



(Re)Visualizing the Overdose Crisis: Stories from Across Canada
by Activists with Lived Expertise of Drug Use

Cover photo credit: Dawn Lavand

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We would like to acknowledge that while aspects of this work took place on many different traditional territories of the First Peoples throughout Canada, the compilation of this work took place on the unceded territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓ilwítlh (Tsleil-waututh) Nations as well as Treaty 6 territory and traditional lands of the Plains and Wood Cree, Assiniboine, Saulteaux, Tsuu Tʼina, Nakoda, Chipewyan and Metis.

**This project is dedicated to Rick Sproule.*

CRISM People with Lived Expertise

The CRISM People with Lived Expertise (PWLE) national working group operates as part of the Canadian Research Initiative in Substance Misuse (CRISM). CRISM is a national collaborative network that brings together drug use stakeholders from across four regional nodes in Canada (Quebec/Atlantic, Ontario, Prairies, and British Columbia) in order to address gaps in the continuum of care for people who use drugs in the context of an on-going overdose epidemic.

The working group, composed of people with lived expertise of drug use from across Canada, has collaborated since January 2018 in research and advocacy to prioritize the voices of those most impacted by gaps in health care and inequities in human rights and substance use. This photovoice project was initiated by the working group in an effort to (re)centre story-telling and imagery as critical tools for sharing knowledge regarding the overdose crisis, harm reduction and activism across diverse regions. This book is an amalgamation of those efforts.

About Photovoice

Photovoice is a community-based participatory methodology used in qualitative research, as a low-barrier means of providing structurally marginalized communities and others with the opportunity to provide insights to their lived experiences and perspectives through the use of photography. Community members are usually provided with cameras, and tasked with taking photos that they feel portray issues, concerns and significant aspects within their lives. This method allows participants to visually share their perspectives with other parties outside their communities. As a methodology, photovoice centres the voices of the communities that utilize it, and has previously been an effective method in drug use research. Photovoice provides an accessible means for people with lived expertise in drug use to advocate and draw attention to factors, concerns and solutions that may often go ignored by decision makers outside of the drug using community. Photos in this book speak to a range of issues including the impact of drug prohibition, loss, discrimination and stigma, as well as the significance of activism and harm reduction, health and cultural practices, and meaningful relationships.

About the Project

This photovoice project was conceptualized by the CRISM People with Lived Expertise (PWLE) national working group in response to advocacy and research priorities addressing regional gaps in overdose response set out at an in-person satellite meeting during the Stimulus Conference in Edmonton, 2018. The working group met regularly over the following year to develop this project with the purpose of creating a medium to share their knowledge, narratives and perspectives on themes they felt were recurring throughout their lives (as well as in their work and activism). Working group members across Canada were provided disposable cameras and used them to capture images that spoke to issues of harm reduction, activism, and the overdose crisis. While these themes were left open to interpretation, also addressed were ways in which these issues impacted the everyday lives of the photographers. The working group members come from a variety of backgrounds and settings, and each member chose their favorite images and provided captions to accompany their photographs displayed here, in order to (re)orient viewer interpretation. Through their photos and captions, group members have chronicled meaningful moments in their lives and provided others an opportunity to appreciate their narratives.

The Issues

Gaps in addressing substance use in the context of an on-going overdose epidemic: Harm Reduction, Activism, and the Overdose Crisis

Deaths due to drug-related overdose in Canada have been steadily increasing since 2010, while Canadians continue to suffer from the ongoing criminalization of drugs and drug-related practices. Rising preventable deaths, increasingly driven by a drug supply poisoned with illegally-manufactured opioids, have become severe enough that in 2017 the average life expectancy in Canada decreased. In 2018, there were over 4588 opioid-related deaths, with at least one life lost every two hours. Opioid-related deaths have increased most rapidly in British Columbia, Alberta, Ontario and Manitoba. Despite community level activism and the expansion of a range of innovative community-driven public health initiatives, including injectable opioid agonist treatment, naloxone distribution, and low-barrier supervised consumption sites, dispersion throughout Canada is uneven and deaths from drug poisoning have continued to rise at alarming rates. Further compounding this are the structural barriers (for example, poverty, colonialism, institutionalized racism, and gender inequality) and the

consistent and pervasive levels of stigma and discrimination people who have and continue to use drugs must navigate in their day-to-day lives.

