugs, which often kill them. Some people killed by poisoned drugs are *not* addicted but rather are using substances occasionally or just experimenting, or to cope with pain associated with injuries. Until there is a regulated safe supply of substances, Quw'utsun people who use substances will continue to be poisoned by toxic drugs.

The BC Government and the Government of Canada have failed to take adequate action to improve access to safe supply of substances. Based on the extensive experience of Ts'ewulhtun Health Centre managers and staff, access to safe supply of substances for Quw'utsun people is dangerously inadequate. BC Chief Coroner Lisa LaPointe recently noted that "the [BC] Ministry of Mental Health and Addictions last July gave direction to every health authority to establish a safe supply program. … To date, there has been virtually no activity. Almost no health authority runs its own program so very few people have been able to access safe supply through that." [35]

Illicit drugs are becoming even more poisonous. The BC Coroners Service reports an increasing number of drug toxicity deaths with extreme fentanyl concentrations, as well as an increase in toxicity due to an increase in benzodiazepines in the illicit drug supply.[36]

Criminalization and discrimination are worsening the crisis. Lisa Lapointe, B.C.'s chief coroner, recently noted that "criminalizing members of our communities who use drugs has resulted in decades of causing further harms to many who are already suffering from mental or physical health challenges and/or the effects of emotional or physical trauma."[37] In May 2021, Health Canada's Expert Task Force on Substance Use unanimously recommended the decriminalization of simple drug possession: "It is our expert opinion that penalties of any kind for the simple possession and use of substances are harmful to Canadians." [38]

Stigma and discrimination against people who use substances is also worsening the crisis.[39]

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[33] BC Coroners Service Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, page 4.
[34] BC Coroners Service, Illicit Drug Toxicity Type of Drug Data – Data to May 31, 2022, https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf, pages 4-6.
[35] Mulgrew, "B.C.'s chief coroner laments lack of action as opioid crisis hits worst death toll yet."
[36] BC Coroners Service, Illicit Drug Toxicity Type of Drug Data – Data to May 31, 2022," pages 1-4.
[37] Government of British Columbia, "B.C. applies for decriminalization in next step to reduce toxic drug deaths," *BC Gov News*, 1 November 2021, https://news.gov.bc.ca/releases/2021MMHA0059-002084.
[38] Health Canada Expert Task Force on Substance Use, "Report 1: Recommendations on alternatives to criminal penalties for simple possession of controlled substances", 6 May 2021, https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html.
[39] Government of Canada, "Stigma around drug use," 2 March 2022, https://www.canada.ca/en/health-canada/services/opioids/stigma.html.

The Crisis of Trauma & Addiction in Cowichan Tribes

Cowichan Tribes has very high rates of trauma-related mental health and substance use disorders.[40] **The crisis of addiction in Cowichan Tribes is fueled by several underlying, inerconnected causes**, including:

1. **Trauma.** Quw'utsun people are struggling with widespread, profound trauma[41,42] including intergenerational trauma from the Indian Residential School system and other anti-Indigenous colonial practices intended to eliminate Indigenous communities and cultures, many of which continue today. Substance misuse is a common response trauma.[43]

2. **Lack of housing & shelter.** The lack of access to safe, affordable housing for members is a top driver of the crisis of addiction.[44,45] Without appropriate housing, many members struggling with addiction cannot establish the stability and environment required to begin to recover. The lack of housing is also fueling the crisis of interpersonal and sexualized violence[46] and the crisis of children in care,[47] both of which in turn fuel trauma and addiction.

3. **Lack of access to detox, treatment, and long-term recovery services & supports.** There is a dire lack of access to detox, treatment, and long-term recovery supports in the Cowichan Valley.[48,49] Access to timely and culturally safe services is even worse to non-existent. Many members struggling with addiction have a strong desire and willingness to get well, but simply cannot access the culturally appropriate services and supports they need locally, or in a timely, affordable manner.

4. **Lack of Youth Centre & lack of youth supports.** There is a dangerous lack of activities, services, and supports for Quw'utsun youth. Cowichan Tribes currently has no operational Youth Centre. Also, pandemic concerns have restricted in-person interactions. Having a safe space for Quw'utsun youth to gather together and take part in social and cultural activities, as well as adequate staffing, are essential in creating the social and cultural connectedness needed to help at-risk youth, and to *prevent* youth from using substances and falling into addiction in the first place. There is also a lack of adequate support for youth transitioning out of care.

5. **Lack of access to counselling, cultural, mental health, and prevention supports.** From 2010 to 2020, Kwun'atsustul Counselling staffing levels were reduced by 55%. While staffing is being replenished, there is an increased need for counselling, cultural, mental health, addiction, and substance misuse supports. The pandemic increased the need for mental health support across the

[40] Finding based on point-of-contact and case management data and population analysis from Ts'ewulhtun Health Centre.
[41] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report,* page 8.
[42] Opioid Crisis Response Working Group finding from engagement with Quw'utsun Sul'wheen (Elders).
[43] Lamya Khoury et.al., "Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population," *Depression and Anxiety,* 2010 Dec; 27(12): 1077–1086, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3051362/.
[44] Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances,* page 2.
[45] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report,* page 9.
[46] Finding based on point-of-contact data gathered by Kwun'atsustul Counselling.
[47] Lalum'utul' Smun'eem reports that frequently parents who have had their kids removed are not able to get them the back because they are not able to find appropriate, affordable housing due to the housing crisis in the Cowichan Valley.
[48] Kwun'atsustul Counselling reports that wait times for access to treatment range from 1 to 18 months.
[49] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report,* page 8.

board. With the intersection of the opioids crisis, community need exceeds the supports available for members to get well, and to prevent them from falling into addiction or relapsing.

6. **Disconnection.** Lack of connection to family, Quw'utsun culture, community, and the land is a key driver of the crisis. Re-establishing these connections is essential to healing and recovery.[50] A major cause of this disconnection is the ongoing impacts of colonization including the Indian Residential School System and other racist, anti-Indigenous colonial policies intended to destroy Indigenous communities and cultures.
7. **Interpersonal and/or sexualized violence**. Experiencing violence is a significant risk factor for mental health and substance use disorders.[51] Survivors of violence rarely speak openly about their experience. Based on Kwun'atsustul Counselling's extensive experience serving members, a notable number of members seeking help for trauma and addiction are survivors of interpersonal and/or sexualized violence.
8. **Children in care.** Compared to non-Indigenous communities, Cowichan Tribes has high rates of children in care.[52] Children who are separated from family and placed into care[53] and their parents[54] are more likely to struggle with mental health and substance use disorders throughout life. The crisis of trauma and addiction is a key driver of family separations in Cowichan Tribes.[55]
9. **Social determinants of health.** While many Cowichan Tribes members are highly successful, many families continue to struggle with poor social determinants of health including income insecurity, crowded housing, unemployment, low educational attainment, and food insecurity. [56]
10. **The COVID-19 pandemic.** The pandemic worsened mental health and addiction globally,[57,58,59] including for Cowichan Tribes members.[60] Quw'utsun youth have been particularly hard hit, with many turning to substance use to cope with isolation, depression, and boredom resulting from prolonged isolation, lack of activities and programs, and lack of social and cultural connections.[61]

[50] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report,* page 8.
[51] Canadian Mental Health Association, "Childhood Sexual Abuse: A Mental Health Issue," 2013, https://cmha.bc.ca/documents/childhood-sexual-abuse-a-mental-health-issue-2/.
[52] Finding based on service data and population analysis undertaken by Lalum'utul' Smun'eem.
[53] Sarah Beal et. al., "Understanding Health Risks for Adolescents in Protective Custody," *Journal of Applied Research on Children,* 2018; 9(1): 2, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6380506/.
[54] Elizabeth Wall-Wieler et. al., "Maternal health and social outcomes after having a child taken into care: population-based longitudinal cohort study using linkable administrative data," Journal of Epidemiology and Community Health, December 2017, https://pubmed.ncbi.nlm.nih.gov/28983064/.
[55] Finding based on service data from Lalum'utul' Smun'eem.
[56] Statistics Canada, *2016 Census Aboriginal Community Portrait – Cowichan Tribes*, 14 January 2020, https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/infogrph/infgrph.cfm?LANG=E&DGUID=2016C1005580&PR=59.
[57] Farihah Ali et. al., "Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada," *International Journal of Drug Policy*, Vol. 93, July 2021, 103237, https://www.sciencedirect.com/science/article/pii/S0955395921001420?via%3Dihub.
[58] United Nations, "COVID pandemic fuelling major increase in drug use worldwide: UN report," *UN News*, 24 June 2021, https://news.un.org/en/story/2021/06/1094672.
[59] World Health Organization, "Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022," 2 March 2022, https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1
[60] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report,* page 9.
[61] Cowichan Tribes staff have witnessed a dramatic rise in substance use among Quw'utsun youth during the pandemic.

Guidance from the Quw'utsun Snuw'uy'ulh (Teachings)

Quw'utsun culture is the foundation for addressing the crisis of toxic drug deaths and addiction in Cowichan Tribes. All of the Working Group's recommendations are grounded in and support the Quw'utsun Snuw'uy'ulh (Teachings).

