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Original Paper

The Community-based Responses to the Opioid Crisis: Lessons Learned from Vancouver, Canada

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Abstract

Overdose deaths and non-fatal overdoses have increased in recent years across North America, due to the increased potency of fentanyl and its analogues, and the addition of other substances, such as benzodiazepines. Facing with the challenges of the opioid crisis, many North American cities have responded differently. These responses mainly focus on one field, such as medical care, law enforcement, judicature, and social security. Among those cities in North America, the community-based crisis response model in Vancouver is worthy of reference by other cities. According to the ethnographic fieldwork conducted in Vancouver Downtown Eastside in 2019, this paper argues that Vancouver has gradually formed a community-based response model since the establishment of Insite, which is the first supervised injection site in North America. The specific performance is as follows: Crosstown Clinic providing hydromorphone for drug addicts, OPS rescuing the overdose people, and Safe Supply strategy. In addition, according to relevant literature review, we found that responding to the challenges of the COVID-19, Vancouver also made some rewarding attempts to deal with the opioid crisis, such as compassion clubs and capsule fentanyl, all of which are the actions to drive the Safe Supply. And the decriminalization of possession certain amount hard drugs from January 31, 2023 in B.C.is another exemption approved by Canadian Government. In brief, Vancouver's community-based crisis response model promotes Vancouver to collaborate in the fields of activist, medical care, law enforcement, judicature, and social security to jointly participate in the governance of the opioid crisis. This paper argues that the lessons learned from Vancouver are the living representation of community empowerment which is confident, resilient, independent and energetic, which has the capacity to identify problems and design solutions at the local level, and which is inclusive and voluntary.

Keywords

Opioid Crisis, Vancouver Downtown Eastside, VANDU, Safe Supply, Community Empowerment

Introduction

Overdose deaths and non-fatal overdoses have increased in recent years across North America, due to the increased potency of fentanyl and its analogues, and the addition of other substances such as benzodiazepines. In Canada, more than 14,700 Canadians died because of an apparent opioid-related overdose between January 2016 and September 2019. Unprecedented numbers of illicit drug toxicity deaths in the province of British Columbia (BC) led to the declaration of a public health emergency on April 14, 2016. At present, BC is amid dual declared public health emergencies –the first related to the ongoing epidemic of opioid overdoses, and the second declared on March 17, 2020 related to the pandemic of the 2019 coronavirus disease (COVID-19). The onset of COVID-19 is affecting the ongoing overdose crisis in tangible ways[1]. Since March 2020, when physical distancing measures were implemented in BC, the number of drug toxicity deaths has been on the rise, and there has been another marked increase in the number of illicit drug toxicity deaths in BC (see Figure 1).

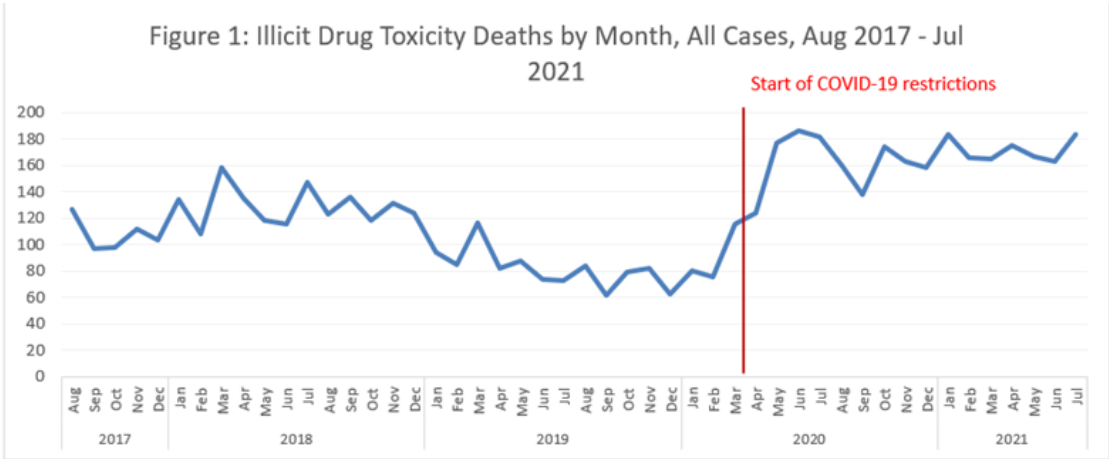

Figure 1. Illicit Drug Toxicity Deaths by Month, All Cases, Aug 2017 – Jul 2021

Resources: BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia, Release Date: March 9, 2022, P14

