

# ON THE FRONT LINES

## OF THE OPIOID CRISIS

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How community organizations  
and their staff are coping



COMMUNITY  
**REPORT**  
**2017**

# ON THE FRONT LINES

## OF THE OPIOID CRISIS

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A community report  
from **Central City**  
**Foundation**

DECEMBER 2017

How  
community  
organizations  
and their staff  
are coping

“Our staff are doing the real frontline work every single day. They are there before the first responders, and they are there after the first responders leave, and we are supposed to be doing this for a fraction of what they have.”

**Mebrat Beyene** • Wish Drop In Centre Society

# Executive summary

## › Introduction

Since 1907, Central City Foundation and our donors have worked with our neighbours to remove barriers, create opportunities and build human capacity in Vancouver's inner city.

In pursuit of this mission, we work with dozens of excellent and effective non-profit organizations, our community partners. These organizations have been dealing with the deadly epidemic of opioid overdoses and addictions in the inner city for several years now.

Their staff are the front line workers in the opioid crisis gripping Vancouver and BC, and their organizations are having to cope with a heightened amount of trauma, loss and stress that will impact our community in the long term as well as the short term. Staff and volunteers at our community partners are the ones having to check constantly on clients to be sure someone is not overdosing, to revive clients who OD at their sites, to help clients grieving from the immense loss of life in the community – all while dealing with their own trauma, grief and stress. And that's on top of their regular jobs providing critical support services to our neighbours on a daily basis.

For many of our community partners, responding to this crisis is also taking a toll on their budgets, as few have received the necessary increases in funding to deliver these additional services or support staff and volunteers in their delivery.



WISH Drop In Centre staff meeting

## › The effect on community organizations

From July to September 2017, we did in-depth interviews with 29 leaders at 21 non-profit organizations serving the inner city. We heard from front line workers, shelter managers, health workers, program managers, directors of non-profit organizations and social service agencies.

All of the organizations say the opioid crisis is having a large impact on their operations, their staff and their clients, and all are feeling significant strain due to the crisis.

More than 71% of organizations say the opioid crisis is having a direct impact on their staff and their work with people in the inner city. Another 29% say the impact of the crisis has been indirect, but still highly significant.

## › Our findings

The organizations interviewed highlighted many challenges posed by the opioid crisis. They told us about programs that are working to deal with the situation. And they have important insights into how to start solving the problems of this crisis.

### CHALLENGES OF THE OPIOID EPIDEMIC

Staff and volunteers are seeing and dealing with trauma daily, causing them to burn out faster as they must respond to the crisis on top of their regular jobs. This has a direct impact on the organization's bottom line. The loss in community is immense, and organizations are dealing with significant grief. They are under-resourced to deal with this crisis, and feel that what they do is significantly undervalued by society and funders. They see a lack of will to address the underlying causes of the crisis, such as a severe shortage of affordable housing, poverty, racism and the impacts of colonialism. The community is resilient but there is only so much they can do without more support. The stigma that often defines people in the inner city by their substance use makes it harder to help people.

### WHAT IS WORKING TO DEAL WITH THE SITUATION?

Treating the whole person, not just their addiction, has shown success, along with Indigenous cultural healing. Addictions treatment with a continuum of care, particularly for women-only centres and in low barrier environments is working. Providing a judgement-free safe space for drug use at overdose prevention sites has reduced overdoses. Creating economic opportunities, volunteer, and peer support opportunities provide purpose and better income support. Peer education, peer-delivered services, and peer-driven initiatives are making a big impact.

### WHAT ARE THE SOLUTIONS?

Make funding more accessible, especially ongoing funding, and provide funding to expand hours and offerings. Expand drug replacement programs like the one at the Crosstown Clinic. Support peer-driven initiatives by meeting our neighbours where they are at and letting them lead. Provide space and time for memorials to acknowledge the community's grief, and tell

more stories about our neighbours in inner city. Explore counselling and training for front line workers to deal with their trauma, grief, and the potential for post-traumatic stress. Invest more in prevention and treatment, and start solving systemic problems to help our neighbours survive. We need to explore cultural healing, reconciliation and empowerment to help the community move beyond the current situation.

## › What is Central City Foundation doing in response?

At Central City Foundation we have invested 40 per cent of our capital assets directly in our mission, significantly more than any other foundation in Canada.

Through our social purpose real estate, we are able to provide subsidized space to many organizations that are making a difference. We also provide capital grants to community partners for often-neglected equipment and program needs. Our grants help non-profit organizations access funds for needs others don't fund. Some are capital needs, some are project based, and others receive operational funding.

## › Call to action

We must do more to help front line organizations strengthen their capacity and continue their critical work to support our neighbours in the inner city and beyond. We must recognize the very real impacts this crisis is having on staff, volunteers and leadership in our community sector and we must act now to provide the supports to mitigate these negative effects and strengthen these essential front line groups.

Foundations, governments, media, academia, the private sector, and individuals can all play a role in supporting the solutions led by community-based organizations that are highlighted in this report.

# Foreword

Since 1907, Central City Foundation and our donors have worked with our neighbours to remove barriers, create opportunities and build human capacity in Vancouver's inner city.

We are particularly grateful and want to acknowledge our neighbours from the Squamish, Musqueam and Tsleil-Waututh First Nations upon whose unceded traditional and ancestral territories we have undertaken our work over these many decades.

Today, we are funders, investors and builders with a passion for sustainable, timely solutions for those in need. Together we can bring about the promise of a vibrant, healthy and prosperous future for all our neighbours.

In pursuit of this mission, we work with dozens of non-profit organizations in the inner city and beyond. These organizations, our community partners, show excellence and effectiveness in meeting the needs of our most vulnerable neighbours. They have been dealing with the deadly epidemic of opioid overdoses and addictions in the inner city for several years now.

Because we know these organizations, and they have come to trust us after decades of seeing our commitment, we are in a unique position to observe, analyze and report on the impact the opioid epidemic is having on the organizations that support our neighbours in the inner city. Their staff are the front line workers in this crisis, and their organizations are having to cope with a heightened amount of trauma, loss and stress that will impact our community in the long term as well as the short term.



**Jennifer Johnstone**  
President and CEO  
CENTRAL CITY FOUNDATION

We hear regular stories about the effect of the crisis on first responders – police, fire, ambulance and hospital workers who treat those overdosing. Much is written about the statistics – the number of people overdosing, the number of people dying, the dollars given to help. But not enough is said about the people – our neighbours – whose lives have been deeply impacted.

Over the many decades of working closely with our community partners, we have learned that addiction does not happen in a vacuum. People struggling with substance use issues in the inner city are often simultaneously struggling with mental health issues and all are

trying to cope in complex circumstances marked by violence, homelessness or unsafe housing, poverty, and the devastating effects of intergenerational trauma.

It is our intention that this community report sparks action from all of us – funders, government, non profits, donors and all neighbours. We must direct assets and resources to these front line organizations, and bring more attention to the people who have been so very impacted by this crisis. We must work together to build a community in which all people are safe, fed and adequately sheltered, well educated, employed, supported, healthy and empowered to participate in the decisions that affect their lives.

**Jennifer Johnstone • President and CEO**  
CENTRAL CITY FOUNDATION

# Overview

**Residents of Vancouver's inner city, including those who live in the Downtown Eastside (DTES), are our neighbours.**

**These neighbours have been pushed to the margins of our society by poverty, a severe shortage of affordable housing and childcare, inadequate income supports, and few opportunities for suitable employment. They deal with intergenerational trauma, an ongoing legacy of displacement and dispossession resulting from colonialism and a long history of sometimes well-intentioned but ultimately damaging public policy and programs.**

Our inner city is a community that has been isolated and impoverished for decades. The 1980s proved to be a particularly harmful era for the inner city. There was the deinstitutionalization of the mentally ill by the Province of BC without the concurrent development of community supports. The changes in drug use with the emergence of cheap non-injection drugs such as crack cocaine and the concentration of the drug market and street level sex work in the DTES through public policy and enforcement measures in other parts of the city were also factors. In addition, there was the loss of inexpensive housing in other neighbourhoods in the city and the increasing costs of housing in Vancouver generally. This situation has only worsened in the ensuing decades.

Yet in the face of these complex and daunting challenges, resilience abounds, and community has survived. Supported by a network of services and community organizations, our neighbours in the inner city struggle on. In this struggle, many of our neighbours are also dealing with addiction and mental health challenges.

Some of our neighbours, particularly Indigenous people living in the inner city, are significantly more negatively affected, as evidenced by the disproportionate number of Indigenous people amongst our homeless population for example. In the most recent homeless count in Metro Vancouver, 34% identified as Indigenous, where only 2% of the total population identify as Indigenous.<sup>1</sup> Indeed for every measure of health, prosperity or wellbeing, Indigenous peoples significantly trail other Canadians. For Indigenous youth, the gap is proving ever deadlier. The recent Cedar Project

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<sup>1</sup> <http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/2017MetroVancouverHomelessCount.pdf>

Partnership report found that “Indigenous youth who use drugs in BC are 13 times more likely to die than all other youth in the same age group across the country.”<sup>2</sup>

Today, all our neighbours in the inner city contend with a new deadly development in the form of the opioid crisis.

The DTES has faced lethal health emergencies before. In 1997 the local health authority declared a public health emergency as rates of HIV infection were worse than nearly anywhere in the world. By 2011, the rate of infection had fallen significantly because of significant investments in the health care system that made Vancouver a global leader in HIV treatment.

But in the past few years, the increasing presence of synthetic opioids like fentanyl has created a crisis for the inner city that may soon dwarf in proportion all previous crises.

## › A public health emergency

In fact, a new public health emergency was declared in April 2016 by the provincial health officer in response to the rise in drug overdoses and deaths.

A myriad of issues underlie problematic substance use – trauma, poverty, dislocation from culture, broken connectedness, mental health disorders and a complexity of other psycho-socio-economic forces. At Central City Foundation, we understand that addiction is a health and social issue and solutions need to be complex.