Mukw' tu shhwa'luqwa 'o' tth'ele's tu shhwuli – *The family is the heart of life*

Stsielhstuhw tu S-ul'hween – *Honour the Elders*

Tl'i' to' mukw' mustimuhw – *Each person is important*

Hiiye'yutul tst 'u to' mukw' stem 'i'u tun'a tumuhw – *Everything in nature is part of our family – we are all relatives*

To'mukw' 'i' 'u tun'u tumuhw 'i' 'o' la'lum'utul tst – *Live in harmony with nature*

Take care of the earth (**Hwial'asmut tun'a tumuhw**) *and take only what you need*

Hwialasmut ch tun' s-ye'lh – *Take care of your health*

Yath ch 'o' lhq'il' – *Be positive*

'Iyusstuhw tun'a kweyul – *Enjoy today*

Hwial'asmut tu tumuhw – *Take care of the earth*

Thuluqtul ch 'u kwthun' kwunmun – *Share what you have*

Lhq'il ch 'u kwthun' suluthut 'i' tun' sqwal – *Be honest and truthful in all you do and say*

Ti' tul'atul' tst – *Learn from one another*

Thuthi'stuhw tun' shqwaluwun 'u tun' ts'lhmustimuhw – *Respect the rights of one another*

'I' yet ch kwthun' syuw'i'na'qw 'i' kwthu ni' xtsutus – *Respect your leaders and their decisions*

'I' yet ch kwthun' sht'unuxun – *Respect your neighbours*

Ha' ch ts-tamut 'i' nuwus ch 'o' tl'ul'im't – *Take responsibility for your actions*

Ts'its'uw' atul. Nuts'umat kwun' syaays sh-hwuys kwtho' mukw' – *Help one another and work together for the good of all*

Ts'iiyulh ch 'u tu ni' s-aamustham-mut – *Give thanks for what you have been given*

Findings & Recommendations

The Opioid Crisis Response Working Group presents the following findings and recommendations to Cowichan Tribes Chief and Council on what is needed to address the crisis of toxic drug deaths and addiction in Cowichan Tribes. *(Please see Methodology section for data sources for the findings below.)*

Top Priority Recommendations

Among the Working Group's recommendations, six have been identified as top priority recommendations which require urgent action by Cowichan Tribes:

- (1.1) Build and operate supportive housing for people in recovery.
- (2.1) Secure long-term operational funding for Cowichan Tribes-run Detox & Treatment Houses.
- (3.1) Build a new Youth Centre as soon as possible, as per the Youth Centre feasibility study.
- (3.2) Continue work with community partners to build and operate a 24/7 Youth Safe Space.
- (4.1) Ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed with *at least* 1 Coordinator, 2 Harm Reduction Workers and 1 Harm Reduction Nurse.
- (6) Establish a permanent cross-departmental working group – with dedicated support and adequate resources – to coordinate Cowichan Tribes' ongoing response to the crisis of toxic drug deaths and addiction.

It is important to note that implementing many of the Working Group's recommendations will require effective advocacy by Cowichan Tribes leadership to secure capital investments and adequate long-term operational funding agreements from the BC Government, the Government of Canada, the First Nations Health Authority, Island Health, and MCFD.

1. Housing

Successes & What's Working Well – Housing

- **Housing First approach with low-barrier pod housing is saving lives and helping members get well.** Community-based research undertaken by the Working Group[62], testimony from pod housing residents[63], and service delivery data collection and findings by Cowichan Tribes managers and staff have found that low-barrier pod housing as part of a Housing First approach is an essential first step on the journey to recovery for many of our most vulnerable members struggling with trauma and addiction. The Housing First approach to treating mental health and substance misuse disorders is also supported by a growing body of evidence.[64,65,66]

[62] Cowichan Tribes Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances*.
[63] Our Cowichan Communities Health Network, *Hope and Transformation.*
[64] Paula Goering et. al. *National At Home/Chez Soi Final Report*, Mental Health Commission of Canada, 2015, https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf, page 5.
[65] Tim Aubry et. al., "A randomized controlled trial of the effectiveness of Housing First in a small Canadian City," *BMC Public Health,* 19, 1154 (2019), https://doi.org/10.1186/s12889-019-7492-8.
[66] National Low Income Housing Coalition, *The Case For Housing First*, 28 January 2020, https://nlihc.org/sites/default/files/Housing-First-Research.pdf.

Housing Success: Collaboration on pod housing at The Mound & The Village

Cowichan Tribes collaborated with local partners including the City of Duncan, Our Cowichan, Cowichan Housing Association, Community Action Team, and Lookout Society to provide low-barrier pod housing to some of our most vulnerable community members as part of a Housing First approach to addressing the crisis of toxic drug deaths and addiction. The Housing First approach, which also included meals and access to health and wellness services, has proven highly effective and essential in helping many community members find the stability and safety needed to begin to get well and seek help for addiction.

Top left: *In October, 2021, Cowichan Tribes Councillors visited residents at The Mound to learn firsthand about the benefits of low-barrier pod housing.* ***Top right:*** *The Mound was decommissioned on March 31, 2022, and former residents of The Mound and St. Julien's are now living in new pod housing units at The Village on Trunk Rd.* ***Bottom left:*** *In March 2022, residents of The Village were joined by local partners and the Cowichan Tzinquaw Dancers for an opening ceremony and celebration.* ***Bottom right:*** *A community member smiles in front of her new pod home at The Village.*

Successes: What's Working – Housing

The Housing First approach with low-barrier pod housing has resulted in numerous benefits for Cowichan Tribes:[67,68,69]

- The rate of drug poisonings has decreased among members in pod housing.
- Many pod housing residents are using substances less frequently.
- Members report feeling much safer and healthier in pod housing.
- There has been a marked decrease in violence in the community, according to both residents and local law enforcement. Local RCMP have reported to the Working Group that low-barrier pod housing has led to a decrease in violence and public safety concerns. A female resident of pod housing stated that before living there, she would be followed to places where she slept outside.
- The stability provided by pod housing has increased the rate of members seeking referrals to treatment and counselling.
- Pod housing provides a central point for service delivery thereby improving access to services and supports.
- Pod housing has reduced the spread of discarded needles and drug paraphernalia in the community by providing a central point for sharps pick-up.
- Several residents have stabilized enough to find full-time employment. Some have been able to move into their own long-term housing after stabilizing in pod housing.
- Several residents from "the pods" have now attended residential treatment programs.
- It should be noted that a current barrier for many pod housing residents to getting well is the lack of local, culturally safe detox and treatment facilities, the lack of long-term supportive recovery housing, and the lack of affordable housing options in the community. Pod housing is thus helping to keep some of our most vulnerable members alive until they have enough stability and routine to begin seeking help for trauma and addiction, and are able to access the services and supports they need locally.
- In January 2023 Cowichan Tribes and Cowichan Housing Association were successful in a partnered grant application for $800,000 from United Way for capital purchase of land to be used for long-term low barrier housing such as the pod housing model.
- **Supportive Housing for Quw'utsun Youth.** Sustainable Housing and Lalum'utul' Smun'eem are collaborating to create supportive housing for Quw'utsun youth transitioning out of care and into the community. A four-plex is currently being converted, and will provide 10 beds of supportive housing for youth. The building will also have four units of housing for Quw'utsun S-ul'hween, to create an intergenerational community and ensure youth are connected to Quw'utsun culture and learning from their Elders. It will also include a multi-use classroom and community kitchen – spaces which will enable a wide variety of cultural, educational, and life skills programming and activities. While this collaborative initiative is promising, it is important to note that more supportive housing for youth transitioning out of care and at-risk community members is needed.

[67] Cowichan Tribes Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances.*
[68] Our Cowichan Communities Health Network, "Hope and Transformation."
[69] Findings also based on point-of-contact and case management data from Ts'ewulhtun Health Centre managers and staff, and input from local partners including RCMP.

Findings & Community Needs – Housing

- **Need for improved access to safe, affordable housing options.** Cowichan Tribes is facing a severe housing crisis, with many members lacking safe, affordable, appropriate housing options. Much of our on-reserve housing is dangerously overcrowded, and the waitlist for housing far exceeds the housing available. Off-reserve housing in the Cowichan Valley is not affordable for the majority of Cowichan Tribes members. There is a need to increase the supply of affordable on-reserve housing options as fast as possible, in line with Cowichan Tribes' Housing Strategy. Housing should include subsidized low-income housing and housing options for single people. Interdepartmental collaboration between the Sustainable Housing Department, Lalum'utul' Smun'eem, and Ts'ewulhtun Health Centre is going well and needs to continue and be better resourced in order to meet the diverse housing needs of community members.

- **Lack of housing options contributes to the crisis of toxic drug deaths and addiction, and is often a main barrier to getting well.** In the Working Group's 30 interviews with at-risk community members who use substances, the lack of access to safe, stable, affordable housing emerged as the number one barrier to recovering from addiction, ahead of the lack of access to treatment.[70]

- **The lack of safe, affordable housing is fueling other crises**, which in turn are fueling the crisis of trauma and addiction:

    - **The crisis of domestic and sexualized violence.** Members living in unsafe or violent environments may want to leave, but are unable to find other housing.
    - **The crisis of children in care.** Parents often struggle to find safe and affordable housing, which can increase instability, stress, and trauma, and substance use to cope.

- **Need for supportive, sober housing for members in recovery.** After completing detox and/or residential treatment, members recovering from addiction need to live in a safe, supportive, structured environment to avoid relapsing. All too often, members who complete residential treatment programs away from home return to the exact same circumstances and environments that were contributing to their substance misuse – including living with people who use substances – and quickly relapse. Cowichan Tribes' integrated addiction prevention and treatment program will require supportive post-treatment housing with a structured environment and integrated wrap-around supports for long-term recovery.

- **Need for long-term sites for low-barrier pod housing, more supply, more service options.** Low-barrier pod housing has proven to be an essential first step in helping street-entrenched members struggling with mental health and substance use disorders begin to get well. The crisis of addiction and the housing crisis will sadly take many years to address, so a long-term location for low-barrier pod housing is needed, as well as more supply and different site options for people with different needs.

[70] Cowichan Tribes Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances.*

- **Need for additional supportive housing for youth transitioning out of care and into the community.** Quw'utsun youth who are forced to "age out" of care are often suddenly cut off from most services and supports, and many rapidly fall into crisis, housing insecurity, and substance misuse. While 10 beds of supportive housing for Quw'utsun youth transitioning out of care are currently under construction, much more supportive housing for Quw'utsun youth is needed.