Stigma and discrimination against people with lived experience of drug use have consequences that are far-reaching into multiple aspects of their lives. Preconceived notions of people who use drugs as intrinsically criminal, suffering from mental illness, and other damaging stereotypes can lead to barriers to basic necessities, including stable housing and employment. Additionally, some people with lived experience of drug use, particularly those most marginalized, experience poor treatment within the medical system due to current use or a history of drug use, as well as increased encounters with the police and the criminal justice system. These experiences are further compounded by stigma and discrimination based on intersecting social locations, e.g., from racism, transphobia and misogyny. Fear of encountering stigma and discrimination in the healthcare system prevents many from accessing healthcare and other social services altogether.

Though people with lived expertise of drug use are increasingly engaged in the delivery of a greater diversity of harm reduction programs, their important contributions, activism, and involvement remain underrecognized and undervalued amidst job instability and pay inequity. This is despite clear evidence that their

involvement extends the reach and effectiveness of harm reduction, in particular by drawing on their wealth of expertise to identify gaps in overdose response and by reaching out to those who do not access traditional public health programs.

Given the diverse stigma and discrimination that people who use legal and illegal drugs can experience, perspectives that reflect this diversity need to be at the forefront. This project sought to do just that, by creating a platform by which the CRISM PWLE working group, all of whom have extensive experience working in harm reduction, could make visible their own perspectives on these weighty subjects impacting all Canadians.

Thoughts

[illegible]

ATLANTIC/QUEBEC

Alexandra

(MONTREAL)

Working as a harm reduction worker. I went to get material at this place for more than 10 years, and have been working there for now 9 years! I don't feel like I lost my time using drugs all those years—my lived experience gave me a job I am passionate about!





*Hard to be a couple of users,
but we do have good times
like anybody! This was at
New Year's Eve.*

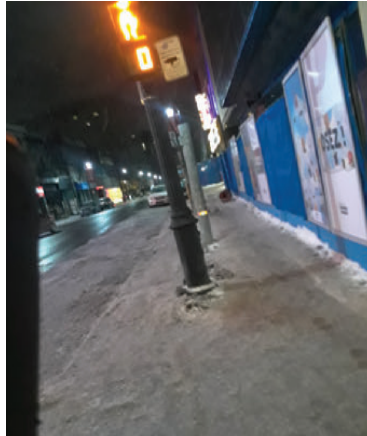


*User apartment. Some live in
bad places and have hard times.*



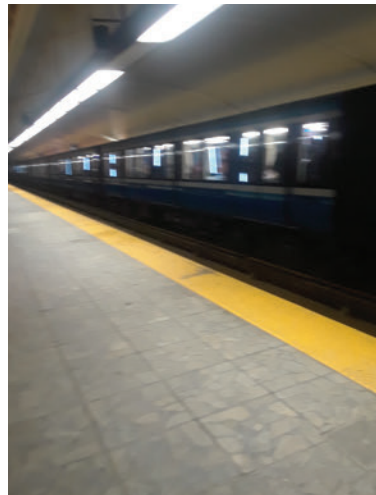
Methadone nurse! I have the best one :) It is important to trust health professionals and not tell lies to cover your use. How can they help you if they don't know what is going on?

*Break time from SIS (Supervised Consumption Site) at 2 a.m.,
January downtown Montreal.
Streets are empty and cold.*





In the winter, the metro is a great place to warm up. Some sleep, use and live in the metro.



ONTARIO

Sean

(OTTAWA)

This one is my partner who does a “Ladies Love Day” every Feb 14; she gets a ton of flowers and candy and other “girly” things to celebrate the losses of our moms, daughters, grandmas, nieces, friends, etc. and gets a huge crew of ladies together to get mass trained in OD Prevention and Naloxone.



This one was a pic I did for CBC on the importance of Naloxone.





Handprints were used to show that drug consumers are first of all people, and also were a good place to write messaging we want to convey...