This crisis has garnered media and public attention, with civic, provincial and federal politicians announcing many health measures to help deal with the situation. Harm reduction initiatives such as safe injection sites, overdose prevention sites, drug substitution, medical services and other measures have been put in place by funders, health authorities, and peers. These measures are saving lives. However, while we have had an effect on slowing the number of deaths by overdose, the root causes of this crisis have yet to be effectively addressed.



## › The effect on non-profit organizations and staff

The increased health spending has reduced fatalities, but this epidemic has taken a toll on everyone working or living in the inner city. None of these measures is ending the crisis, and those front line community organizations that are working tirelessly to help our neighbours are not well supported.

It is staff at community organizations who are having to check constantly on clients to be sure someone is not overdosing, to revive clients who OD at their sites, to help

<sup>2</sup> <http://www.cbc.ca/news/indigenous/indigenous-youth-drugs-death-1.4388450>

clients grieving from the immense loss of life in the community – all while dealing with their own trauma, grief and stress. And that's on top of their regular jobs helping our neighbours on a daily basis. Their staff at all levels are highly impacted by this crisis, as are their volunteers, their leaders, and the people they serve.

For many of our community partners, responding to this crisis is also taking a huge toll on their budgets as few have received the necessary increase in funding to deliver these additional services or support staff and volunteers in their delivery.

### › The effect on our neighbours in the inner city

All of our neighbours in the inner city have experienced significant loss due to this crisis. Residents have lost many friends and close neighbours, and the community is hurting. And yet we hear and see very few stories beyond the numbers. The stigma associated with both the inner city and drug use dehumanizes this crisis in many ways and prevents the individual stories of these many lives lost from being told.

This community report is the result of research with 21 of our community partners, learning about the impact that the opioid crisis has had on their organizations, their staff, and our neighbours in the inner city.

### › The scope of the opioid crisis

The size and magnitude of the opioid crisis is staggering.

It only took a few years for opioid poisoning to become a crisis of epidemic proportions. The number of people overdosing or dying from fentanyl and other deadly opioids has grown rapidly in the past five years, and the community, along with the health system and governments, were as much taken by surprise as the front line workers.

In 2016 alone, fentanyl-related deaths claimed the lives of 666 British Columbians – an increase of 77% from 2015. And in the first nine months of 2017, there have already been 1,103 overdose deaths, 914 of them directly attributed to fentanyl. In 2007 there were 183 illicit drug overdose deaths.

In Vancouver alone the City reports that the total number of deaths as a result of the overdose crisis is an estimated 280 for this year as of October 29, an average of seven deaths a week. Vancouver Fire & Rescue Services reported 105 overdose response calls in an average week, with more than 6,000 overdose calls this year so far, up 28% over the previous year, and putting the City on track for nearly 7,000 by year's end.

Across BC, there were 119 suspected drug overdose deaths in August 2017 alone, an average of 3.6 deaths per day for the month. This is a 79% increase over the number of deaths occurring in August 2016. Individuals aged 19-59 have accounted for 91% of illicit drug overdose deaths in BC. Males accounted for 82% of all suspected illicit drug overdose deaths over the same period.

The vast majority (88.1%) of illicit drug overdose deaths occurred inside (58.5% private residences, 29.6% other inside locations) and 11.4% occurred outside in vehicles, sidewalks, streets, parks, etc. **There were no deaths at supervised consumption or drug overdose prevention sites.**

Preliminary data from BC's Coroner suggests that the proportion of illicit drug overdose deaths for which fentanyl was detected (alone or in combination with other drugs) was approximately 67% in 2016 and 83% in Jan-Sept 2017.<sup>3</sup>

Nationally, opioid poisonings result in an average of 16 hospitalizations a day. At least 2,816 Canadians died from opioid-related causes in 2016, and the Chief Public Health Officer predicts that number will surpass 3,000 this year.<sup>4</sup> Across Canada, an average of 16 people a day were admitted to hospital in 2016-17 due to opioid poisoning.<sup>5</sup>

Canada is not alone in this crisis. Since the fall of 2013, fentanyl has contributed to more than 5,000 overdose deaths in the US. Fentanyl drove a 73% increase in synthetic opioid deaths in the US from 2014 to 2015, and was tied to the deaths of 60 people in the UK. There have also been a growing number of deaths from the drug in Australia, and the United Nations' office on Drugs and Crime (UNODC) has warned it could infiltrate Europe and Australia in a similar way.<sup>6</sup>

#### British Columbia • Illicit drug overdose deaths

<b>2007</b>	202 deaths
<b>2016</b>	981 deaths (77% over 2015)
<b>2017</b>	1,103 deaths on the first 9 months

#### City of Vancouver • Fentanyl-related deaths AS OF OCTOBER 29 2017

<b>280</b>	Deaths (7/week)
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#### City of Vancouver • Overdose Response Calls (ORC) AS OF DECEMBER 7, 2017

<b>6,000+</b>	ORCs
<b>7,000</b>	ORCs estimated by year end

3 <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

4 <https://www.canada.ca/en/health-canada/services/publications/healthy-living/map-apparent-opioid-related-death-august-2017.html>

5 [https://secure.cihl.ca/free\\_products/Opioid%20Poisoning%20Report%20%20EN.pdf](https://secure.cihl.ca/free_products/Opioid%20Poisoning%20Report%20%20EN.pdf)

6 <https://www.theguardian.com/us-news/2017/aug/18/un-synthetic-opioid-crisis-uk-australia-deaths>

# Government's response to the crisis

## › Harm reduction

Governments are investing money into solving the opioid crisis, with announcements from the City of Vancouver, the Province of BC, and the Canadian government coming regularly in the past year. The initial focus was an increase in health spending primarily focussed on harm reduction and substitution (Suboxone, naloxone etc.) with some very positive results. There has been a dramatic increase in funding for first responders in providing these services.



In December 2016, the City of Vancouver approved a hike in property taxes to help address the opioid overdose crisis. The City reported in January 2017 that these funds would be spent on a Mobile Medical Unit, which provides emergency and addiction health services in the inner city, and on ramping up the Vancouver Fire and Rescue Service's capacity on the DTES. There was also funding for a naloxone training event as well as public forum to raise awareness and identify key priorities. In total, the City has spent about \$2 million on the crisis.<sup>7</sup>

The BC government announced \$15 million in the next three years for a “community crisis innovation fund” to support community-based programs. This includes expanded hours and new addiction clinics in Vancouver, Burnaby, Chilliwack, Abbotsford, Mission and Langley. There was also \$6 million in the next three years for naloxone kits and new distribution centres, and \$3.4 million for a Mobile Response Team that gives training and education to community groups responding to overdoses and \$6.74 million for a public awareness campaign. This funding comes from the \$322 million the government committed to the overdose crisis in September's budget update.<sup>8</sup>

7 <http://council.vancouver.ca/20170124/documents/rr1.pdf>

8 [https://archive.news.gov.bc.ca/releases/news\\_releases\\_2017-2021/2017PREM0089-001647.pdf](https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2017PREM0089-001647.pdf)

“There has been a significant response to prevent deaths and overdoses, and this has had an impact on slowing the crisis, but it won’t solve the crisis,” says Jennifer Johnstone, President and CEO of Central City Foundation. “We may make inroads to prevent fentanyl-related deaths, but how long before another more toxic drug will come along? In the long run, the only way to solve this crisis is to solve the underlying causes of addiction and that means addressing the systemic issues in our communities.”



Corrina is the Volunteer Coordinator at the Vancouver Women's Health Collective

In February 2017, the federal government announced \$65 million over five years for national measures to respond to the opioid crisis and implement the government's Opioid Action Plan, and \$10 million in urgent support to BC to assist with its response to the overwhelming effects of the emergency in that province.<sup>9</sup> The federal government also invested \$7.5 million from the Canadian Institutes of Health Research to support practical research interventions to prevent opioid overdoses, treat those living with opioid dependency, and promote harm reduction.<sup>10</sup>

Vancouver Coastal Health (VCH) told us they will have spent around \$7 million by the end of this fiscal year 2017/18 on the opioid crisis.

## › Treatment

There are dozens of organizations supporting people with mental health and substance use in BC yet there are waiting lists for detox and treatment beds at every turn.

There is no centralized resource saying how many beds there are in the province for people seeking drug addiction treatment, where they are, who the beds are available for, or what services they provide. A CBC investigation in September 2016 reported that there were 2,574 beds, both public and private in BC, most of which were located in the Lower Mainland. They also found that only 117 public (and publicly listed) treatment spots were for youth, and an additional 44 that were either private or covered through Health Canada.<sup>11</sup>

The opioid crisis compelled a marginal increase in available treatment beds for women, although there are still, on average,

9 [https://www.canada.ca/en/health-canada/news/2017/02/government\\_of\\_canadaannouncesnewfundingtocombatopioidcrisis0.html](https://www.canada.ca/en/health-canada/news/2017/02/government_of_canadaannouncesnewfundingtocombatopioidcrisis0.html)

10 [https://www.canada.ca/en/institutes-health-research/news/2017/09/the\\_government\\_ofcanadainvestsinlife-savingopioidsresearch.html](https://www.canada.ca/en/institutes-health-research/news/2017/09/the_government_ofcanadainvestsinlife-savingopioidsresearch.html)

11 <http://www.cbc.ca/news/canada/british-columbia/are-there-enough-beds-for-drug-treatment-in-b-c-1.3756420>

noticeably more beds for men.<sup>12</sup> Our community partners continue to report a significant lack of an adequate supply of detox and treatment spots.

“There has been a significant response to prevent deaths and overdoses, and this has had an impact on slowing the crisis, but it won’t solve the crisis,” says Jennifer Johnstone, President and CEO of Central City Foundation. “We may make inroads to prevent fentanyl-related deaths, but how long before another more toxic drug will come along? In the long run, the only way to solve this crisis is to solve the underlying causes of addiction and that means addressing the systemic issues in our communities.”