- **Need for transitional housing for people who don't use substances.** There is a lack of transitional and temporary housing for people who don't use substances but need a safe place to stay temporarily, including members fleeing domestic and sexualized violence and members struggling with housing insecurity.

- **Need to dramatically increase housing supply throughout the Cowichan Valley.** The housing crisis is impacting the entire Cowichan Valley. The crisis has made it nearly impossible for members and staff to find affordable housing off reserve – several new hires had to delay the start of their employment with Cowichan Tribes because they were unable to find housing. There is an urgent need to dramatically increase the supply of housing in the Cowichan Valley, including by allowing greater density and more multifamily housing types.

- **Need for federal and provincial governments to increase supply of social housing and address demand-side of housing crisis.** Both the BC Government and the Government of Canada must dramatically increase investment in social housing and take far stronger actions to address the housing crisis on reserve and in the Cowichan Valley.

Moving Forward – Housing

- **Housing First approach with increased supply of low-barrier pod housing and more long-term site options.** Cowichan Tribes should continue to collaborate with local governments and service partners to increase the supply of low-barrier pod housing and add additional long-term sites for people with different needs.
- **Supportive housing for people in recovery.** Sustainable Housing has completed draft design plans for a multi-building, 500-unit complex in Cowichan Tribes, called the "House of Dreams", part of which can be used for supportive housing for people in recovery.
- **"Sober" transitional housing & shelter for people who don't use substances** and need a safe place to stay, including members fleeing domestic and sexual violence, and members facing housing insecurity.
- **Supportive housing for Quw'utsun youth transitioning out of care.**
- **Preventative "Safety Net Housing"** for people who use substances and need structure and support, but who are not yet street entrenched, and not necessarily ready for treatment. (E.g. people who get evicted due to behaviours related to substance use disorders.)
- **Include Sustainable Housing in Working Group** to improve planning and design of housing options to meet diverse community needs.
- **Actively lobby the BC Government, the City of Duncan, and the Cowichan Valley Regional District to end exclusionary single-family zoning and increase allowable density and housing types.**

Recommendation 1 – Housing

It is recommended that Cowichan Tribes:

1.1 Build and operate supportive housing for people in recovery. ***(TOP PRIORITY RECOMMENDATION)***

1.2 Formally support a Housing First approach to addressing the crisis of toxic drug deaths and addiction.

1.3 Collaborate with partners to increase the supply of low-barrier pod housing , and establish permanent sites with different options to meet different needs.

1.4 Build and operate "sober" transitional housing & shelter for people who don't use substances.

1.5 Build and operate additional supportive housing for Quw'utsun youth transitioning out of care and into the community.

1.6 Advocate to the BC Government and the Government of Canada to increase funding for Cowichan Tribes' housing needs, and to take stronger action to address the housing crisis.

1.7 Advocate to the City of Duncan, the Cowichan Valley Regional District, and the BC Government to dramatically increase the supply of off-reserve housing in the Cowichan Valley, including by increasing allowable density and housing types, and ending exclusionary single-family zoning.

2. Detox, Treatment & Recovery Supports

Successes – What's Working Well

- **Treatment coordinator.** Kwun'atsustul Counselling created a new "Treatment Coordinator" position in February 2022 to support members in accessing treatment. Preliminary reports show an increase in members being able to access both FNHA and provincial detox and residential treatment services. By meeting the members at "The Village" or out in the community, barriers to accessing services are being reduced. October 2022 SNAPSHOT: 4 acceptance intakes, 2 graduates, 6 members entered treatment.
- February – October 2022: 37 members admitted to to residential treatment. 6 members were struggling with alcohol only. 31 required opiate agonist therapy (OAT). 11 graduated.
- **Sa'qw'thut culturally-grounded program.** Kwun'atsustul's Sa'qw'thut culturally-grounded day treatment program founded on the Quw'utsun Snuw'uy'ulh (Teachings) and supported by Quw'utsun Elders – has been successful in providing rapid access and wraparound care. A number of participants report significant improvements in their health, and several have reported that the culturally grounded program is helpful in their sense of belonging and recovery.

Findings & Community Needs – Detox, Treatment & Recovery Supports

- **Quw'utsun people are dying while waiting for treatment.** Kwun'atsustul Counselling analysed data gathered by Health Centre staff from January 2019 to May 2021 on members who told staff they need treatment. Of 138 members who said they needed treatment, only 13 completed a treatment program, while nine (9) began but did not complete. Alarmingly, a total of **10 members who needed treatment died before they were able to access appropriate services and supports.**

- **Lack of access to detox, treatment, and recovery services and supports.** There is a dire lack of access to detox, treatment, and post-treatment recovery supports for Quw'utsun people.[71,72,73] Most members struggling with addiction want to get well, but cannot get the services and supports they need. Gaps and barriers include:
    - **Lack of local services.** is no local, dedicated residential withdrawal management service. Members who need inpatient medical detox cannot get the support they need locally. Emergency services at the Cowichan District Hospital remain an unreliable option for withdrawal management. There is also no local residential treatment facility that provides timely, affordable care. Many Quw'utsun people do not want to leave home to get treatment. Leaving the community to reside in an unfamiliar institutional setting – away from family, friends, and community – can be traumatizing and counter-productive.
    - **Long wait lists.** Current wait lists for detox and treatment in BC range from 1 to 18 months. People who are ready to go to detox or treatment must be able to access services rapidly when they are ready and willing.
    - **Lack of treatment options & lack of culturally safe services.** Many of the existing FNHA-funded centres don't offer the range of treatment options needed, including supports for Opioid Antagonist Therapy (OAT), detox, or LGBTQ+ friendly options. Many treatment centres also require a set period of sobriety prior to admission that can pose a significant barrier. FNHA centres that do support OAT and/or detox have long waitlists, and are geographically challenging to access for Cowichan members. Private or public funded centres are only partially covered by FNHA and may not offer culturally safe services.
    - **Systemic racism.** Widespread, systemic racism in healthcare – well documented in ***In Plain Sight***[74] – is a major barrier for Quw'utsun people who want help for addiction.
    - **Private options not accessible**. Private options are costly. Fees for local private options range from $25,500 to $26,000, yet FNHA only covers 20 percent of daily fees to a maximum $3,800. Private treatment options are thus not accessible for most members.[75]

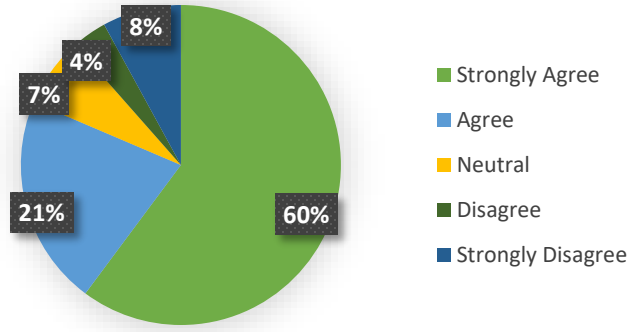
[71]Cowichan Tribes Opioid Crisis Response Task Force, *Report & Recommendations.*
[72] Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances.*
[73] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report*.
[74] Turpel-Lafond, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*.
[75] Kwun'atsustul Counselling researched costs of local treatment options.

- **High demand and community need for local, timely, culturally safe detox & treatment services.** In our **engagement with community members who use substances**, access to local, timely, culturally safe detox and treatment services was the second most-mentioned support they need to get well, after housing. Managers and staff also report very high demand for access to detox & treatment.[76]

- **Strong community support for local detox & treatment services.** Members strongly support establishing Cowichan Tribes-operated detox and treatment services. The **Opioid Crisis Community Survey** found strong support for Detox & Treatment Houses in Cowichan Tribes.[77]

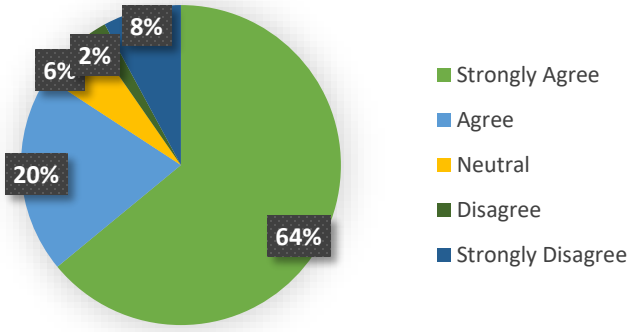
  "Cowichan Tribes needs its own detox centre." Among 113 Cowichan-registered respondents:

  - Strongly agree: 68 (60%)
  - Agree: 24 (21%)
  - Neutral: 8 (7%)
  - Disagree: 4 (4%)
  - Strongly disagree: 9 (8%)



  Cowichan Tribes needs its own addiction treatment and recovery centre." Among 114 Cowichan-registered respondents:

  - Strongly agree: 73 (64%)
  - Agree: 23 (20%)
  - Neutral: 7 (6%)
  - Disagree: 2 (2%)
  - Strongly disagree: 9 (8%)



- **Need for post-treatment recovery supports and supportive housing.** There is a lack of post-treatment supports, supportive housing, and structured programming for members returning from detox & treatment. All too often, members complete treatment only to return to the same circumstances they were in before – often surrounded by family and friends who use substances – and quickly fall back into substance use and addiction.
- **Need to expand community-based, non-residential treatment options and wrap-around supports.** There is a belief among many members that leaving the community to go to treatment is required for recovery. This belief can be damaging for members who do not find residential treatment meets

[76] Opioid Crisis Response Working Group, *Summary of Interviews with People Who Use Substances.*
[77] Opioid Crisis Response Working Group, *Opioid Crisis Community Survey Report*.

their needs, struggle when they return home, or are unable to go away. Residential treatment may be one of the pieces but it is not always the answer.

- **Need to improve access to youth detox and treatment services and supports.** There is a dangerous lack of access to youth detox and treatment services in the Cowichan Valley.