Frank

(TORONTO)

Anyone accessing service to use K6 injection room the first step is completing the intake form.

If the person is using the site for the first time you have to complete a registration form which includes a code and today's date. The code is the last two letters of your first name and the last two letters of your last name. This is optional and you can remain anonymous. Your gender is attached to identify male, female or transgender.

The complete form is given to the client to read the rules and the regulation for approval and the staff signature and a contact number and name of applicant. The intake form is completed with the following information: Your code or anonymous with today's

date, age, gender and what drug or drugs you are going to use.

Also, if you are on methadone or Suboxone and if you overdosed recently. If you did, what steps were taken to reverse the overdose and your initials before going into the injection room.

Raffi Balian is the one who started this program 20 years ago. He gave it the name COUNTERfit and called it KeepSIX. Above the sign there are some pigeons because, where he was living pigeons would come to his window every day. During the winter months he felt sorry for the pigeons so he opened his window and the pigeons came into his house, and the landlord wasn't too happy. That's why we have the name KeepSIX.



MURAL ARTIST: LES HARPER

FRANK - TORONTO

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Horses teach us about resilience and how to be your own person. You cannot force a horse to do anything, but if you approach them with respect they will teach and honour you in return. The movement of horses is like the movement of spirit. The kind that will scare away anything that is not needed and open us up to greater things. The seven horses of the KeepSIX mural bring with them the seven grandfather teachings of honesty, humility, courage, respect, truth, love, and wisdom. They also speak to the grandmother teaching of patience required to be in good relations with horses.

The strawberries are the Anishinaabe berry medicine of the heart. Ode means heart and it also means strawberry. We're reminded to follow our hearts and make the long journey from

the head to our hearts. The star people are situated above the horses, and are the watchers of all creation. The rainbow colours show the beauty seen through the diversity of creation. No one is less than or greater than in sacredness. All aspects of being and creation have meaning and purpose. The colours also speak of diversity of people expressed through culture, spirituality, gender, sexuality, and gifts that we all carry. The butterflies and flowers remind us of the cycles of life. They teach us that change and transformation are a basic requirement for the basis of creation. The mural reminds us to be humble and to take care of our wellbeing, as well as to be kind to one another and help each other along the way.



MURAL ARTIST: LES HARPER

FRANK - TORONTO

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The reason why I have chosen the medicine wheel is because, within the last two years my agency has begun to hire Indigenous people. Since we've hired them, Indigenous drug users come into our safe consumption because we have Indigenous employees and it's a safe space.

The medicine wheel has many teachings that cannot be fully described. To truly receive the teachings, you have to find an elder, bring tobacco, and receive the teachings one-on-one; there is no substitute. It is through the shared experience of being together that the teaching is given and received. There are many variations of the medicine wheel, and each one is connected to the land and territories they come from; as well as the nations, communities and families to which they are

connected stone medicine wheels have been created and for many years on Turtle Island. In the Anishinaabe medicine wheel, the sacred directions are represented by four colours. Yellow in the East, red in the South, black in the West, and white in the North. The medicine wheel reminds us to be balanced with ourselves, one another, and all creation. It shows us how to live because the centre of the wheel is the spirit which life moves around.



PRAIRIES

Dawn

(WINNIPEG)

The first pic is from Superneech. A member of my greater community who uses memes for Teaching Moments.

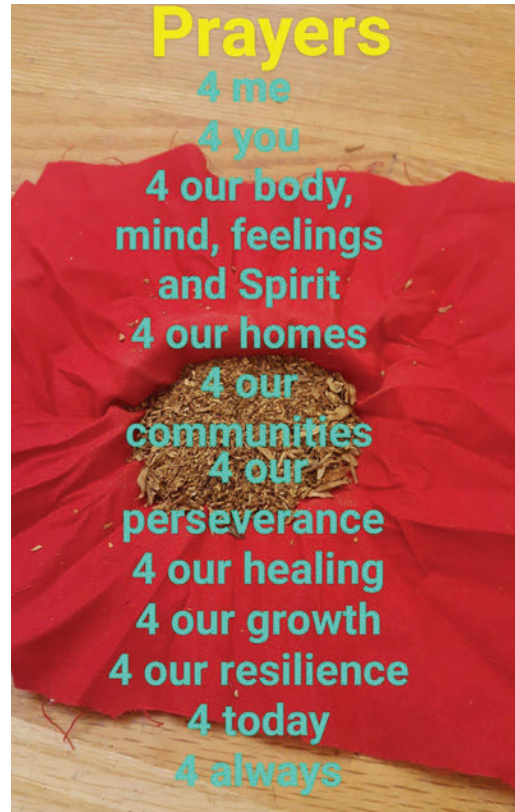
This one about prayer helped me in a time when I felt unworthy to embrace my Indigenous identity and now I advocate for those I love.