## › Funding for front line organizations

Some of the hidden costs of this crisis are those born by front line community organizations. With the exception of very limited access to counselling services, community organizations are not being supported to deal with the impact the crisis is having on their front line staff and operations.

In July, VCH made \$70,000 (of the \$7 million they are spending on the crisis this year) available to community organizations for projects that “help empower vulnerable communities to address social and/or environmental factors that increase their risk of overdose.” These grants, ranging from \$100 to \$15,000 each, are meant to fund programs that reduce stigma faced by people who use substances, support urban Aboriginal communities in developing resilience and building social connections, enhance social connectedness and social supports for isolated men, prevent using substances alone, and engage communities outside the inner city.

The City of Vancouver is offering about \$600,000 in grants to non profits working through peers and community members to play a leadership role in combating the overdose.

Outside of these small grants, very little of all the government funding is being directed to the non-profit organizations for their staff, volunteers, and leadership to deal with the effects the opioid crisis is having on them.

**Some of the hidden costs of this crisis are those born by front line community organizations. With the exception of very limited access to counselling services, community organizations are not being supported to deal with the impact the crisis is having on their front line staff and operations.**

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<sup>12</sup> Annual Report, June 28, 2017, Chrysalis Society

# Our research and findings

## › Our research

In order to understand the scope and magnitude of the impact the opioid epidemic has had on non-profit organizations in the inner city, we undertook original research with those front line community organizations.

**From July to September 2017, we did in-depth interviews with 29 leaders at 21 non-profit organizations serving the inner city. We heard from front line workers, shelter managers, health workers, program managers, directors of non-profit organizations and social service agencies.**

These organizations offer crucial services to neighbours in the inner city. They provide shelter, health services, drop-in centres, safe spaces, social services, addictions treatment and recovery, youth programs, work and training programs, and other services. They work daily with the people in the inner city who are directly impacted, and they see the extent of the crisis every day. They themselves are feeling the strains, the grief and the trauma of working with people so touched by loss and grief. Their staff are significantly impacted, and their organizations are having to adapt and stretch to meet the needs of the crisis as best they can.

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**OF THE 21 ORGANIZATIONS WE INTERVIEWED, THEY OFFER SERVICES TO THE COMMUNITY IN THE FOLLOWING CATEGORIES** (some offer more than one service):

› Prevention	4
› Drop in centre	7
› Community support services	2
› Housing	4
› Overdose prevention/front line services	3
› Economic training/work	2
› Addictions treatment	2
› Health services provider	3

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Between them, these 21 organizations offer shelter, housing, health services, food or other services to thousands of people every day. Some serve large numbers, like the WISH Drop In Centre, which served 47,400 meals last year, the Battered



Staff at Wish Drop in Centre meet to discuss their community's needs

Women's Support Services, who see 18,000 women a year in their group sessions, or The Dugout, who see 200 people a day who drop in for breakfast and support. Others offer more focussed services to smaller numbers, like Chrysalis Society, who offer residential addictions treatment to 81 women admitted to three homes each year, or Pacific Community Resources Society, who provide housing support to over 70 youth and direct housing to over 50, or Mission Possible, who runs two social enterprises, MP Maintenance and MP Neighbours, that employ an average of 50 individuals per year in transitional jobs.

Central City Foundation has a relationship with each of these organizations. These community partners have either received a capital grant from the Foundation, receive project or ongoing funding, or are located in one of our social purpose real estate buildings, where they receive highly subsidized rent for their space.

## › Our findings

All of the organizations say the opioid crisis is having a large impact on their operations, their staff and their clients, and all are feeling significant strain due to the crisis.

More than 71% of organizations say the opioid crisis is having a direct impact on their staff and their work with people in the inner city. Another 29% say the impact of the crisis has been indirect, but still highly significant.

Every one of the organizations we interviewed is having to cope with the opioid crisis in several ways. Each is witnessing the impact on their clients and neighbours, and each is having to deal with the impact of the crisis on their organization's operations. These service providers, who are crucial to helping our neighbours in the inner city, crucial to building a strong community, helping people survive and thrive, must be helped to survive themselves. In addition, the needs of these organizations to deal with the opioid crisis, and to strengthen their capacity to operate, must be considered by governments, funders like us, and by the public.

# Challenges of the opioid epidemic

- The organizations interviewed highlighted many challenges posed by the opioid crisis. While the impacts on each organization vary, we heard some common themes that are prevalent for non-profit organizations in the inner city.

Some of the most pressing themes we heard are in the following pages:

### 1 Seeing and dealing with trauma

Staff and volunteers are directly impacted, either dealing with overdoses at their locations or nearby, or tracking their clients and being vigilant to be sure the people they serve are still alive. This is causing immense trauma to these front line workers and is having a huge impact on operations. Organizations report trouble finding and keeping staff, facing greater costs and more difficult operations because they have increased workloads and higher incidences of sick leave. Staff are burning out faster as they must respond to the crisis on top of their regular jobs and this has a direct impact on the organizations' bottom line.

"You find them sleeping, and you have to check their breathing. Usually, you take two knuckles and go like this.... and if they don't respond, then you know that you have to do something. If their eyes are rolling into the back of their head and not responsive, you are shaking them. You are yelling at them, and then you have to make a decision. You put it in and you push the syringe in and literally within seconds...They tell you that you are supposed to back away because they will literally jump up if they are laying down. The first time I had to do it, my hands were shaking so badly, and I felt like I wasn't trained enough and I am going to hurt this person. Everything happens within five seconds and you kind of just have to make decisions."

**EMI TOMIOKA**

ADMINISTRATIVE ASSISTANT • DOWNTOWN EASTSIDE WOMEN'S CENTRE

"We have lost a lot of folks. We see a lot of violence, that's not new to us, but the death toll is. It's shocking for us. We haven't seen so many people OD in such a rapid and short period of time that it's really hit us hard."

**LAURA DILLEY**

PAGE SOCIETY

"At the shelter, most of our overdoses are actually outside of our property. A lot of them, I would say probably 75% of the naloxone that we have administered have been men in the alley or on the lane in our parking lot. We have had a few in our washroom. I have administered a few times. My team itself has probably done it about 10-12 times."

**VANESSA SMITH**

SHELTER MANAGER • DOWNTOWN EASTSIDE WOMEN'S CENTRE

"One of my staff told me a while ago, they are scared of the phone ringing now because they have had too many people call them to say somebody has died. A large percentage of our staff are peer workers, people who were homeless themselves or had addiction issues themselves and this crisis is reminding them of past trauma and pain on a regular basis."

**CALUM SCOTT**

FAMILY SERVICES OF GREATER VANCOUVER

"If we have somebody in the back who wants to lay down, it's always mandatory that we go and check on them just to make sure that they are breathing."

**CORRINA RUSS**

VANCOUVER WOMEN'S HEALTH COLLECTIVE

"We are much more vigilant around our policies around checking bathrooms and stuff like that to make sure no one is in there longer than a certain amount of time. We had to roll out a whole staff training on naloxone. That's a big thing to roll out for our staff to understand what that means and their comfort level with it and work through that, but the young people, they are experiencing loss. They all know someone who has overdosed or passed away so with them coming from a background of being in care and all of the trauma that they have gone through, it's an added piece of trauma."

**SARAH STEWART**

AUNT LEAH'S PLACE

"This work has an emotional responsibility attached to it anyway. But the vicarious traumatization and that emotional responsibility, it has amped up quite significantly for our staff."

**ANDI WISEMAN • CHRYSALIS SOCIETY**

## CHALLENGES OF THE OPIOID EPIDEMIC

### 2 The loss in community is immense

Organizations are seeing huge losses of neighbours in the community, which is impacting them and their clients. They are dealing with grief in the populations they serve, on top of their regular services, and staff themselves are also dealing with their own grief of losing so much of the community with whom they work. Organizations also report an impact from the loss of key community members who had played important roles in the neighbourhood.

"Our clients are dealing with the grief of losing their friends or their street family and the guilt that they normally live with already. Then, that threat in the back of their head that says my physical and mental need for this drug right now is overwriting the risk. This is a really strong narrative of the power of addiction, to know that I am going to take this pill, or I am going to shoot this needle and it's going to give me a couple hours of ecstasy and happiness, but it could also kill me."

**CALUM SCOTT**

**FAMILY SERVICES OF GREATER VANCOUVER**

"Every single vendor knows someone who has died. It's been this profound grief and trauma and loss on such an incredible and awful scale in this community, with ripple effects of that on our staff and everyone who is involved."

**JESSICA HANNON**

**MEGAPHONE MAGAZINE**

"We are surrounded by it, and we have a great number of friends that died. So, personally, I probably know about 20 people that have overdosed and probably about one dozen of those that have died."

**JOHN CAMERON**

**DOWNTOWN EAST SIDE HIV/AIDS CONSUMERS BOARD**

"Some of the youth we deal with have lost caregivers, have lost peers and family members. That is where I would say the impact is felt most directly. Our counsellors are working with a lot of youth who are dealing with substance abuse challenges and unpacking the legacy of trauma and inter-generational disconnect and dislocation from home territories and cultures and what not, and our outreach team is on the streets. The opioid crisis is symptomatic of the whole legacy that we are unpacking, but it has caused us to be far more attuned into our harm reduction strategies."

**DENA KLASHINSKY**

**URBAN NATIVE YOUTH ASSOCIATION**

"One of the biggest impacts it's had is on morale and the patients themselves are losing their friends daily and many friends. I would think that depression, anxiety and all that stuff has increased...Almost every day someone will come in and say they have lost a street brother or sister. That certainly impacts trying to work with that individual themselves through addiction and stuff because it doesn't promote healing, right?"