Moving Forward – Detox, Treatment & Recovery Supports

- **Integrated addiction prevention and treatment program in Cowichan Tribes, firmly grounded in and guided by Quw'utsun culture and the Quw'utsun Snuw'uy'ulh (Teachings).** Program staff include Quw'utsun Elders, Traditional Knowledge keepers, and peer workers. Reconnecting members to Quw'utsun culture is a main element of the program's strategy to helping members get well.
- **Cowichan Tribes Detox & Treatment Houses, new team in Ts'ewulhtun Health Centre.** In January 2022, Chief and Council approved the formation of a new team in Ts'ewulhtun Health Centre to build and operate a medically supervised detox facility and residential treatment facility in Cowichan Tribes. Sustainable housing has allocated a limited number of homes that can be re-purposed, but long-term operational funding is needed. Further funding increases will be needed to expand capacity to meet community need.
- **Establish post-treatment recovery supports**, including:
  - Post-treatment supportive housing with a structured environment.
  - Integrated case management with mental health and peer supports.
  - Cultural, community, and family supports and programs.
  - Life skills and employment programs.
- **Enhance youth treatment options and supports.**

> *"We need to have a detox and I think we need to have culture involved more. There is a lot of our youth that don't believe in our ways. I think we can probably work in that area and there has to be a treatment centre that they can be put into. We really need our own treatment centre instead of shipping them off somewhere else."*
>
> \- Quw'utsun Elder

Recommendation 2 – Detox, Treatment & Recovery Supports

It is recommended that Cowichan Tribes:

2.1 Build and operate Cowichan Tribes-run Detox and Treatment Houses. ***(TOP PRIORITY RECOMMENDATION).***

(Note: Detox and Treatment Houses were approved by Chief & Council in January 2022.)

2.2 Improve access to youth detox and treatment services and supports.

2.3 Advocate to the BC Government and the Government of Canada to dramatically increase funding for culturally appropriate detox and treatment services in the Cowichan Valley.

3. Youth Supports & New Youth Centre

Successes – What's Working Well

- **Collaboration & service pivot during pandemic.** When COVID-19 hit, the Youth Centre team shifted to outreach, harm reduction, and providing an emergency overnight youth safe space. The fast pivot and flexibility in connecting with high-risk youth was life-saving. Ongoing frontline worker connections with youth are essential for tracking the frequency of non-fatal overdoses in youth and ensuring that the youth are connected to resources. Ongoing, consistent collaboration between the Ts'ewulhtun Health youth centre team, Lalum'utul Smun'eem, Embracing Life, Kwun'atsustul Counselling, harm reduction, and external service providers from MCFD, the Discovery youth team, Cowichan Valley Youth Services, and Canadian Mental Health Association – Cowichan Valley, and the Community Action Team (CAT) has been invaluable in protecting the most vulnerable, high-risk Quw'utsun youth.
- **Cross-departmental collaboration** in Cowichan Tribes has increased information sharing and awareness among staff on the specific challenges and risks facing youth, when interventions are needed, and led to improvements for youth mental health and outreach supports.

Findings & Community Needs – Youth Supports & New Youth Centre

- **Youth services and supports are essential services for the long-term wellbeing Quw'utsun youth.** There is a need to recognize the essential importance of work the Youth Centre team does for the mental, emotional, cultural, and physical health and wellbeing of Quw'utsun Youth.

- **Need to ensure all Quw'utsun Youth are firmly grounded in and connected to Quw'utsun culture and engaged with Quw'utsun Elders.** This is essential for giving our youth a sense of identity, belonging, purpose, and responsibility.

- **Urgent need for new Youth Centre.** There is an urgent need to build a new Youth Centre in Cowichan Tribes. A key reason there is a lack of youth programs and activities is that Cowichan Tribes currently does not have an operational Youth Centre, and therefore no adequate safe space for youth to gather regularly and create social and cultural connections. The lack of an operational Youth Centre is a main barrier to preventing youth from using substances.

- **Urgent need to increase youth activities, programs, and supports that enable prevention.** There is a lack of activities, programs, and supports for Quw'utsun youth. Youth activities, programming, and engagement are essential in creating the social and cultural connectedness needed to help at-risk youth, and to *prevent* all youth from using substances and falling into addiction in the first place. Moreover, one of the most effective ways to educate youth about the risks of substance use is by integrating prevention and harm reduction education into other youth programs and activities.

- **Need for permanent site and building for a 24/7 Youth Safe Space.** A Youth Safe Space is an essential support for the most at-risk Quw'utsun youth. However, there is currently no operational

facility and finding suitable spaces to rent in the valley has been difficult for Cowichan Tribes and other local youth services providers. This is a major risk and barrier to caring for and protecting the most at-risk Quw'utsun Youth.

- **Lack of staff to resume "pre-pandemic" services while maintaining essential frontline youth outreach.** Frontline youth outreach has proven to be an essential service for protecting and supporting the most vulnerable, high-risk Quw'utsun youth during the worsening toxic drug crisis, which has coincided with the pandemic. This vital pivot in staff resource use was only possible because other services closed during the pandemic.

- **Need for dedicated frontline youth outreach workers**. Supporting and protecting the most vulnerable Quw'utsun Youth requires dedicated, permanent frontline youth outreach workers. This work is essential for keeping the most at-risk Quw'utsun youth alive. While some staff pivoted to frontline outreach when offices were closed during the pandemic, there is a need for additional staff to perform this life-saving work as staff shift back to "pre-pandemic" youth programming.

- **Pandemic restrictions including program and activities closures have severely impacted Quw'utsun Youth, increased rates of youth substance use, and significantly increased the demand and need for youth services and supports.**[78] The loneliness, boredom, isolation, and depression caused by pandemic restrictions and closures – which cut most activities and social interactions – have had a devastating impact on many Quw'utsun youth, and led to an increase in drug and alcohol use, particularly among the 14 to 18 age group. Staff and community members report that a large number of Quw'utsun youth who were involved in sports and other activities, and had no prior history of substance use, began using alcohol and drugs during the pandemic to cope with the boredom and lack of activities. Reports from Cowichan Tribes managers and staff indicate that among Quw'utsun youth aged 14 to 18 who were involved in sports, roughly half began using alcohol and drugs during the pandemic. Now that these unhealthy habits are established, there is a high risk that Quw'utsun youth who began using substances during the pandemic will continue to do so. Because of the dramatic increase in youth substance use during the pandemic, many Quw'utsun youth are at high risk of having an unhealthy relationship with substances. There is an urgent need to significantly increase supports, programs, and activities for Quw'utsun Youth, and to build a new Youth Centre.

- **Cowichan Tribes does not have adequate youth services and wrap-around supports in place to ensure that youth who leave home to get treatment do not relapse when they return.** Some Quw'utsun youth who leave the community for treatment either relapse when they return or do not want to come home because they feel unsafe. In 2020-2021, Lalum'utul' Smun'eem helped five Quw'utsun youth access detox and treatment services located outside the community. Of those five, three relapsed when they came home, one avoids the community because they don't feel safe returning, and one remains sober but avoids coming home because of the risk of relapse.

[78] Finding based on point-of-contact and case management data from Cowichan Tribes Youth Centre, Lalum'utul' Smun'eem, and Kwun'atsustul Counselling.

- **Need to partner with other Coast Salish nations to care for each other's youth who go away for treatment.** Until adequate supports are in place and Quw'utsun youth who go away for treatment feel safe returning home, there is a need and opportunity to collaborate and partner with other Coast Salish nations to care for Quw'utsun youth who go away for treatment and require long-term wrap-around supports.

- **Need to increase prevention and harm reduction and education for Quw'utsun youth and parents.** There is limited awareness among Quw'utsun Youth about the deadly risks of experimenting with drugs. In the youth focus group held by Youth Centre staff with Quw'utsun youth aged 12-16, none of the youth knew what fentanyl was or what to do when there is a drug poisoning. One of the most effective ways to deliver prevention and harm reduction education is by integrating it into other youth and parenting programs and activities. However, this effective approach is hindered by the lack of an operational Youth Centre in Cowichan Tribes. Prevention and harm reduction education in schools also needs to be enhanced, including via educational visits to classrooms by harm reduction and outreach staff. Educating youth is also essential to end prejudice and discrimination against people struggling with substance use and mental health disorders.

> ***Mukw' tu shhwa'luqwa 'o' tth'ele's tu shhwuli***
> *(The family is the heart of life)*
>
> - Quw'utsun Snuw'uy'ulh (Teaching)

- **Need to improve access to services and supports for youth who use substances and struggle with addiction.** While services and supports for adults who struggle with addiction are inadequate, local services and supports for youth are even worse to non-existent. Gaps include:
    - Lack of local detox and treatment services for youth (often the minimum age to access treatment is 18 years or older).
    - Lack of access to safer supply and medication for youth.
    - Lack of follow-up supports for youth who are hospitalized for drug poisonings, including at Cowichan District Hospital.

- **Need to ground supports for Quw'utsun Youth in the traditional Quw'utsun ways of caring for and raising youth, including a collaborative, community-based "Auntie & Uncle" approach.**

- **Need to increase supports for Quw'utsun Youth who age out or care and into the community, including proactive wrap-around transition planning and supportive housing.** Quw'utsun youth who age out of care are often suddenly cut off from most services and supports, and many rapidly fall into crisis, housing insecurity, and substance use disorders.

- **Need to increase age at which youth are forced to "age out" of receiving essential supports and services.**

- **Need to ensure the same standard of culturally appropriate care for all Quw'utsun youth, regardless of which agency is responsible for them.**

- **Need to increase youth awareness of safer substance use.** Adult members who use substances have reported to frontline outreach staff that many Quw'utsun Youth who use substances are not aware of basic safety steps on how to minimize risk when using substances, including the correct use of needles and essential harm reduction steps.