This second pic is our I ♥ Someone Who Uses Drugs T-shirt. Our Peer Working Group or PWLE/PWUD advisory council identified we all knew someone we loved, including ourselves, who used drugs. We made Tobacco and Cedar prayer ties and pinned our prayers to the shirt. Tobacco carries our prayers to Creator and connects us to the Spirit World, our prayers are timeless in the sense that we pray for those who passed away too soon, due to overdose and harmful policies and practices around substance use in Canada. We pray for our own wellbeing. For those in the struggle and belief they are alone in it, today and tomorrow. And we offer prayers for the next generation that they may be more open-minded and hearted towards PWUD.

Our message is “Every Life is Sacred. Regardless if you use substances or not. We will honour our peers in life AND in death. We choose love over oppression.”





Tobacco is prayer. Our medicine wheel is split into 4 quadrants of how to care for our whole being: Mental, physical, emotional and spiritual selves.

A Tobacco offering. When I enter unfamiliar spaces often to share my story or insight, I get nervous about how I will be received or supported and when I am gifted Tobacco it reminds me we are all on this journey of life together and we need to care for one another.





BRITISH COLUMBIA

Alex

(NELSON)

I believe this is a form of harm reduction that animals do when the sun is very hot. Even the animals are drawn to harm reduction.

This one is at the Edmonton Harm Reduction conference with a group of Drug War Survivors breaking bread and conspiring to help keep each other and our community people above ground.



This speaks to our connection to the earth and our being. We spend so much time chasing our tails in this drug war and a few days spent out in the elements with a group of our peers can be grounding not to mention a lot of fun. A shelter over our heads, food, music and the company of our comrades in the wilds of our earth is breath giving.



This plant is relatively safe to use in comparison to any isolated compound of opioids especially in today's climate of Fentanyl and analogues. The culture I grew up with used this medicine as a tea when needed and the poppy is easily cultivated and can be mixed in with one's garden vegetables. Western medicine was not always within reach to us and the trust of western culture and values was limited as well.

People who are looking for an opioid buzz for a day would be much more inclined to have less side effects if they were to use this for a day or even a couple days verses an Oxy or any other isolated compound related to Opioids.



Loretta

(VANCOUVER)



This one here I took because the guy was under the tarp and I said “Hi buddy. Are you okay?” He came crawling out, but once he knew I had a camera he goes “No, I’m going back under there, just talk to me.” I asked him how long he’s been living out there, what he was using, and what was he doing. He goes “You know what I’m doing, [Name]. [Name], come on.” He goes “We need help out here.”

I asked “I know you got these help laws... Are they not really helping?” and he goes “Nope, because I got kicked out the second day.” He was in there for two days. This guy here. He’s staying outside. Almost close to the... across from the United Church. That’s where he stays. He moves all over the place because he got kicked out of there too. Like I’m not going to say his name either because I know him quite well.

I got these pictures and then because they were giving socks and stuff away and I... like I said “Can I grab a few more so I can hand it out to other people.” And he goes, “Do you work for us too?” I said, “No, I don’t work for you. I just like working in the community, and help a lot of people out that need it”. I usually give blankets and socks and scarves and hats out. That’s what I do. Like them. Because I collect them.



This photo is of inside the drinkers' lounge. I work with them and do the brew. They can't drink outside and a lot of them are users and drinkers. Because if you look at it this is what we do – we can't get drugs so people go to drinking because we can't get our normal drugs.