**KRISTA TOWNSEND**

**VANCOUVER NATIVE HEALTH CLINIC**

"We have all lost patients and patients we have known for quite a long time, and also patients who were totally stable, and then gone, just like that. It's been really hard for a lot of people."

**GRETA PAULS**

**VANCOUVER NATIVE HEALTH CLINIC**

"Just the fact that we are losing women both to deaths and to repeated overdoses is really stressful and heartbreaking because we are in this neighbourhood. We are in this community and so it's residents, it's neighbours, it's coworkers, it's colleagues at other organizations and so on."

**MEBRAT BEYENE**

**WISH DROP IN CENTRE SOCIETY**

"Pillars in the community that people looked up to are passing away who are known as harm reduction drug advocates. People who are educators in the community have passed, and that's really hit people hard. Our members, our service providers, our employees are in chaos in that they are seeing more folks with grief issues, losing their roommates, their loved ones, their best friends."

**LAURA DILLEY**

**PAGE SOCIETY**

## CHALLENGES OF THE OPIOID EPIDEMIC

### 3 Under-resourced to deal with this crisis

Organizations are struggling to deal with the increased demands this crisis has put on their staff, volunteers and the organization's resources. The escalating costs of dealing with this crisis, including the dramatic increase in demands on their staff time and energy, are testing their capacity and will have a long lasting impact on their ability to deliver services. Non-profit organizations have always been poorly resourced, constantly looking for funding, but this epidemic has brought that to a new level.



Dave Eddy of the Vancouver Native Housing Society

“We are all under resourced in different ways.”

**DENA KLASHINSKY**  
URBAN NATIVE YOUTH ASSOCIATION

“I think it's really stressful because we have women who sleep on the couches. Now we are hyper vigilant about checking them every five minutes and women who go into the washroom that we have to check on. I think it's kind of made everything a lot more tense.”

**VANESSA SMITH**  
SHELTER MANAGER, DOWNTOWN EASTSIDE WOMEN'S CENTRE

“We have also had a lot of staff turnover. We have a lot of relief staff who are working who don't have naloxone training, who don't have managing hostile interactions training. They don't really understand the way that the centre works and how to monitor at the same times as to do their job. I think it's really put a lot of pressure on low barrier centres like us.”

**VANESSA SMITH**  
SHELTER MANAGER, DOWNTOWN EASTSIDE WOMEN'S CENTRE

“The biggest gap that I see is that providing of care for people who have been traumatized, either by loss or grief. That tends to create a downward spiral for people who are vulnerable, but also for those who are providing care, how we process ourselves what has been going on and what we have been through. That's what I see lacking.”

**MATT SMEDLEY**  
MISSION POSSIBLE

“Everybody is burning out. Everybody is way beyond burnt out. It's like, when I went away for two days, and I felt one little burst of human emotion, and then I got back here, and I felt super...It just all comes back. We don't have a rest.”

**SARAH BLYTH,**  
OVERDOSE PREVENTION SOCIETY, DTES STREET MARKET SOCIETY

“Let's say an overdose happens in the drop in and they are reviving somebody. They deal with the entire situation, which means they are the first responders. They are dealing with crowd control in the space, with first aid, they are reviving, they are also just managing the space. By the time the paramedics attend and leave again, the staff still have to finish their shift. There is no time to debrief and there is no time or money for paid time off, which really is what you should get in that kind of incident. We are definitely going to see clear PTSD-type symptoms in this community both for workers and neighbours. It's almost too normal and that's alarming.”

**MEBRAT BEYENE**  
WISH DROP IN CENTRE SOCIETY

## CHALLENGES OF THE OPIOID EPIDEMIC

### 4 Under-valued front line

These community organizations are the on the front lines in this crisis, but what they do is significantly undervalued by society and funders, including government. Almost no new money is being directed at them to help cope with the crisis, neither in service offerings or helping staff deal with trauma. And no one is telling their stories of the opioid epidemic.



Jessica Hannon, Megaphone Magazine

"We are undervaluing the work that these people do so much that we are forcing them to live in poverty to do it and that's not responsible. That is not what our sector is about. We are about helping people. Including our staff."

**CALUM SCOTT**

FAMILY SERVICES OF GREATER VANCOUVER

"As women, we want to save everybody. We want to fix everything and especially as moms and grandmothers...and you can't. It just makes it so much harder, especially the front lines for here."

**CORRINA RUSS**

VANCOUVER WOMEN'S HEALTH COLLECTIVE

"We are experiencing more sick time from staff, more stress leaves, more staff who are not having fun at work. It's a mix of what's going on in the street and the stress and expectation. At some point, we are going to have to have some changes because we are not going to have anybody on the front line to do the work."

**CALUM SCOTT**

FAMILY SERVICES OF GREATER VANCOUVER

"The staff are all very tired. That's another aspect of the opioid crisis. They are scared. They are feeling overly responsible for people's lives. Not that they didn't feel that before, but now they are even feeling it more."

**SHANNON SKILTON**

CHRYSLIS SOCIETY

"We don't have the resources as of yet to offer competitive compensation as counsellors that are working within the health authority doing the same work. In fact, I think our counsellors end up working with some of the most vulnerable youth. Some of them move on because they can find better paying jobs elsewhere and so that's a gap for us. They are amazing and really committed individuals, but they've got to pay their bills in this housing market."

**DENA KLASHINSKY**

URBAN NATIVE YOUTH ASSOCIATION

"This is already a sector for which burnout is rampant and high. It's already a very stressful job. The overdoses are adding a whole other element that we have never seen before and that staff have never seen before where they are reviving women. They are administering naloxone. They are hearing about women who are being revived 10, 12, 14 times and I think we all have this feeling of who is next? What's next?"

**MEBRAT BEYENE**

WISH DROP IN CENTRE SOCIETY

## CHALLENGES OF THE OPIOID EPIDEMIC

### 5 Lack of will to address the problem

While lots of government resources are being directed at the crisis in different ways, organizations see a lack of will to address the underlying causes of the crisis, such as a lack of affordable housing, poverty, racism and the ongoing negative impacts of colonialism.

"Just recognizing addiction more as self medication rather than a thing in and of itself. It's a symptom of greater issues. We work intersectionally, holistically with the complex needs of medical and mental health. For an addict, you go for the stronger self-medication. It's raised the stakes because the challenge with fentanyl is there is no window. The size of a grain of salt can kill you, and the window for revival is very short. That's what, for the whole sector, has just increased everybody's immense sense of responsibility. It's just a terrifying time."

**ANDI WISEMAN**  
CHRYSLIS SOCIETY

"You need a holistic approach to ascertain how to support a human being. Great societies are measured by how they treat disenfranchised and their at-risk population, and we should all be trying to do what we can to help people get on their feet and have their resources. We can't just say, "Well okay, the government put some money towards it." We have to really get in deep and have a long term strategy."

**JODY PUFF**  
VANCOUVER NATIVE HOUSING SOCIETY

## CHALLENGES OF THE OPIOID EPIDEMIC

### 6 Resiliency has limits

The community is resilient and is rising to the challenges this crisis presents but there is only so much they can do without more support. This crisis will have impacts on the organizations' capacity and resources in the long term, not just the here and now. The organizations are taxed to their limits to manage in this epidemic, and report concern that this could become 'the new normal.'



"As we progress through the year, as tragic as it sounds, we have seen almost a normalization of seeing overdoses. It's not out of the normal now for our staff to find somebody in the back alley who needs to be narcaned or who needs some severe medical support right away. The frequency of it is really the shocking part. But we have to get on with our lives as well and still function and work. Dealing with overdoses is happening frequent enough now that it has to be on the regular task list of staff, which is a bit shocking."

**CALUM SCOTT**  
FAMILY SERVICES OF GREATER VANCOUVER

"It's the opioid epidemic layered on top of this existing scrappiness and scarcity mentality in the non-profit world, which I think is just setting people up for burn out so much."

**JESSICA HANNON**  
MEGAPHONE MAGAZINE

"There is a real human toll for the staff to have to constantly be intervening on this kind of stuff and see somebody that they work with every single day near death or dying. These kinds of things have a pretty major impact. We don't want to have to be losing good staff because a stressful job has already pushed beyond an acceptable level because of a situation like this."

**ZACH BALTADEN**  
PACIFIC COMMUNITY RESOURCES SOCIETY

## CHALLENGES OF THE OPIOID EPIDEMIC

### 7 Stop the stigma

People in the inner city are often defined by their substance use and addiction and face profound stigmatization. Inner city neighbours who face this significant disapproval report deep feelings of shame that prevent them from seeking help. Organizations report that this makes it harder for them to help people, and is an added layer that their staff must deal with daily. As a community, we need to see the human face of this crisis to counteract this stigma.

"You can be someone who really does care about people and still there is this little voice in your head that is like "Well maybe they should have made better choices". That stigma is what prevents people from seeking help when they need it. That stigma is what forces people who use drugs into isolated areas of the city where they have no access to the health care that they need when they need it because they experience stigma even at the hands of health professionals."

**JESSICA HANNON**  
MEGAPHONE MAGAZINE

"When I go out and talk to them, they just want people to understand who they are. They're not the drugs. They're not the alcohol. They are a person. They are somebody that would like some help but the fear is that they will be judged and that is what is keeping them where they are."

**CORRINA RUSS**  
VANCOUVER WOMEN'S HEALTH COLLECTIVE

"How do you see somebody passed out and you don't even help? 'Oh, it's the Downtown Eastside. She is probably drunk or high.' You have made a choice to not help and that's a microcosm of what is happening in this city and how the public sees this. What's the acceptable number? How many people have to die? How many people have to be homeless? Are you literally stepping over people on the sidewalk to get on with your life?"

**MEBRAT BEYENE**  
WISH DROP IN CENTRE SOCIETY

"Stigmatization is one of the reasons why we have ended up in this crisis because people are using behind closed doors. They are not being honest about their use because there is so much shame around it, which adds to the spiral of despair and chaos because as a society, we see addiction as a failing of someone's personal strength. We don't look at addiction as a disease."