Moving Forward – Youth Supports & New Youth Centre

- **Youth services and supports are recognized as essential services for the health and wellbeing of Quw'utsun youth.**
- **New Cowichan Tribes Youth Centre**. A comprehensive feasibility study for a new Youth Centre is complete, including architectural and site design. Land has been allocated for a building site, and the project is shovel-ready. Approximately $10 million is needed to build the new Youth Centre.
- **24-Hour Youth Safe Space.**
- **Enhance youth activities and programs** including cultural, creative, learning, skills development, land- and sea-based programs, and activities that connect Quw'utsun Elders and Youth.
- Frontline youth outreach team. Youth outreach services will be grounded in the traditional "auntying" and "uncleing" approach to caring for our youth collaboratively and collectively.
- **Prevention and harm reduction education** for Quw'utsun youth and parents, including through integration into other programming and school outreach.
- **Improve services and supports for Quw'utsun Youth transitioning out of care and into community,** including wrap-around planning and support including housing, community and cultural supports.
- Collaborate to improve culturally safe services and follow-ups for Quw'utsun youth and members being treated at Cowichan District Hospital after drug poisonings and medical emergencies with adequate time for wraparound discharge planning.

> ***"It is about the love, the respect, the honor - and cherish our kids. Some of these kids didn't get that growing up. So it is never too late to start giving them the love and the respect that they need."***
>
> - Quw'utsun Elder

Recommendation 3 – Youth Supports & New Youth Centre

It is recommended that Cowichan Tribes:

3.1 Build a new Youth Centre as soon as possible, as per the Youth Centre feasibility study. ***(TOP PRIORITY RECOMMENDATION)***

3.2 Continue work with community partners to build and operate a 24/7 Youth Safe Space. ***(TOP PRIORITY RECOMMENDATION)***

3.3 Recognize youth services and supports as essential services for the long-term wellbeing Quw'utsun youth.

3.4 Enhance cross-department and community collaboration to ensure adequate youth supports, programs, and activities, including frontline youth outreach workers.

3.5 Improve access to culturally appropriate detox and treatment services for Quw'utsun youth.

3.6 Improve collaborative planning and wrap-around supports for Quw'utsun youth transitioning out of care and into the community, including supportive housing.

3.7 Advocate to ensure all Quw'utsun youth in care receive the same standard of culturally appropriate service, regardless of which agency is responsible for them.

3.8 Advocate to the BC Government to increase the age at which youth in care are forced to "age out" of receiving essential services and supports.

3.9 Build partnerships with other Coast Salish nations to care for Quw'utsun youth who leave home for treatment.

3.10 Establish a cooperative protocol with Cowichan District Hospital to ensure timely communication and discharge planning with Lalum'utul' Smun'eem and Ts'ewulhtun Health Centre when Quw'utsun youth are admitted and need culturally safe follow-up supports.

> ***"Culture should be the starting point of the healing process."***
>
> - Quw'utsun member who uses substances

4. Harm Reduction & Outreach

Successes – What's Working Well

- **Harm Reduction & Outreach Team**. Ts'ewulhtun Health Centre set up a permanent Harm Reduction & Outreach Team in spring of 2022. The team has been building strong relationships with members, offering naloxone training, and delivering food and supplies to vulnerable members, while providing a friendly, safe, and consistent access point for referrals to counselling, treatment, housing, basic needs, cultural supports, and other services. Having a Cowichan Tribes harm reduction and outreach team has increased the rate of members seeking help for addiction, thanks to the trusting relationships they've built. The Cowichan Tribes harm reduction team works closely with external service providers to provide wraparound care at the pod sites, formerly at "The Mound" and now at "The Village" in partnership with Lookout Housing Society, Community Action Team (CAT), Cowichan Housing Association, and numerous other providers.
- **Reduction in rate of fatal drug poisonings.** Since Cowichan Tribes and local service partners enhanced harm reduction and outreach supports in 2020, the rate of fatal overdoses among Quw'utsun people has declined[79] Harm reduction and outreach are helping to prevent Quw'utsun people from being killed by toxic drugs, which is essential to keeping members alive until they can access appropriate treatment for addiction.
- **Relationship-based approach to outreach and treatment**. Outreach staff's focus building strong relationships has increased trust and led to more members asking for help with addiction.
- **Culturally safe services.** Ts'ewulhtun Health Centre's culturally grounded approach to frontline outreach and harm reduction, including visits by Quw'utsun Elders to pod housing sites, has increased trust and helped increase the rate of members seeking help for addiction

Ts'ewulhtun Health Centre staff (Edward Joe & Stella Nilsson) hold a pop-up Narcan (naloxone) training for community members.

[79] Finding based on situation monitoring by Ts'ewulhtun Health Centre managers and staff, and local partners.

Findings & Community Needs – Harm Reduction & Outreach

- **Frontline harm reduction & outreach is saving lives, is an essential service, and must continue.** Frontline staff are the first point of contact for many of the most at-risk members who need help for addiction, and are essential for connecting at-risk members to services and supports.
- **Need to ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed.** Based on current need, this team will require *at least* 1 Coordinator, 2 Harm Reduction Workers and a Harm reduction nurse. The harm reduction team should be a part of Ts'ewulhtun's new addiction prevention and treatment team, to support a continuum of care.
- **Harm reduction has a number of other vital public health benefits,** including reduced transmission of HIV, Hepatitis, COVID-19 and other communicable diseases and infections.[80]
- **Frontline outreach has increased the rate of members seeking help for addiction.** Because of the strong relationships and trust between Cowichan Tribes outreach staff and people who use substances, more members struggling with addiction are asking for help to get well. Frontline outreach staff are an essential first point of contact for people to access services and supports.
- While naloxone distribution and frontline community outreach is saving lives on a daily basis, anedoctal reports suggest that in 2022 we lost roughly one Quw'utsun person per month to fatal overdoses.
- **The Cowichan Overdose Prevention Site (OPS) is an invaluable resource and is saving lives, but its hours should be extended.**

Moving Forward – Harm Reduction & Outreach

- **Establish a permanent Harm Reduction and Outreach Team.**
- **Advocacy for improved harm reduction and outreach services and supports,** including extended OPS hours and increased frontline outreach and harm reduction supports from other local service providers, including Island Health.

Recommendation 4 – Harm Reduction & Outreach

4.1 Ensure Ts'ewulhtun Health Centre's Harm Reduction & Outreach Team is adequately staffed with *at least* 1 Coordinator, 2 Harm Reduction Workers and 1 Harm Reduction Nurse. ***(TOP PRIORITY RECOMMENDATION).***

4.2 Advocate to the BC Government, the Government of Canada, FNHA, Island Health, and local service providers to increase and maintain frontline outreach and harm reduction supports in the Cowichan Valley.

> ***"Kids are gonna experiment - we need to make sure they do so safely."***
> - *Community Survey respondent who uses substances*

[80] Kinna Thakarar et. al., "Harm Reduction Services to Prevent and Treat Infectious Diseases in People Who Use Drugs," *Infectious Disease Clinics of North America,* 2020 Sep;34(3):605-620, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7596878/.

5. Cultural, Counselling, and Mental Health Supports

Successes – What's Working Well

- **Sa'qw'thut culturally-grounded treatment program is helping community members, requires additional capacity.** In October 2021, Kwun'atsustul launched the Sa'qw'thut culturally-grounded treatment program, a nature-based addiction treatment program founded on the Quw'utsun Snuw'uy'ulh (Teachings) and supported by Quw'utsun Elders and Knowledge Keepers. It is helping members struggling with addiction get well and re-connect to Quw'utsun culture, their families, Elders, the community, and the land. A number of participants report significant improvements in their health, and several have reported that the culturally-grounded program is preferable to Western 12-step programs.

Quw'utsun Sul'wheen and Kwun'atsustul Counselling staff planning the Sa'qw'thut Program.

- **Embracing Life's focus on building relationships and trust is leading to more members asking for help and helping members access the supports and services they need.** Embracing Life has created strong, trusting relationships with members, who now feel more comfortable and safe reaching out for help when they need it. This foundation of trusting relationships has improved access to services and supports, as more members are getting connected to the right providers after feeling enough trust to ask for help. It has also helped Cowichan Tribes' efforts at prevention, as many members are now more likely to reach out for help when they need it, rather than turn to substances to cope with crises and trauma. Over the past two years**, Embracing Life has become an essential prevention and intervention service and support for many members**, because many members will only ask for help from people they know personally and trust. Embracing Life has also been working to Indigenize services and supports delivered by non-Indigenous governments and providers. This includes addressing systemic racism and improving the ability of Quw'utsun people to access culturally safe services - including current discussion on service protocols with Cowichan District Hospital to ensure that Quw'utsun people received culturally appropriate care.

- **Peer Workers.** Ts'ewulhtun Health staff have begun to work with peers for addiction recovery support and outreach. Some members feel more comfortable getting help from people with lived experience of addiction.

- **Treatment Coordinator.** In response to the worsening crisis of toxic drug deaths and addiction, Kwun'atsustul Counselling created a Treatment Coordinator position in February 2022 to streamline access to residential treatment and detox (medically supervised withdrawal management).