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CRISM



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers



CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

dual
qns

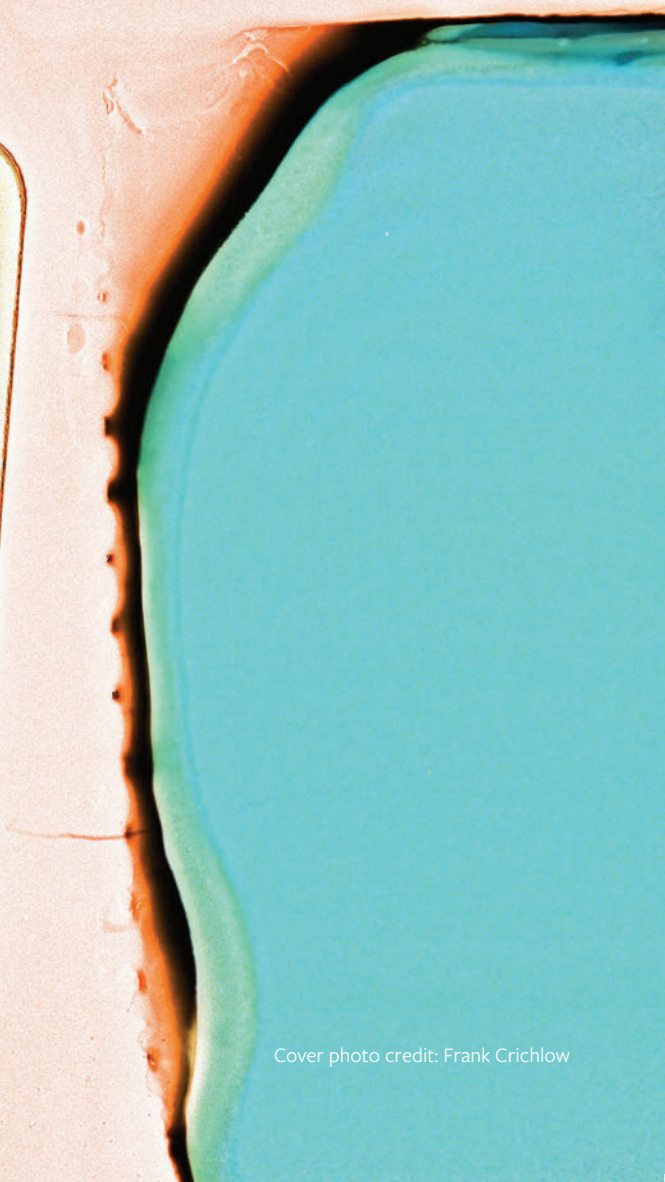
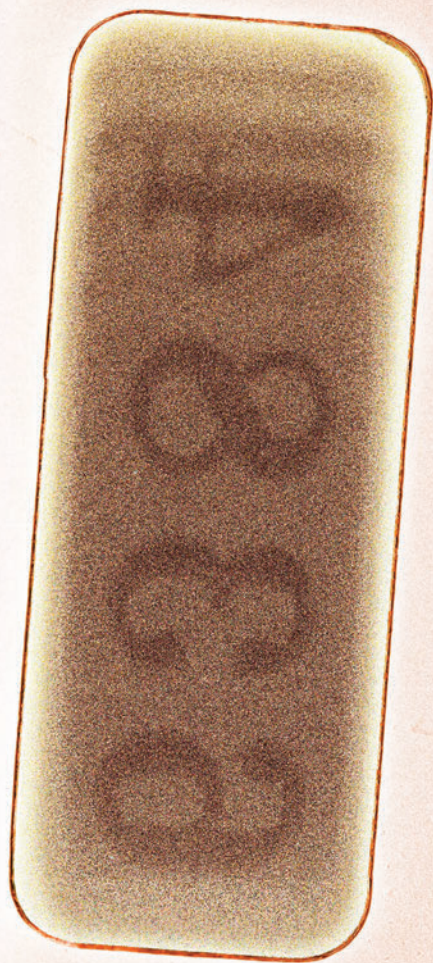


a place of mind
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Cover photo credit: Frank Crichlow