**JULIE FOREMAN**  
CROSSTOWN CLINIC



# What is working to deal with the situation?

- Community organizations are having to find ways to cope with the opioid crisis, for their staff, their clients, their leadership and the organization as a whole. They have had to reallocate resources, change staff practices, add additional supports, open new programs, and more. They have tried things to help our neighbours cope with the crisis, with the loss and grief, and with some of the underlying causes of problematic substance use and addiction.

These organizations understand the neighbourhood and our neighbours in this community. They live it daily, and their experiences with practices or programs that have shown success are worth exploring, expanding and funding. Some examples we heard in this area include:

## WHAT IS WORKING TO DEAL WITH THE SITUATION?

### 1 Holistic and cultural healing

It is not enough to just address the immediate issues around addiction. Harm reduction and treatment are important, but we need to also look at treating the whole person, not just their addiction. For example, we need to see culture as a form of healing, and can look to an Indigenous framework as key to understanding intergenerational trauma and its symptoms including addiction. Many organizations are seeing success in bringing Indigenous cultural healing into their programs, connecting clients to their culture and traditions.



The Indigenous Outdoor Sacred Healing Space at BC Women's Hospital and Health Centre

"I have profound hope in the changes that women are able to actually make when they are given the right opportunities and the right support at the right time. All of the misgivings or frustrations or resentments about systems and all of the barriers that we all work with, that is where the hope is because that's where change is."

**ANDI WISEMAN**  
CHRYSLIS SOCIETY

"Real change has occurred by engaging in a holistic traditional way. The reconnection to culture and cultural programming and teachings has been advocated time and time again. What is successful in this program is the opportunity to access traditional teachings, holistic healing, ceremonies, just the Indigenous world view model. Healing is in connection with others and to find that sense that you are not alone, with others, has been huge."

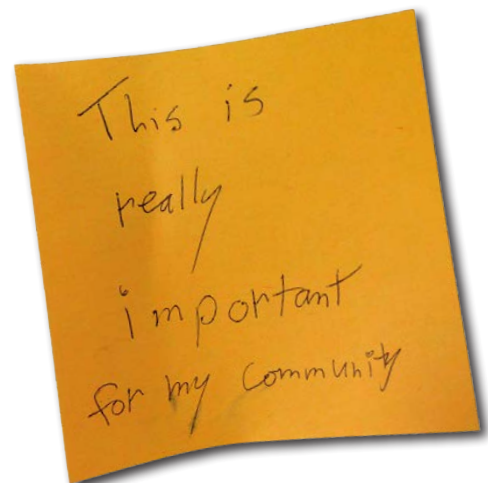
**TERRIEA HARRIS**  
INDIGENOUS WOMEN'S PROGRAM, BATTERED WOMEN'S SUPPORT SERVICES

"The value of our approach in terms of a more Indigenous grounded and holistic approach to health care is that it's a gateway to wellness. If you really acknowledge each one of us as whole individuals, it's the mental, spiritual, physical and emotional, right? It's all of it, and they all intersect and intertwine and so providing support and even supporting research to speak to the merits of this kind of work is fantastic."

**DENA KLASHINSKY**  
URBAN NATIVE YOUTH ASSOCIATION

"It is such an honour to be part of the lives of these clients and be able to have an effect on them. We provide them a safe space, treat them with dignity and respect and give them what it was that they needed. Then we have helped with housing and food security and finances and other things. They know that we will always be here and that we care about them and there is no judgment. That helps you heal. It helps everybody heal. It helps community heal when you are able to just care for a person and not have to label them with a whole bunch of stigmatizing things."

**JULIE FOREMAN,**  
CROSSTOWN CLINIC



This is  
really  
important  
for my community

## WHAT IS WORKING TO DEAL WITH THE SITUATION?

### 2 Addictions treatment with a continuum of care

Particularly for women-only centres, offering help in a low barrier environment with a long-term continuum of care has shown significant success in helping people move beyond their addictions.



**Sarah Blyth, Overdose Prevention Society,  
DTES Street Market Society**

"We just said, "Okay. We are going to save some lives here because there are people dying in the alley and it's ridiculous and no one is going to tell us no." It's a crisis situation. There is nothing worse than scrambling around when someone's turning blue. We just said, "If you want to come, we will watch over you" and we did that with one person in the tent for a long period of time."

**SARAH BLYTH**  
OVERDOSE PREVENTION SOCIETY, DTES STREET MARKET SOCIETY

"There's a definite need for more funding and more beds in terms of detox, more treatment centre beds, more funding for treatment centres that are Indigenous focused."

**TERRIEA HARRIS**  
INDIGENOUS WOMEN'S PROGRAM, BATTERED WOMEN'S SUPPORT SERVICES

## WHAT IS WORKING TO DEAL WITH THE SITUATION?

### 3 Overdose prevention sites

Providing a judgement-free safe space for drug use has reduced overdoses. A women-only overdose prevention site has had a significant impact on reducing stigmatization and therefore offered women a safe place to avoid overdoses.

"We have up to 300 women sitting on the waitlist annually and 65 were intaked last year. The desperation of families is really intense right now. We get an average of 300 contacts a year for 10 beds, and we can usually support actual admission for 25-35% of that. Another thing is to recognize that there is a continuum that is required for persons healing from addiction, and it doesn't stop at naloxone or detox. There has to be more that is provided and acknowledged."

**SHANNON SKILTON**  
CHRYSLIS SOCIETY

"At least women feel this is a safe space, and they are coming here as opposed to being in an alley way or in an apartment on their own, but it's also very scary because we are not a safe injection site. We are not an overdose prevention site so we try to say over and over that this is not a safe space to use and prepare for the fact that using might still happen."

**MEBRAT BEYENE**  
WISH DROP IN CENTRE SOCIETY

## WHAT IS WORKING TO DEAL WITH THE SITUATION?

### 4 Giving people purpose

Providing economic opportunity and employment and opening up volunteer and peer opportunities provides purpose as well as better income support to people.

"Employment has such an amazing way to give somebody a sense of meaning. Deep in addiction, there is such a sense of hopelessness. That becomes the thing that rules all. Being out there, trying to share hope, trying to care for people to demonstrate that there are options. What I have heard from people who participate with us is that work is a critical part of their sobriety."

**MATT SMEDLEY**  
MISSION POSSIBLE

"Getting more peers trained would really help the opioid crisis and also, seeing peers in leadership roles in other organizations. To see your sisters and your brothers doing well in an organization, that is so inspiring and it makes you feel like there is actually hope."

**LAURA DILLEY**  
PACE SOCIETY

## WHAT IS WORKING TO DEAL WITH THE SITUATION?

### 5 Peer driven initiatives

Peer education, peer-delivered services, and peer-driven initiatives are making a big impact. We need to ask people in the community what they need and listen to them. Then funders need to step up and find ways to help peers deliver those services to each other wherever possible.

"I would love to see funders invest in peer support training, both to offer programs but also in teaching managers and organizations how to create something like that and operate it in a sustainable way."

**CALUM SCOTT**  
FAMILY SERVICES OF GREATER VANCOUVER

"We have seen an increase in the connection between tenants and staff, because they are working together to do this. I rarely see a critical incident report where it's just two staff who do the naloxone or the overdose reversal on their own. It's typically staff and tenants together."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

"We are using people from the community to help each other in the crisis and it's really working and it's great. We are doing a cheap and affordable way of doing it and creating income for people. Saving lives in the community and people from the community may not have other opportunities to step up and take care of themselves so it's creating this community for people to be in. You will not get any person paid enough money to stand in an alley with puke and shit and piss, freezing in nasty cold rain, but someone from the community will do that for another friend, and that's just how it is."

**SARAH BLYTH**  
OVERDOSE PREVENTION SOCIETY, DTES STREET MARKET SOCIETY

# What are the solutions?

- Our community partners, the organizations who are experiencing the effects of being on the front lines of the opioid epidemic, have important insights into how to start solving the problems this crisis has created.

Their thoughts on potential solutions should lead everyone to look at opportunities to work together to solve this crisis. Some of the ideas and solutions we heard include:

## WHAT ARE THE SOLUTIONS?

### 1 Make funding more accessible

There are far too few opportunities for non-profit organizations to access operating funds. Project and program grants are onerous, hard to obtain and often too narrow in scope. These organizations need ongoing funding.

"We need more staffing. We need a reversal of 25 years of cuts to woman's resources by every level of government. We need more operational funding. We need more positions. And nobody wants to fund operational costs. We need core operational funding for our entire continuum of care, and I don't know how to get it, but that's the unicorn that we need."

**SHANNON SKILTON**  
CHRYSLIS SOCIETY

"You can't write a grant saying, 'I'd like to give my staff some grief training.'" There is not a lot of funding to go to direct social services, to building the capacity of the organization."

**LAURA DILLEY**  
PACE SOCIETY

"Government needs to step up. Foundations could be sending that message out to the Canadian government, doing that advocacy or lending a voice or amplifying our voices about what we need is really important."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

"Listen to the non profits about what it is they need and if they are saying that cash is a need, that's not a dirty word. It takes money to operate an entire building, staff of 70, all of the bills. We are not exempt from any of these bills."

**MEBRAT BEYENE**  
WISH DROP IN CENTRE SOCIETY

## WHAT ARE THE SOLUTIONS?

### 2 Expand drug replacement programs like the one at the Crosstown Clinic

Various non-profit organizations are looking to create programs in health centres or pharmacies. Guidelines from the BC Centre on Substance Use (BCCSU) <sup>1</sup> released in October 2017 for the prescribing of injectable treatments for opioid addiction are a good first step, but this type of program needs to be expanded to other centres.