  Lessons learned and current barriers identified by the new Treatment Coordinator:

  - A dedicated worker is necessary to handle all aspects of the detox & treatment application processes, including finding an appropriate and timely centre, making travel arrangements, daily check-in phone calls, and escorting the member to treatment. The coordinator is often also working with social workers, medical staff, and other partners to arrange for ID, bank cards, social assistance, medications, and personal belongings. Without support, the barriers to accessing residential treatment are often insurmountable for members who are unhoused and struggling with opioid misuse. Members who have been-street entrenched or living in pod housing at "The Village" usually leave for treatment with nothing. They are often in need of clean clothing, suitcases, and toiletries which are not covered by FNHA funding.
  - Most members need to be escorted to treatment by a worker with whom they have an established and trusting relationship. Members traveling to treatment are in a vulnerable state and need wraparound support for safety and to ensure that they make it to the treatment centre.
  - Many FNHA centres have a sobriety requirement for a number of days or weeks prior to admission. For members who require detox prior to going to treatment, it is a full-time job to arrange admission and travel to detox to align with the time perioid prior to intake at the residential treatment centre. Members must call each day to keep their spot on the waitlist - if they are actively using opiates and unhoused this is huge challenge. It often falls on staff to ensure that members have access to a phone in order to make the calls.
  - Travel is paid on a reimbursement and the cost for travel must be fronted and then submitted for reimbursement which can take weeks or months to receive.
  - Literacy is a barrier and very few treatment centres can provide care for members who struggle with literacy. This makes it challenging to find appropriate options for members. Also, few treatment centres offer LGBTQ+ safe options.
  - *See Appendix for detailed outline of current waitlists and accessibility barriers.*

Jared Qwustenuxun Williams prepares Pi'qwun Thuqi (traditional fire roasted sockeye salmon) at the Sa'qw'thut Culturally-Grounded Treatment Program.

Findings & Community Needs - Cultural, Counselling & Mental Health Supports

- **Cultural, counselling, and mental health supports are essential for prevention and recovery**. Cultural, counselling, and mental health supports are essential for *preventing* people struggling with trauma from turning to substance use to cope, for helping people struggling with addiction get well, and for preventing people in recovery from relapsing. [81,82]
- **The pandemic and the crisis of toxic drug deaths and addiction have dramatically increased Kwun'atsustul' Counseling's workload.** In addition to maintaining regular counselling services, over the past two years Kwun'atsustul has undertaken crisis management supports to respond to worsening mental health caused by the COVID-19 pandemic, as well as the worsening crisis of toxic drug deaths and addiction. The toxic drug crisis continues to worsen, and the mental health impacts of the pandemic will be long-lasting. Therefore, Kwun'atsustul Counselling requires more staff in order to continue responding to the the crisis of toxic drug deaths addiction and addiction deaths as well as the ongoing impacts of the pandemic, while simultaneously restarting "pre-pandemic" mental health services and cultural services
- **From 2010 to 2020, Kwun'atsustul staff levels were reduced by 55%.** Staff levels are being replenished, but the team still struggles to meet the high demand among Quw'utsun people for counselling, cultural, mental health, and addictions supports, and needs more staff.
- **Need to increase Embracing Life team to *at least* 3 full-time positions.** Given the essential role Embracing Life plays in prevention, intervention, referrals, relationship-based connections to other services, non-clinical personal care, and Indigenizing services for Quw'utsun people (including upcoming service protocols with Cowichan District Hospital), the Embracing Life team should be increased to *at least* 3 full-time positions (1 manager and 2 staff).
- **Need to normalize accessibility and delivery models of mental health and outpatient addiction treatment.** Members who are struggling with addiction or street-entrenched may not be able to access or may not feel comfortable going into an office or institutional setting to access services – they need to access supports in places they feel safe, from people they trust. The Kwun'atsustul Treatment Coordinator has been meeting with members out in the community, and on-site at "The Village". There is a need to normalize community-based connections with members to meet them "where they are at."
- **Need for adequate building & facilities.** The increased demand for services has increased the need for space, including office and program space. Ts'ewulhtun Health Centre does not have enough office or program space. In post-pandemic planning the need for program and office space is a major barrier to providing the services and supports that the community needs.

[81] National Institute on Drug Abuse, "Behavioural Therapies," *Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Ed.),* https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies.
[82] Margo Rowan et. al., "Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study," *Substance Abuse Treatment, Prevention, and Policy* 9, 34 (2014), https://doi.org/10.1186/1747-597X-9-34.

"Being on the land, having Elders talk to you, being cleansed by branches, going for baths in the water. Praying, sitting under a cedar tree. Walking out in the bushes.

We have our own ways of healing. We have to believe in our ways. *Much of our ways have been left behind. Much of our youth have been influenced otherwise. We need our youth back out on our lands, learning the language, learning how to survive on the land, without a phone, without takeout food, without drugs and alcohol. We need to instill the value of our ways back into our youth."*

- *Quw'utsun community member*

- **Sa'qw'thut culturally-grounded treatment program requires additional capacity & more staff.** As noted above, Kwun'atsustul' Sa'qw'thut culturally-grounded addiction treatment program has proven highly successful. Expanding the program will require restoring Kwun'atsustul's staff complement to *at least* 2010 levels.

- **Need for frontline counselling and mental health outreach services .** There is a need for mental health outreach, including counsellors and peer support workers, to "meet people where they're at," connect members to treatment and other supports, and "walk alongside" members throughout their healing journey. Members struggling with mental health and substance use disorders often do not feel comfortable accessing counselling and mental health services in an institutional or office environment. Engagement with community members who use substances and residents in low-barrier housing, as well as engagement with Ts'ewulhtun Health Centre managers and staff, found a strong need for frontline counsellors and peer mental health workers to work alongside harm reduction and outreach staff. Frontline counselling and peer-based mental health services are required to meet a variety of complex needs – from Indian Residential School trauma to interpersonal or sexualized violence, to supporting members who have lost loved ones to toxic drug deaths.

Moving Forward – Cultural, Counselling & Mental Health Supports

- **Increase Kwun'atsustul Counselling and Embracing Life staffing**.

Recommendation 5 - Cultural, Counselling & Mental Health Supports

It is recommended that Cowichan Tribes:

5.1 Increase Kwun'atsustul Counselling staffing to *at least* 2010 levels (13 staff) to maintain regular counseling services, *plus* additional staff to maintain and expand the Sa'qw'thut culturally-grounded treatment program as it expands to meet community need.

5.2 Increase the Embracing Life team to *at least* 3 full-time positions (1 manager and 2 staff).

5.3 Advocate to the BC Government, the Government of Canada, Island Health, and the FNHA to increase funding and supports for culturally appropriate mental health and counselling services in the Cowichan Valley.

> ***"Lift our people up, make them feel heard, show them that we care."***
> - Quw'utsun community member who uses substances

6. Working Group & Collaboration

Successes – What's Working Well

- **Working Group & collaboration have improved services for members:** Engagement with Cowichan Tribes managers and staff – and with external partners including Island Health, the FNHA, the RCMP, Lookout Housing Society, and other local partners – found that the Opioid Crisis Response Working Group structure has:
    - Improved cross-departmental collaboration in Cowichan Tribes, and with external health and law-enforcement partners.
    - Improved services for members.
    - Increased awareness among external partners – including Island Health, the FNHA, and the RCMP – on the needs of Quw'utsun people and helped identify ways to improve services for members and improve community safety.

Findings & Community Needs – Working Group & Collaboration

- **Need to make Working Group a permanent standing working group,** and include representatives from Ts'ewulhtun Health Centre (Kwun'atsustul, Youth, and harm reduction teams), Lalum'utul' Smun'eem, Sustainable Housing. As noted, the cross-departmental Working Group has improved services for members and increased partners' awareness of members' needs. The Working Group should continue in order to support Cowichan Tribes' integrated addiction prevention and treatment program.

- **Need for dedicated staff support for Working Group.** Working Group coordination, facilitation, data collection, reporting to Chief & Council and community members, and communications are currently done by managers and staff "off the side of their desks," on top of their full-time responsibilities. The Working Group was also supported by an external consulting firm with term-limited funding that ended with the finalization of this report. Working Group coordination requires consistent dedicated time and effort. Moving forward, the Working Group needs dedicated staff capacity to ensure this important work continues.
- **Need for improved data collection, situation monitoring, analysis, and reporting.** There is a need to improve the collection, monitoring, analysis, and reporting of a variety of data points related to the crisis of toxic drug deaths and addiction in Cowichan Tribes. Such data collection is vital to understand the crisis and to maintaining and enhance Cowichan Tribes' ongoing response. However, additional, dedicated staff capacity is needed to ensure this work is done in a consistent and high-quality manner.

Moving Forward – Working Group & Collaboration

- Permanent standing Working Group with dedicated support and adequate resources.
- Continued collaboration with local partners including Island Health, FNHA, CAT, and RCMP.

Recommendation 6 - Working Group & Collaboration

It is recommended that Cowichan Tribes:

6. Establish a permanent cross-departmental working group – with dedicated support and adequate resources – to coordinate Cowichan Tribes' ongoing response to the crisis of toxic drug deaths and addiction. ***(TOP PRIORITY RECOMMENDATION)***

Ts'its'uw' atul. Nuts'umat kwun' syaays sh-hwuys kwtho' mukw'

(Help one another and work together for the good of all)

- Quw'utsun Snuw'uy'ulh (Teaching)

7. Communications & Prevention Education

Successes – What's Working Well

- The Working Group's communications and prevention education campaign has had a significant impact in increasing awareness and improving access to services and supports. The campaign included social media, monthly newsletter sections, a **webpage**, videos on Shaw channel, and a billboard. Community members, Quw'utsun Elders, and Ts'ewulhtun Health Centre managers and staff have reported that the campaign has helped to increase awareness of:
    - The risks of toxic drugs.
    - How to respond to a drug poisoning and the importance of having naloxone.
    - Where to get naloxone
    - Where to get help for addiction.
    - The importance of ending stigma and discrimination against people struggling with addiction.

*The communications campaign included **videos of Quw'utsun Youth** speaking out about the toxic drug crisis.*

Findings & Community Needs - Communications & Prevention Education

- **The Working Group's communications and prevention education campaign is having an impact and should continue.** There is a need for Cowichan Tribes to maintain and enhance its communications and prevention education campaign.

