

ATTACHMENT B

What is your idea for a 'focused, action-oriented harm reduction project or initiative' that will help to enhance the knowledge, skills and resources for individuals, families and our community to be healthier, safer and more inclusive?

1) A community dialogue session whereby we have representatives from the Community Action Team and Homelessness Coalition, possibly other health community coalitions, at the table along with a supportive facilitator to explore ideas around the issues. We want to listen, we want to learn, though in order to do so there also needs to be some knowledge across the particular issues discussed so it can be productive beyond just dialogue. There could also be recorders at each table capturing the complexity of ideas that could be collected, categorized, synthesized and compiled alongside relevant health & social perspectives related to the impact of the Social Determinants of Health and public policy - possibly a community document (5-8pages), handbills, small media pieces over a 3-6month period to feedback to community. This would be to leverage the time and energy of participants to assemble localized health & social literacy. Perhaps Shaw TV would conduct and present a series of short interview clips on each topic to also build exposure and learning on a different medium.

2) Partner with First Nations and indigenous services in Nanaimo to provide liaison services to culturally appropriate supports for those Indigenous peoples living in urban centers and detached from home communities. A connection service linking First Nations/Indigenous individuals with urban services could be helpful in connection with home communities and culture, thereby strengthening ability to connect with services, culture and home.

3) We should have more dialogues but at the high school and college levels. Also Naloxone training in the schools. I have a meeting being set up in the next couple of weeks with SD68 (Amber McGrath from Span is meeting with the school) about doing narcan training, I'd love to have a peer group to work with. Span has blocks of training that we will be using to get trained in Peer Counselling, We could put some funds towards an urgent peer counselling program, so maybe rent an office at the building AVI is in and set up a drop in counselling program.. SPan will be applying for a bunch of funding for this in the spring as well. Do a town hall dialogue with a panel of ACTUAL Experts that have experience with people with mental health and addictions, people with lived or living experience. Do presentations so that our community can learn more and break the stigma harder.

4) Given that it's not a lot of money, it's one-time only, and we want to encourage and empower as many people, resources and ideas in the community as possible and we don't have a lot of infrastructure to set up anything too elaborate - my idea is to create a small grant fund (say up to \$2000 max each) for action-oriented harm reduction projects or initiatives that help to enhance the knowledge, skills and resources for individuals,

families and our community to be healthier, safer and more inclusive of people who use drugs in our community. This fund could be open to anyone and all organizations who feel like they want to 'do something' about this crisis to show that people in Nanaimo care about what's going on and want to do something practical and meaningful. These small grants will support impactful activities, programming, or projects that align with the following goals:

- To cultivate kindness, compassion, wellness and gratitude;
- To foster connectedness, belonging and community;
- To foster knowledge, skills and resources about harm reduction principles and best practices;

Anyone in our community would be encouraged to apply for seed grants to fund workshops, retreats, activities, or other events tailored for PWLLE and those at risk of using drugs in our community. PWLLE should make up the majority of the planning team, thereby being part of the solution. It would be like a 'PWLLE community grant action team'.

5) An alternative school for peers (a place they can go to learn new skills or refresh old skills; a place they know they're accepted the way they are but are encouraged to believe they can improve in areas that are important to them) Low-barrier jobs (based on the idea that working 8 hours a week is good for a person's mental health). Ideally, the jobs would be "green" oriented (that is, jobs that help the environment in some way)

How would your idea address local issues and barriers to the overdose emergency response?

1) People who use drugs can participate, but shouldn't bear the burden alone, and should be supported by health and social experts to synthesize existing science and research to support compassionate, empathic and healthy public discourse and public policies.

2) I think it is important the liaison be situated in places accessible to First Nations/Indigenous people that would be seeking those supports. I would encourage the project be undertaken by those with live experience directing the project and hopefully being the liaison. I think Nanaimo has amazing resources but we are not always able to get the word out where the different supports are located and what kinds of services exist.

3) With a peer run group doing counselling we are building our capacity to help ourselves and each other. We are all walking "shell shocked" every time someone uses naloxone on another it traumatizes you street entrenched or not. Peers have the capability of helping each other through this crisis. Having peers do narcan training at schools not only educates but it can give the peers purpose and a chance to give back

to the community. We all know that human interaction, being part of something and having a purpose are very important parts of a healthy lifestyle.

4) Peers and FN's should make up the majority of the advisory committee to launch the call for projects, assess and award the grants. It would be a great learning experience for starters to work closely with the City on this initiative. A lot of barriers related to the crisis include misconceptions, stigma, poverty, crime, homelessness, fear, visible drug use and its impacts, concentration of drug use in certain areas. Maybe there are things that can be done to outreach and at least alleviate some of the barriers to help make Nanaimo a more caring and compassionate city towards PWLLE - even in the short term.

5) Feeling like they 'belong' to something (a school, a workplace or even just a group or club) might give peers a sense of purpose? Belonging to something healthy and future-oriented might be better than belonging to a "drug user group" because it can remind them that they're more than just drug users. It might help to lift them out of lifestyle habits that even they admit go nowhere.

How will your idea/ approach empower people who use drugs and PWLLE to engage with their peers and health and social services in a way that 'meets them where they are'?

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4) Peers, PWLLE and FN's should make up the majority of the planning group - as in it's their fund to conceive, award and disperse. Essential criteria should include involvement of peers in the planning of the activities to ensure that peers benefit - as well as stipends for their involvement etc.

5) Having a sense of the future (through school or work) may prompt them to make choices that help them succeed, such as reaching out to those who can help them make better choices about their physical and mental health, and help them feel confident enough to pursue better housing options.

How will your idea demonstrate cultural humility towards, and safety for, First Nations, Métis and Urban Aboriginal Peoples?

1) I think there are many people who can speak to and show up with humility around the complexity of the disproportionate burden indigenous people bear in the opioid crisis, as well as poverty, homelessness, trauma, mental health and substance and beyond. Again, many British Columbians and Canadians alike are not informed, have not had engaging opportunities to learn, to listen, to locate within what has and continues to happen to indigenous people across BC and Canada.

2) We could go and learn about indigenous healing and incorporate it into the peer counselling or the education group. Reaching out to First Nations is top priority as the marginalized group they must be included.

3) See above

4) It would be very, very important for this approach to incorporate First Nations perspectives from the planning to roll-out stage. Cultural protocols should be encouraged and the initiatives should be inclusive of and targeted to First Nations, Métis and Urban Aboriginal Peoples since they are the most impacted by the crisis. Representatives should be invited to sit on the Advisory Committee.

5) By listening to people and finding out how and what they want to learn (school) or do (work), we are demonstrating cultural humility and safety.