1 <http://www.bccsu.ca/news-release/provincial-guidelines-for-injectable-opioid-treatments-released/>

"It would be fantastic if Crosstown was part of a healing centre that had primary care and access to Hep C care. If you already have that somewhere, you just need to add injectable treatment to what you offer, and that's so much easier than having to build everything from scratch."

**JULIE FOREMAN**  
CROSSTOWN CLINIC

"What we are finding for our clients is because they are in treatment and they are getting their opiate needs met here at clinic, they are not buying the street heroin or the fentanyl. We haven't lost any of our clients to a fentanyl overdose. I think we are one of the only clinics in the Downtown Eastside that can say that. So, that gives us some joy and some relief and also some guilt because we know that we have something that works and unfortunately, that message has gotten lost to powers to be that can make this expand."

**JULIE FOREMAN**  
CROSSTOWN CLINIC

"We are saying that this is obviously a band-aid. Having these overdose prevention sites and actually, we would prefer to be able to give people medication."

**SARAH BLYTH**  
OVERDOSE PREVENTION SOCIETY, DTES STREET MARKET SOCIETY



## › Supporting innovation in treatment: Crosstown Clinic

Since 2006, Central City Foundation has offered space at subsidized rent in the Abbott Mansion, a social purpose real estate building owned by CCF, to NAOMI, the North American Opiate Medication Initiative and to the Crosstown Clinic. The NAOMI research set out to determine whether heroin can be used therapeutically to treat chronic heroin addictions in people who have not responded to other treatment methods.

The researchers had had trouble finding office space due to significant community opposition and concern about drug users coming to the space. Central City Foundation looked beyond these concerns to see the social impact of this organization. The study was attempting to address a central problem in the Downtown Eastside in an innovative way – just as the Central City Mission housed some of the earliest efforts to treat alcoholism nearly a century ago.

Today, the Crosstown Clinic is the only clinic in North America to offer medical-grade heroin (diacetylmorphine) and the legal analgesic hydromorphone within a supervised clinical setting to chronic substance use patients.

**We support their mandate to address the epidemic of substance use by creating opportunities for care, advocacy and learning.**

“It’s all fine and dandy to give everybody take-home naran and prevent the consequences of an overdose, but you are putting a band-aid on a dam at that point. You are just mitigating the effects of that overdose and Crosstown prevents that overdose from ever happening. In the study, we had 88,000 injections and we only needed naran 14 times.”

**JULIE FOREMAN**  
CROSSTOWN CLINIC

### WHAT ARE THE SOLUTIONS?

## 3 Fund programs that are working

Programs showing significant success in helping our neighbours deal with the opioid epidemic need funding to expand their hours and their offerings. This includes overdose prevention sites, low barrier treatment centres, and women-only centres.

“I think that’s the most tragic part for most homeless people is...Most of them feel like a kite in the wind, right? They are not controlling where they are going. Other forces are at play and when you start to have somebody build that confidence and start to see an opportunity to be that director of their own future and from a family services lens we would say see that brighter tomorrow, something better in the future and build that sense of optimism, then you have that potential to spark hope and change.”

**CALUM SCOTT**  
FAMILY SERVICES OF GREATER VANCOUVER

“As much as we can keep these safe places open as long a time as possible, I think would be better.”

**SARAH JANE DAMIANI**  
BC WOMEN’S NURSE PRACTITIONER OUTREACH TEAM



**Laura Dilley, PACE SOCIETY**

"I would like to see more funding to peer groups because when peers who have the most knowledge and experience of drug use or sex work or whatever, if you consult with them, the outcome will be a lot better than if you don't. Prioritize funding that goes to community led initiatives where peers play a huge role in that initiative."

**LAURA DILLEY**  
PACE SOCIETY

"When you are dealing with systemic barriers and challenges, it requires a concerted effort and a creative approach from all angles and really valuing the kind of work that we do. I want to feel a sense of community and build some trust, and then I am able to start to share with you what's happening for me, why I feel I need to self medicate or why my home is unsafe, etc.,"

**DENA KLASHINSKY**  
URBAN NATIVE YOUTH ASSOCIATION

"When you say are we well resourced enough, the short answer is yes if we remain open 12 hours a day (at SisterSpace), but I think if we were open more we would have women visiting us between all day, every day. I think that would be brilliant to be able to be open more hours."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

## WHAT ARE THE SOLUTIONS?

### 4 Support peer-driven initiatives

The community in the inner city has collective wisdom that we need to access more. Our neighbours in the inner city have terrific ideas on how to create solutions, and how to deliver them to their peers. Meet our neighbours where they are at, and let them lead. Ask them what they need and how they can deliver it.

"We need money to keep doing the work we are doing and expanding it. There are so many different ways we can grow this and support more women and girls. Ultimately, it's just that funding coming to us and letting us do what we have already been doing."

**TERRIEA HARRIS**  
INDIGENOUS WOMEN'S PROGRAM, BATTERED WOMEN'S SUPPORT SERVICES

"People are taking care of each other as opposed to this government, nurse type doctor InSite situation, which is great, but it's a totally different thing where the community is taking care of themselves. We see up to 40 people at any given time. They come in and it's like an extension of the alley, but there are people in there watching to make sure you are okay, people from your own community. They are people who you know and trust."

**SARAH BLYTH**  
OVERDOSE PREVENTION SOCIETY, DTES STREET MARKET SOCIETY

## WHAT ARE THE SOLUTIONS?

### 5 Provide space and time for memorials

The inner city community has lost so many people, and has not had the ability to stop and mourn and release their grief. Makeshift memorials are proliferating because people in the inner city want to mark their loss and acknowledge their grief.

"It's scary how normalized it is for people now. From talking with vendors, it's kind of an almost casual way where vendors are now "Oh yeah, my neighbour died". There is this generalized low level constant anxiety where if I don't see someone who I know is a drug user that I usually see at least once a week, and I don't see them for a week, I am assuming that they are dead. There isn't the time or mental or emotional space or energy to grieve everyone properly. We feel like we are in a war zone and there is not the time to adequately mourn and celebrate these people in our community."

**JESSICA HANNON**  
MEGAPHONE MAGAZINE

"It would be great to have a memorial slush fund, so when you did memorials, you could get a tray of crudités instead of having to throw things together. That wouldn't be a lot of money, but it would be nice just to have a couple of thousand bucks in the bank. If someone dies, you are tracking down the next to kin. You are inviting their friends and family. You are having a memorial in the common room in the building. We are all very good at those, being funeral directors. We plan funerals now or memorials because a lot of the people who die don't have families. There is healing in that."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

## WHAT ARE THE SOLUTIONS?

### 6 Explore counselling and training for staff

Front line workers need to be supported to deal with their trauma, their grief, and the potential for post-traumatic stress. They need to be able to debrief with others who understand what they are dealing with and have professional support for the grief, shock and trauma they experience regularly.

"We don't really have anything in place for being able to seek help if you get affected by an overdose. I think we just debrief after and that's it. If you are having a hard time, you can come to us and talk to us about it, but nothing further than that."

**EMI TOMIOKA**  
ADMINISTRATIVE ASSISTANT, DOWNTOWN EASTSIDE WOMEN'S CENTRE

"Our staff have been trained to use naloxone, how to administer, but there is not much training in how they process what has just happened and it's been fairly traumatic."

**MATT SMEDLEY**  
MISSION POSSIBLE

"At one point, some of our staff were scared to come into work. 'I don't want to know who passed on the weekend.'"

**LAURA DILLEY**  
PACE SOCIETY

"We did a pilot project where we had a drop-in debrief for our staff, but very few people showed up and we discontinued it. It wasn't useful or meaningful for our staff. It wasn't what they needed. What we heard from our staff is what matters to them is debriefing in the moment. It's being able to talk about it in the moment after the reversal or whatever has occurred. It's not getting together once a week to talk about it. It's that connection with your shift partner in that moment."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

## WHAT ARE THE SOLUTIONS?

### 7 Tell more stories about our neighbours in the inner city

In order to de-stigmatize and humanize this crisis we need to see the people affected by this crisis. We must do more storytelling. We need more understanding of the bigger picture of the systemic factors that underlie the epidemic of addiction in our community, and we need to stop blaming people for their pain.



Speaker at Megaphone event, "How to save a life"

"This crisis has really got people talking. It's shedding some light on the fact that it's not just addicts. The problem is the way we look at addiction and changing that systemic belief that addiction is a criminal issue and changing that it's a health issue. I think that it would give people softer eyes. They wouldn't be so judgmental and so divided in terms of us and them."

**SHANNON SKILTON**  
CHRYSLIS SOCIETY

"There is rarely enough time to share some of the stories of the women. Who are they? How did they come to this work? How did they come to this neighbourhood? We shouldn't even have to qualify by saying "This is somebody's sister." It's a human being who is deserving of respect and dignity and value and caring. I think helping us to profile stories in a creative, impactful way would go a long way. Statistics don't move anybody. They don't tell a story. We should be doing that in terms of communications and humanizing."

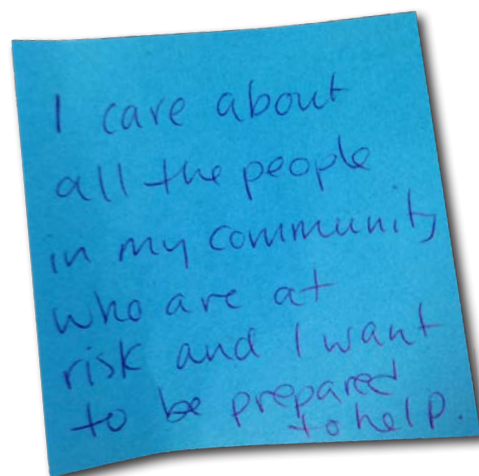
**MEBRAT BEYENE,**  
WISH DROP IN CENTRE SOCIETY

"A story that I would like to see is, in many of the instances where somebody has overdosed, it is often times peers who are responding. It is not just staff and that's a pretty heroic thing in a lot of cases. You don't ever hear "so and so who lives in an SRO who is a drug user themselves who has had all kinds of problems in their life rushed to the aid of a stranger that they didn't know because they saw them down." That would maybe help some people realize that this affects a lot of people in a really deep and personal way and there is a lot of people who are living this crisis every single day and responding all the time and that person who intervened, they don't get to have therapy. They don't get to have their boss tell them to go take a week of vacation because they just had to deal with a really bad situation, you know? It's just back to life as usual."