- **Need for public health communications capacity in Ts'ewulhtun Health Centre .** To date, Working Group communications have been supported by an external contractor whose term ended on March 31, 2022. Moving forward, there is a need for dedicated staff capacity to support ongoing communications and prevention education including creating and coordinating content for newsletter sections, social media posts, webpage updates, videos, and updates to Chief & Council and community members. Enhancing communications capacity would also improve Ts'ewulhtun Health Centre's ability to meet its public health goals beyond the crisis of toxic drug deaths and addiction.

- **Ongoing lack of awareness of risks of drugs, especially among Quw'utsun Youth.** While the communications and education campaign has had an impact, there is still widespread lack of awareness about the risks of toxic drugs and what to do if there is a drug poisoning, especially among Quw'utsun Youth. As noted above, in the youth focus group held by Youth Centre staff with Quw'utsun youth aged 12-16, none of the youth knew what fentanyl is or what to do when

there is a drug poisoning. Accordingly, there is a need to maintain and enhance communications and prevention education, particularly for Quw'utsun youth and parents. Education should include integration of prevention education into youth programs and activities, and harm reduction education in schools.

- **Ongoing stigma and discrimination.** Widespread stigma, prejudice, and discrimination against people struggling with addiction are worsening the crisis and are major barriers for people who want to get well. There is a need for ongoing education and communications to end stigma, prejudice, and discrimination.

Moving Forward – Communications & Prevention Education

- Maintain and enhance the Working Group's communications and prevention education campaign.
- Add public health communications capacity in Ts'ewulhtun Health Centre.

Recommendation 7 - Communications & Prevention Education

It is recommended that Cowichan Tribes:

7. Maintain and enhance the Working Group's prevention and harm reduction education and communications campaign.

Hwialasmut ch tun' s-ye'lh

Take care of your health

- Quw'utsun Snuw'uy'ulh (Teaching)

8. Safe Supply of Substances & Decriminalization

Successes – What's Working Well

- The Overdose Prevention Site (OPS) and harm reduction model are saving lives.
- Moves towards decriminalization of simple possession are encouraging people to call 911 when overdoses occur.

Findings & Community Needs – Safe Supply of Substances & Decriminalization

- **Need for regulated, accessible safe supply of substances.** The poisoned illicit drug supply and the lack of legal safe supply are the most immediate causes of the crisis of toxic drug deaths. Criminalization of substance use and the lack of an accessible safe supply forces people who use substances to purchase illicit drugs, which often kill them. The BC Coroners Service Death Review Panel reports that:

  > The primary cause of increased deaths is the growing toxicity and unpredictability of the street supply of drugs. The current drug policy framework of prohibition is the primary driver of this illegal, unregulated and toxic street supply. Until new regulatory approaches are implemented within the national drug policy framework … the risk of significant harms, death and this public health emergency are unlikely to improve.[83]

  The panel found that: "The decriminalization of people who use drugs for personal consumption is urgently needed to address the illicit drug toxicity crisis."[84]

  The panel recommended that health ministries and health authorities,

  > Rapidly expand the safer drug supply throughout the province to ensure a safer supply is available in all communities, including rural/remote and Indigenous communities where people are at risk of dying due to toxic illicit drugs.[85]

  Health Canada's Expert Task Force on Substance Use called the need for an accessible safe supply of substances "an urgent priority." [86] The Chief Medical Officer of the City of Vancouver has called access to a safe supply of substances "the single most important intervention" to address the crisis of toxic drug deaths.[87] An accessible, regulated safe supply of substances is urgently needed to prevent more Quw'utsun people from being poisoned and killed by toxic drugs.

[83] BC Coroners Service Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, page 4.
[84] BC Coroners Service Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, page 25.
[85] BC Coroners Service Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, page 5.
[86] Health Canada Expert Task Force on Substance Use, "Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)", https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a9
[87] Jen St. Denis, "We Haven't Done the Most Basic Thing to Address This Crisis", *The Tyee,* 21 October 2021, https://thetyee.ca/News/2021/10/21/Most-Basic-Thing-To-Address-Crisis/.

- **Regulated safe supply of substances is needed to keep people alive until they can access appropriate treatment.** Long wait lists for residential detox and treatment (1 to 18 months) and lack of access to appropriate addiction treatment are preventing people struggling with addiction from getting the help they need in a timely manner. As noted above, Quw'utsun people are dying while waiting to access appropriate treatment. A regulated safe supply of substances is therefore needed to help keep people alive until they can access the services and supports they need to detox and get well. Simply put, dead people cannot go to detox or treatment.

- **Current medications and safe supply are inadequate.** Ts'ewulhtun Health Centre managers and staff report that current substitution medications such as Opioid Antagonist Therapy (OAT) and Tablet-injectable Opioid Antagonist Therapy (TiOAT) are inadequate and inaccessible for the vast majority of substance users in Cowichan Tribes. Moreover, the delivery model for current medication and safe supply programs is not accessible or adequate for most members struggling with addiction. Barriers include insufficient options and dosage levels, having to make multiple daily trips to get medication, lack of transportation to access services, and a lack of medical practitioners with the knowledge, training, and experience needed to prescribe safe supply.

- **Failure of the Government of Canada, the BC Government, and health service providers to take adequate action to increase access to safe supply.** Despite the toxic drug crisis being declared a public health emergency in 2016, federal and provincial governments and health service providers have failed to take adequate action to improve access to safe supply of substances. Ts'ewulhtun Health Centre managers and staff report that current access to safe supply of substances for members is dangerously – indeed, fatally – inadequate.

- **Criminalization is putting Quw'utsun youth at higher risk of drug poising and death.** Ts'ewulhtun Health Centre staff have received multiple reports of Quw'utsun youth not calling 911 when their friends are overdosing, out of fear of police arriving on scene.

- **Criminalization of substance use is worsening the crisis and fueling stigma and discrimination.** The criminalization of substance use is increasingly recognized by public health officials and police forces as a failed and ineffective approach that is stigmatizing people struggling with addiction and worsening the crisis of toxic drug deaths.[88] In May 2021, Health Canada's Expert Task Force on Substance Use unanimously recommended the decriminalization of simple drug possession:

  > It is our expert opinion that penalties of any kind for the simple possession and use of substances are harmful to Canadians. Substance use should be managed as a health and social priority, with a focus on the social determinants of health, and not through criminal or civil sanctions."[89]

[88] BC Coroners Death Review Panel, *A Review of Illicit Drug Toxicity Deaths*, page 24-25.

[89] Health Canada Expert Task Force on Substance Use, "Report 1: Recommendations on alternatives to criminal penalties for simple possession of controlled substances".

"Substance use and addiction is a public health issue, not a criminal one," said Sheila Malcolmson, BC Minister of Mental Health and Addictions. "We know shame prevents many people from accessing life-saving care. That's why it's crucial to decriminalize people who use drugs."[90] Lisa Lapointe, B.C.'s chief coroner notes that,

> Criminalizing members of our communities who use drugs has resulted in decades of causing further harms to many who are already suffering from mental or physical health challenges and/or the effects of emotional or physical trauma. … Decriminalization will help shift our focus from punishment, which has resulted in social isolation, stigma and fear, toward a medical model that recognizes substance use as a health issue.[91]

In May 2022, British Columbia received approval from Health Canada for the temporary decriminalization of simple possession. However, the restricted approach has been criticized as dangerously inadequate by people who use substances, public health experts, and advocates.[92]

- **Criminalization of substance use disproportionately harms Indigenous people** by involving them in a criminal justice system which is plagued with systemic racism. In Canada's criminal justice system, Indigenous people are massively overrepresented and more likely to be convicted than non-Indigenous people.[93,94] Involvement in the criminal justice system further stigmatizes members and limits their opportunities.

Moving Forward – Safe Supply of Substances & Decriminalization

- **Support for full decriminalization and a safe supply of substances.**
- **Support for a trauma-informed, health-based approach to community safety.**

Recommendation 8 - Safe Supply of Substances & Decriminalization

It is recommended that Cowichan Tribes:

8.1 Improve access to safe supply of substances for members.

8.2 Advocate to the BC Government, the Government of Canada, Island Health, and FNHA to fully decriminalize substance use and rapidly improve access to a safe supply of substances in the Cowichan Valley.

[90] Government of British Columbia, "B.C. applies for decriminalization in next step to reduce toxic drug deaths".
[91] *Ibid.*
[92] Jen St. Denis "Drug Decrim Plan for BC Panned as Inadequate," *The Tyee,* 31 May 2022, https://thetyee.ca/News/2022/05/31/Drug-Decrim-Plan-BC-Panned-Inadequate/
[93] Brett Forester, "Justice Canada study finds own criminal courts stacked against Indigenous accused, *APTN News,* 19 Oct 2021, https://www.aptnnews.ca/national-news/justice-canada-study-finds-courts-stacked-against-indigenous-accused/.
[94] Canada Department of Justice, Understanding the Overrepresentation of Indigenous people in the Criminal Justice System," *State of the Criminal Justice System Dashboard,* 28 April 2022, https://www.justice.gc.ca/socjs-esjp/en/ind-aut/uo-cs.

9. Other Findings & Community Needs

The Opioid Crisis Response Working Group identified a number of other findings, including planning and organizational considerations for Cowichan Tribes.