**ZACH BALTADEN**  
PACIFIC COMMUNITY RESOURCES SOCIETY

"If you knew what these people went through and what their lives have been like, you would totally view it completely differently. You would see it in a different way. When people understand, they are much more empathic. People just don't understand."

**KRISTA TOWNSEND**  
VANCOUVER NATIVE HEALTH CLINIC



## WHAT ARE THE SOLUTIONS?

### 8 Work the three pillars

Vancouver's four pillar approach – prevention, treatment, harm reduction and enforcement – may provide continued effective responses to this crisis, but we need to focus more on the first three pillars. Much is spent on enforcement and increasing funding has been directed to harm reduction, but more investment and a greater focus is needed for prevention and treatment as well.

"You have got this very small window where...Okay. Let's do it. Let's get you into detox. And so, we call Access Central and they say "Okay. I have got a spot available for you one week from now." A week is a huge amount of time for somebody who is actively using anything. I mean it could be alcohol. It doesn't have to be even specifically talking about fentanyl, but any substance, and you combine that with mental health, you combine that with the numerous traumas that people get re-exposed to over and over again as a result of this stuff."

**ZACH BALTADEN**  
PACIFIC COMMUNITY RESOURCES SOCIETY

"The bigger long-term solution is to legalize drugs. All this stupidity about enforcement – if people have access to clean drugs then they probably won't die of fentanyl overdoses. So, adding voice to that is really important."

**JANICE ABBOTT**  
ATIRA WOMEN'S RESOURCE SOCIETY

"The resources it takes to support a client to choose not to pick a drug up and put themselves at risk of overdoses is as great, if not greater, than the resources it takes to revive them when they do. Right now, government investment is really heavy into revival and hasn't really changed for the other side of that spectrum."

**ANDI WISEMAN**  
CHRYSLIS SOCIETY

## WHAT ARE THE SOLUTIONS?

### 9 Start solving systemic problems and provide supports to help our neighbours survive

Our neighbours need housing, poverty reduction, mental health treatment, food security, and economic opportunities. We need to explore cultural healing, reconciliation and empowerment to help the community move beyond the current situation.

"On a higher level, I think we want to try to deal with the impacts of the epidemic but really, we all need to be working to get solutions on a higher level. It seems like there is a lot of movement in the direction of viewing drug use as a health and not a criminal issue but it's frustrating, even with all that momentum, how little has changed in the lives of people living it day to day on the streets. I think, as much as possible, using any political clout and influence we have to move things along and get those high-level solutions going."

**JESSICA HANNON**  
MEGAPHONE MAGAZINE

"For the First Nations and Indigenous community...It's the opioid crisis now, it's also addictions on a broader whole, it's suicidal ideation, it's violence...There is so many facets. We are dealing with complex systemic issues."

**DENA KLASHINSKY**  
URBAN NATIVE YOUTH ASSOCIATION

"We need systemic changes. We need criminal justice system overhaul. We need policy overhaul. We need a better climate. We need to end the war on drugs. We need some bigger high-level issues being resolved first, but that's going to take a long time. I would to see some reform somewhere down the line."

**LAURA DILLEY**  
PAGE SOCIETY



Staff at Atira Women's Resource Society

"Right now everybody is jumping on the bandwagon because it's the flavour of the month. We saw that years ago. An example was the rice wine thing and then that died out because everybody died. I understand everybody is concerned about the overdose risk in fentanyl, but before they go jumping at the next solution, they need to stop and look at the past and look at the future and ask some questions. We need things like housing for people. Treatment and prevention need to have much more focus."

**JOHN CAMERON**

DOWNTOWN EAST SIDE HIV/AIDS CONSUMERS BOARD

"You can have all the comprehensive treatment in the world for someone, but if they step out the doors of your program and there is still a housing crisis and they can't get housing and there is still legislated poverty because our welfare system is crap, there is no investment in any of the social determinants of health."

**ANDI WISEMAN**

CHRYSLIS SOCIETY

"We used to talk in terms of a four pillars approach. It can't just be harm reduction. It can't just be crime reduction. People need a stable place to live, income assistance and opportunities for employment."

**MEBRAT BEYENE**

WISH DROP IN CENTRE SOCIETY

"The grief and the loss piece is probably the biggest impact on the community as a whole, and also on us as well because we are also losing patients that we care about a lot. Some of that is from poor capacity to meet those needs in other ways, like through support counselling, housing. Loss of a partner, for example, can sometimes cause someone to lose their housing and there are so many things involved with the loss of this one individual. It's like a domino effect."

**GRETA PAULS**

VANCOUVER NATIVE HEALTH CLINIC

"There is gross over representation of Indigenous women on the only unit that is focused on supporting women who are actively experiencing addiction in BC Women's. The estimates are usually 40% Indigenous women, but if you include partners of women that are Indigenous then it's more like 90% of the babies are Indigenous. That's a really sad realization when you figure out that the population of BC for Indigenous people is about 6%."

**ROCHELLE LESUEUR**

INDIGENOUS HEALTH PROGRAM, WOMEN'S AND CHILDREN'S HOSPITAL

"There is always the housing issue. That's always before almost any other problem that is the overriding issue."

**KRISTA TOWNSEND**

VANCOUVER NATIVE HEALTH CLINIC

# What is **Central City Foundation** doing in response?

➤ At Central City Foundation, we have been working in prevention, treatment and harm reduction for decades. We built the original Central City Mission in 1910 and began providing shelter and support. Soon we pioneered some very early addiction treatment and recovery programs for men in the inner city dealing with alcohol and opiate addictions.

Today Central City Foundation works with a broad base of community organizations that are both addressing the current crisis – trying to help keep people alive – as well as those organizations that are trying to address the deeper, underlying systemic issues around addiction and trauma.

**The opioid crisis is not just a drug crisis, but rather is a human crisis. We know, because our community partners tell us, that the solution will not be found in harm reduction alone. We need to help our neighbours by helping the whole person and by addressing the underlying systemic issues they face, not just their addiction. Our neighbours in the inner city need housing, income, food security, respect and healing.**

At Central City Foundation, in addition to our annual grants programs, we have invested 40 per cent of our capital assets directly in our mission, significantly more than any other foundation in Canada.

Through our social purpose real estate, we are able to provide subsidized space to many organizations that are making a difference. We own five properties in BC, including **low income housing** as well as subsidized space for community programs in the DTES and a building in New Westminster where we support **Aunt Leah's** to build brighter futures for youth in the foster care system. We also own the **Phil Bouvier Family Centre**, where family supports and programs are offered, including one of the only Indigenous focused daycares in the country operated by Vancouver Native Health Society. Finally, we own **The Crossing**, near Keremeos where Pacific Community Resources Society is operating the Ashnola program offering long-term residential treatment and support for youth and young adults challenged by addiction.

We also provide capital grants to community partners for often-neglected equipment and program needs. Our grants help non-profit organizations access funds for needs others don't fund. Some are capital needs, some are project based, and others receive operational funding.

"We work from a core value, a belief in the intrinsic value of human beings," says CCF President and CEO Jennifer Johnstone. "Often we see distinctions made between those who deserve help and those who don't, and very often people in the inner city come out on the short end of that equation. We believe everyone has an absolute worth, everyone has gifts and talents. We work hard to support people where they are at rather than trying to stigmatize them. Every single person in the inner city is connected to a family and to a community and is part of our community. They are all our neighbours."



**Abbott  
Mansion**

Offering affordable housing to nearly 150 residents in the Downtown Eastside.



**Cosmopolitan  
Hotel**



**Aunt Leah's  
Place**

Providing a safe and supported environment for young people to learn to live independent lives.



**Phil Bouvier  
Family Centre**

An Indigenous family service hub and childcare centre.



**Ashnola at  
the Crossing**

Home to BC's long-term residential treatment centre for young people.

## › Fund. Invest. Build. Hope.



### › Ashnola at the Crossing

Long-term residential treatment for youth with addictions at The Crossing in Keremeos, which was closed in March 2015, is now available again, thanks to the work of Central City Foundation, its donors and partners. Now called Ashnola at the Crossing, the facility took in its first residents in March 2017.

Ashnola at the Crossing is a provincial, 22-bed program for youth and young adults, 17-24 years old, in need of intensive treatment for substance use disorders and who may also have mental health challenges. The program is provided at The Crossing in Keremeos, BC, the facility purpose-built by Central City Foundation and its donors, and provided rent-free for the program.

The Crossing originally opened with the Portage program in 2009, and over 400 youth passed through the facility and received much-needed care and support from the program before it was closed in March 2015. Many of those young people have successfully recovered their health, reclaimed their lives and reconnected with their families.

The newly opened Ashnola at the Crossing is operated by Pacific Community Resources Society (PCRS), a long-time community partner of Central City Foundation. Provincial Health Services Authority (PHSA) and BC Mental Health & Substance Use Services (BCMHSUS) fund the program's operations, and Central City Foundation continues to work with all these groups to ensure the program's success.

**For details on referring youth to the program, visit**  
<http://www.pcrs.ca/our-services/ashnola-at-the-crossing/>.

**For details on The Crossing, visit**  
[www.thecrossingforbc.ca](http://www.thecrossingforbc.ca)

# Call to action

➤ **“We need to stop treating people in the inner city like criminals and start supporting them like neighbours.”**

**JENNIFER JOHNSTONE**  
**CENTRAL CITY FOUNDATION**

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We must do more to help front line organizations build up their capacity and continue their critical work to support our neighbours in the inner city and beyond. We must recognize the very real impacts this crisis is having on staff, volunteers and leadership in our community sector and we must act now to provide the supports to mitigate these negative effects and strengthen these essential front line groups.