Overall Approach

- **Need for permanent, long-term program funding from the BC Government and the Government of Canada to address the crisis of toxic drug deaths and addiction – not short-term funding and one-time grants.** Cowichan Tribes' response to the crisis of toxic drug deaths and addiction has been funded in part with temporary program funding and short-term or one-time federal and provincial grants. This temporary, short-term funding model for Indigenous nations confronting the crisis of toxic drug deaths represents yet another systemic failure by the BC Government and the Government of Canada to take adequate action to address the crisis and a failure to take adequate action on reconciliation.
- **Need for progress measurement, evaluation, and periodic re-assessment of the Recommended Strategies & Actions and recommendations.** There is a need to measure, evaluate, and report on progress made on the implementation of the Working Group's Recommended Strategies & Actions and recommendations, and a need for periodic re-assessment and re-calibration of the Working Group's Recommended Strategies and Actions based on progress made and the evolution of the crisis of toxic drug deaths and addiction.
- **Need to increase Cowichan Tribes' capacity for advocacy and participation in decision-making tables.** Improving access to culturally safe services for members often requires advocacy and participation by Cowichan Tribes managers and staff at decision-making tables. However, staff often receive requests to participate in external committees on top of their normal workload. There is therefore a need to increase staff capacity for advocacy and participation in decision-making tables, and for colonial governments and service providers to provide funding to support this capacity and ensure that First Nations are properly represented at decision-making tables.
- **Need for all Cowichan Tribes services and programs to be accessible to all members in equitable, low-barrier, less centralized way.** Most Cowichan Tribes services and supports are currently centralized, and there is an opportunity to improve access to services for members in all villages and areas, particularly economically disadvantaged areas where transportation may also be a barrier.
- **Need to continue and increase low-barrier access to culture for at-risk members.** Elders visiting the residents at the pod-site "The Village" is a popular and frequently requested service that Ts'ewulhtun Health Centre staff have been facilitating.
- **Need for advocacy to address unequal on-reserve versus off-reserve funding & resources.** Members living on-reserve vs. off-reserve do not have access to the same funding or resources. There is a need for advocacy to address inequity in access to funding and services.
- There is a need for all Cowichan Tribes services and programs to be culturally grounded and accessible to all members in equitable, low-barrier, de-centralized way regardless of whether members reside on- or off-reserve.

Cowichan Tribes Human Resources Challenges & Staff Supports

- **Addressing staff burnout, poor mental health, and increasing loss of staff.** Ts'ewulhtun Health Centre and Lalum'utul' Smun'eem are struggling with worsening mental health and increasing burnout among staff. Ts'ewulhtun Health Centre and Lalum'utul' Smun'eem staff often must routinely witness and respond to extremely traumatic incidents, often for people they know. Many staff are Quw'utsun members who often provide services for their family, friends, and neighbours. Cowichan Tribes staff routinely work "in-kind," unpaid hours supporting community members they know personally, and routinely provide services and supports which are beyond the scope of their contract roles and responsibilities. They may be contacted by members for services and supports outside their scheduled work hours. This includes requests for services through personal communication channels, and occasionally includes members going to staff members' homes uninvited to ask for services or supports. Due to all of these factors, it is very difficult for Cowichan Tribes staff to "leave work at work." Routinely witnessing and responding to extreme trauma for people they know (often family and friends), and being routinely asked to provide supports outside of work hours, significantly impacts the mental and emotional health of Cowichan Tribes staff. These demands placed on staff have grown during the pandemic, worsening the challenges of burnout, poor mental health, and attrition among Cowichan Tribes.
- **There is a need for Cowichan Tribes to significantly improve staff supports, care plans and practices.**
- **Need to include Clinical Counseling in the staff benefit package.** While the Employee Assistance Program (EAP) is available for short-term support, Clinical Counselling is not currently included in the staff benefits package. Including Clinical Counselling in the staff benefits package would empower staff to pick their own counsellors, to develop long-term therapeutic relationships conductive to intergenerational healing rather than being limited to short-term crisis interventions, and to focus on long-term and sustainable mental and emotional wellness.
- **There is a need for Cowichan Tribes to examine wise practices for caring for staff who routinely respond to and provide supports for intense trauma,** including for people they know.
- **Growing demand for services, lack of staff capacity.** Staff are facing increasingly unsustainable demands because regular "pre-pandemic" programming is set to resume, yet staff are still busy providing support to address the devastating impacts of the pandemic including dramatic increases in mental health disorders, increased addiction and substance misuse (including youth substance use), and trauma. Current staffing levels are inadequate to re-establish "pre-pandemic" services and activities while also providing essential supports to address the ongoing devastating impacts of the pandemic. It is therefore vital that Cowichan Tribes address the staffing needs outlined in this report.
- **Adequate Quw'utsun cultural training for all new staff.** To deliver services to members in a safe, appropriate and effective way, all new staff should receive adequate Quw'utsun cultural training and education.

Recommendation 9

It is recommended that Cowichan Tribes:

9. Add Clinical Counselling to the employee benefits package and enhance mental health supports for staff.

Conclusion

Moving forward, addressing the crisis of toxic drug deaths and addiction must remain a top priority for Cowichan Tribes.

So too should advocating to the BC Government, the Government of Canada, and health service providers to start addressing the crisis of toxic drugs deaths as the devastating public health emergency that it is. This crisis – which is killing First Nations people at alarmingly disproportionate rates – is due largely to impacts of colonization and the failure of colonial governments to take adequate action on reconciliation and provide adequate funding and resources to Indigenous communities. There is a need for ongoing advocacy to federal and provincial governments and health service providers to:

- Act with far, far more urgency to address the crisis.
- Provide adequate funding to First Nations that is not only equal to non-Indigenous communities, but commensurate with the disproportionate impacts of the toxic drug crisis on First Nations communities.
- End systemic and institutional racism.
- Take more adequate and meaningful action on reconciliation.

While the challenges ahead are many, the Working Group believes that our recommendations – if acted upon adequately – will prove to be an effective way forward to address the crisis of toxic drug deaths and addiction in Cowichan Tribes.

Members of the Opioid Crisis Response Working Group are grateful to Chief and Council for entrusting us with this important mandate. We are also grateful to all who shared their wisdom, experience, time, and input to guide the development of the findings and recommendations, including Quw'utsun S-ul'hween (Elders), Quw'utsun Youth, Quw'utsun Mustimuhw (community members), community members who use substances, Cowichan Tribes staff, Working Group members, and our many local service partners.

Huy tseep q'u!

"Teachings are so powerful. It's teachings that have kept Cowichan Tribes people strong through everything they have lived through. Teachings are about family, love, kindness, helping each other. Every single member of Cowichan Tribes is here for a reason. Sometimes that reason gets lost but it can be found again!"

- Quw'utsun community member

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Appendix A: Wait Times to Access Treatment in British Columbia – January 2023

Kwun'atsustul Counselling's Treatment Coordinator maintains this tracker of access, wait times, and bariers to treatment in British Columbia. This data was updated January 2023.

Wait Times to Access Treatment in British Columbia – January 2023								
Vancouver Island Residential Treatment Centers								
NNADAP Funded Beds								
Location	**Name**	**Waitlist/ Intake dates**	**OAT Therapy Provided**	**Sobriety Needed Prior**	**Gender**	**LGGTQ2S Friendly**	**Distance (km)**	**Literacy Required**
Port Alberni	Kackaamin Family Development Centre	4-8 months	No	14 days	Families	No	149	Yes
Alert Bay	NAMGIS Treatment Centre	2-4 months	No	14 days	M or F	No	303	Yes
Nanoose/ Cowichan	** Tsow-Tun Le Lum Society	TBA 2023?	No	14 days	M or F	No	60 / 5	Yes
Provincially Funded Beds on Vancouver Island								
Nanaimo	Edgewood Treatment Center (5 beds)	10 mths	Yes	0 days	Co-ed	Yes	50	No
~~**Cobble Hill**~~	Cedars - *As of 2023 Cedars is 100% private – no funded beds*	----	Yes	0 days	Co-ed	Yes	14	No
Youth Residential Treatment Center								
Campbell River	John Howard 180 degrees & second stage	3-5 months	Yes	0 days	Co-ed	Yes	178	No
Remaining Treatment Centres of BC								
NNADAP Funded Centers								
Location	**Name**	**Waitlist /Intake dates**	**Oats Therapy Provided**	**Sobriety Needed Prior**	**Gender**	**LGBTQ2S Friendly**	**Distance (km)**	**Literacy Required**
Kitimat	Gya'Wa'Tlaab Healing Centre	4 months	Partial	7 days	M	No	1550 km	Yes
Williams Lake	Nenqayni Wellness Centre	1 month	No	14 days	Family	No	591 km	Yes

Armstrong	Round Lake Alcohol and Drug Treatment	3-5 months	Yes	14 days (Meth 5 months)	Co-ed	Yes	599 km	Yes
Kitwanga	Wilp Si'Satxw Community Healing Centre	May 2023	Partial	(A) 14 days (D) 4 months	Co-ed	Yes	1398	Yes
Fort Fraser	Carrier Sekani (Ormand Lake Nature Based) *priority to Northern communities & 28 day program in summer months only	Jul 2023	Partial	14 days	co-ed	Yes	1059 km	No
Dawson Creek	North Wind Wellness Centre (4 beds)	8 weeks	Partial	14 days & 4 counselling sessions	co-ed	Yes	1326 km	Yes
Provincially Funded Treatment Centres Of BC								
Maple Ridge	Hannah House & Second Stage for 1 year	1-3 weeks	Yes	0 days	F	No	176 km	Yes
Maple Ridge	Prairie House & Second stage for up to 1 year	1-3 Weeks	Yes	0 days	M	No	176 km	Yes
Prince George	Nechako Youth Treatment Program & second stage(1 Yr)	1-3 Weeks	Yes & Detox facility	0 days	Co-ed	yes	921 km	No
Surrey	All My Relations-Together We Can/ Robin's Nest **Not on FNHA's approved list. $3600 in fees outstanding after provincial share has been paid*	1-4 Weeks	Yes & Detox facility	0 days	M or F	Unsure	74 km	No
Second Stage Supportive Housing								
Agassiz	Telmexw Awtexw Treatment Centre	** Day Program Only & Must have residence in close proximety*					155 km	
Alkali Lake	Esk'etemc Recovery House	**Second stage living after completing Residential Treatment*					353 km	

** Tsow-Tun Le Lum Society is in the process of relocating from Nanoose to Cowichan. They have announced no more intake dates in Nanoose. Opening date for Cowichan is unknown at this time.