Foundations, governments, media, academia, the private sector, and individuals can all play a role in supporting the solutions led by community-based organizations and highlighted in this report.



Participants at “How to save a life” event hosted by Megaphone

We must expand funding and philanthropic giving to the community sector. Front line organizations need unrestricted funds that can be directed to their greatest need and will result in new or expanded programs, innovative solutions and compassionate care for all our neighbours.

Funders and policy-makers must find ways to reach beyond the silos of our practice and build collaborative and cooperative funding and supports to address the complex needs of the front line community sector.

Community organizations need allies and champions at all levels of society to support their calls for change and their many programs to address the immediate crisis as well as the underlying complicated context of addiction and substance use in our communities.

We must look beyond the statistics and see our neighbours. All of us can challenge the attitudes and beliefs in ourselves and others that marginalize and stigmatize our neighbours in the inner city.

We must seek out and share the stories of individuals, families, and communities on the front lines of the opioid crisis. These unique stories can be found in publications like Megaphone Magazine and on the websites of Central City Foundation as well as the many community organizations highlighted in this report. We must amplify these stories and ensure that the voices of our neighbours in the inner city are heard and those who have been lost are recognized and remembered.

Together, we build hope. ➤

## Community partners interviewed

**Urban Native Youth Association (UNYA)** • Founded in 1988, the Urban Native Youth Association (UNYA) delivers 20 programs to over 6,500 urban Indigenous youth in Vancouver each year. UNYA provides a diverse continuum of advocacy, preventative and supportive services that provide opportunities for youth to build on their strengths and develop increased self-sufficiency through the development of life-skills, and by pursuing educational and employment opportunities.

**Mission Possible** • Mission Possible is a community economic development agency in Vancouver's Downtown Eastside providing opportunities for people challenged by homelessness and poverty. Through its employment readiness program and social enterprises, Mission Possible is transforming lives by helping people experience a renewed sense of dignity and purpose through meaningful work. As a leading community economic development agency, Mission Possible currently runs two social enterprises, MP Maintenance and MP Neighbours, that employ an average of 50 individuals per year in transitional jobs.

**Aunt Leah's Place** • Aunt Leah's Place helps prevent children in foster care from becoming homeless and mothers in need from losing custody of their children. Aunt Leah's supports youth on their journey to self-sufficiency by providing them supported housing, job training and coaching on essential life-skills.

**WISH** • Working exclusively for self-identified women in sex work, WISH provides a safe and healthy environment focused on the well-being of women who are involved in Vancouver's street-based sex trade. In a criminalized environment, sex-working women face alarming rates of violence and structural barriers to health care and other supports. Violence against sex workers often goes unreported. In an atmosphere of compassion and trust, sex-working women can thrive, find safety and connect with others who care.

**Downtown Eastside Neighbourhood House** • The DTES Neighbourhood House provides educational, leadership, social and recreational opportunities to residents of the Downtown Eastside. With a vision to improving the quality of life, particularly for the most socially and economically vulnerable in the inner city, the DTES NH offers a variety of programming, from the Chinese Elders community kitchen to a family drop in centre serving thousands of inner city residents each year.

**Downtown Eastside Women's Centre** • The Downtown Eastside Women's Centre provides a safe, non-judgmental social space for women from all walks of life, who live and/or work in the Downtown Eastside. In the form of a Drop-In program, they facilitate the opportunity for women of diverse backgrounds to interact and build community. The Downtown Eastside Women's Centre also provides meals, counseling, advocacy, and programs for women, which nurture and empower their members.

**PACE Society** • PACE Society offers low-barrier programming and support in order to serve Vancouver's most marginalized populations. Working as a front line of support for those in Vancouver who need it most, PACE is made up of dedicated, compassionate individuals who are committed to providing sex worker-led and driven programs and services to sex workers. PACE promotes safer working conditions by reducing harm and isolation through education and support. Their work is motivated by the knowledge that sex workers are valuable members of our community and are entitled to the same rights as all other human beings.

**Battered Women's Support Services** • Battered Women's Support

Services (BWSS) provides education, advocacy, and support services to assist all battered women in the ultimate goal of elimination of violence and to work from a feminist perspective that promotes equality for all women. BWSS contributes to the freedom and liberation of girls and women from violence and empowers community through training and education programs. For over 35 years, they have provided counselling and healing spaces for those who have experienced abuse.

**Atira Women's Resource Society** • Atira Women's Resource Society provides advocacy, support, housing solutions and more for women and children who are impacted by violence. Atira provides a range of services not only in the Vancouver's Downtown Eastside but also in Burnaby, Surrey and White Rock. Services offered include long-term and transitional housing and shelter programs, housing outreach and homelessness prevention programs, outreach to older women and Indigenous women affected by violence, counseling and self employment initiatives.

**Downtown Eastside Street Market / Overdose Prevention Society** The Downtown Eastside Street Market started as a resist and occupy action against harassment by DTES police handing out vending tickets. Receiving a small grant and a valid permit from the City of Vancouver, the Street Market offers poverty stricken residents the opportunity for entrepreneurship. Creators Sara Blyth and Ann Livingston later created the Overdose Prevention Site (DPS) behind the Street Market, an example of citizen action towards providing a safe injection site in a public health emergency.

**Chrysalis** • Chrysalis Society provides the only licensed, structured and long-term residential programs for women overcoming the serious impacts related to addiction, violence, homelessness, poverty and exploitation / survival sex work in Greater Vancouver. They operate three recovery homes and offer ongoing programming and housing subsidies (in partnership with BC Housing) that ensure a continuum of care specific to women's needs that ensures women are able to access direct, comprehensive residential and mental health care for up to five years. Chrysalis offers the lowest barrier, women-only (including trans-women) addiction service in our region, and continues to serve and support the most marginalized and vulnerable women in BC.

**Dugout** • The Dugout is a community drop-in centre that Central City Foundation helped establish in 1967 and that continues to assist people in the Downtown Eastside. It provides a crucial place to break the isolation for many marginalized people in the community. The Dugout is the only soup kitchen serving breakfast seven days a week. Outreach, advocacy, basic one-to-one counselling and a daily AA program (in continuous operation since April 1, 1968) are all offered through the Dugout.

**BC Women's Hospital** • The Aboriginal Women's Health Program (AWHP) at BC Women's Hospital is a provincial program with a mandate to ensure that Aboriginal women, girls, and their families receive optimal health care, advocacy, and support. Providing appropriate culturally safe health services and empowering Aboriginal women to improve their health are two key goals of the AWHP. This program provides services to Aboriginal women and their families receiving care at BC Women's, and offers outreach services for Aboriginal women and families in their home communities across the province.

**Vancouver Women's Health Collective** • The Vancouver Women's Health Collective (VWHC) is a non-profit women's organization whose

mission is to value women's knowledge and to support one another to take charge of their own health. VWHC provides a resource centre and health clinic, operated with BC Women's Hospital, both of which offer safe and welcoming environment for all women seeking health information and services, regardless of age, race, culture, religion, sexual identity or sexual orientation.

**Downtown East Side HIV/AIDS Consumers Board** • Downtown East Side HIV/AIDS Consumers Board, previously providing a needle exchange program, offers a variety of support for people in the DTES, some who are affected by HIV/AIDS.

**Family Services of Greater Vancouver** • Family Services of Greater Vancouver works to inspire and support those in our community who need help to reach their full potential: children are nurtured, youth find optimism, adults feel empowered, and parents make choices that build strong families.

**Pacific Community Resources Society** • Pacific Community Resources Society (PCRS) provides a range of services including education programs, employment, housing, and addiction counselling and prevention programs for youth, adults, and families from a variety of backgrounds and orientations.

**Megaphone** • Megaphone is an award-winning magazine sold on the streets of Vancouver by homeless and low-income vendors. Vendors buy each issue for 75 cents and sell them on the street for \$2. They keep all profits. The magazine is published every two weeks. Hope in Shadows is a community project based around a photo contest for Downtown Eastside residents and local communities. Winning images are featured in an annual calendar that is sold on the streets of Vancouver through a vendor program that creates employment for people impacted by poverty. Vendors buy each calendar for \$10 and sell them for \$20. The money from the sales transaction goes directly to the vendor.

**Vancouver Native Health Society** • Vancouver Native Health Society (VNHS) delivers comprehensive medical, counselling and social services to Vancouver's Downtown Eastside Aboriginal community. The majority of their clients struggle with overlapping issues and con-current health issues such as substance abuse, mental health, chronic disease, homelessness and poverty.

**Vancouver Native Housing Society** • Vancouver Native Housing Society's mandate is to provide safe, secure and affordable housing for urban Aboriginal community, seniors, youth, women at risk, persons living with mental illness and the homeless and homeless at risk populations. The Society owns or manages 18 buildings in Vancouver's Grandview Woodlands, Mount Pleasant and Downtown Eastside neighbourhoods. They also opened two social enterprises, the Urban Aboriginal Fair Trade Gallery and the Skwachays Lodge.

**Lu'ma Native Housing** • Lu'ma Native Housing Society was incorporated in 1980 to provide affordable housing to Aboriginal families and individuals with low to moderate income. The Society owns and operates an affordable housing portfolio of just under 500 units of housing. They also provide a broad range of services that improve social determinants of health such as Lu'ma Medical Centre, the Aboriginal Patients' Lodge, Community Voice Mail, the Aboriginal Children's Village and Aboriginal Youth Mentorship & Housing Program.

## Central City Foundation

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On the traditional and unceded ancestral homelands of the Coast Salish peoples, including the territories of the x̱məθkwəyem (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Selilwetaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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COMMUNITY  
**REPORT**  
**2017**



[www.centralcityfoundation.ca](http://www.centralcityfoundation.ca)