Totally, 6,007 deaths in BC occurred between August 1, 2017 and July 31, 2021[2]. Deaths due to illicit drug toxicity are the leading cause of death among 19 to 39-year-olds, and deaths due to drug toxicity have created a decline in life expectancy in British Columbia[3]. In particular, 2,224 British Columbians

[1] BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia, Release Date: March 9, 2022, P14.

[2] BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia, Release Date: March 9, 2022, P11.

[3] BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia, Release Date: March 9, 2022, P14.

died due to illicit drug toxicity during the last calendar year, 2021, in which 86% deaths happened in Vancouver. This is a 26% increase in fatalities over 2020, with approximately 7 deaths per day recorded in November and December[4].

In response to the challenges of illicit drug toxicity deaths, Vancouver has taken some grounding actions to reduce the number of overdose deaths. These important responses includes wide distribution and training in the use of naloxone, establishment of supervised consumption and overdose prevention sites, and innovative harm reduction services such as drug checking. There has also been an increase in the number of clinicians providing addiction services, an expansion of addiction treatment options, and work to create more supportive environments for people who use drugs[5]. Among these actions, community-based response is the core factor in Vancouver. I chose Vancouver Downtown Eastside (DTES) as the community to conduct my ethnographic fieldwork to research the opioid crisis.

Vancouver's DTES has a long history with drug abuse challenges; it was known as "the epicenter of the heroin scene in the 50's"[6]. During the late 1980s and early 1990s the neighborhood became known as "skid row" and was rumored to be the poorest zip code outside of a reserve in Canada[7]. Low property values, lack of developer interest, and the closures of British Columbia's mental health institutions in the 1980s resulted in a high number of people with mental health, addictions, and poverty challenges overwhelming the area. In 1993, a potent strain of heroin caused the overdose deaths of 300 people in the area[8]. The inevitable spread of HIV through needle sharing led to a public health emergency being declared in 1997, with approximately 1000 people rapidly dying of the disease. At the same time, the emergence of crack cocaine increased the neighborhood's addictions challenges. In response to these challenges, a social justice and harm reduction ethos has developed[9]. The determination to promote harm reduction in the DTES gradually led the City of Vancouver to release its Four Pillar Drug Strategy in 2000-2001, which includes prevention, enforcement, treatment and harm reduction. As one of the harm reduction programs, Insite opened in 2003, which was the first Supervised Injection Site (SIS) in

[4] DULF Release, Thursday April 14, 2022, https://www.dulf.ca/

[5] Vancouver Coastal Health, DULF Los Complete letter of support from Vancouver coastal health, September 15, 2021, P.1.

[6] Maryse Zeidler, Vancouver's drug crises of days past. CBC News.2016 Posted: Sep 25, 2016 8:00 AM,https://www.cbc.ca/news/canada/british-columbia/archives-crack-heroin-vancouver-1.3773456

[7] Travis Lupick, Fighting for Space: How a Group of Drug Users Transformed one city's Struggle with Addiction: Arsenal Pulp Press,2017, P.102.

[8] Maryse Zeidler, Vancouver's drug crisis of days past. CBC News.2016 Posted: Sep 25, 2016 8:00 AM, https://www.cbc.ca/news/canada/british-columbia/archives-crack-heroin-vancouver-1.3773456

[9] Travis Lupick, Fighting for Space: How a Group of Drug Users Transformed one city's Struggle with Addiction: Arsenal Pulp Press, 2017, P.265.

North America[10].

From the lessons of Vancouver, we can explore the significance of community empowerment. The World Health Organization defines community empowerment as a means of enabling communities to regain or increase control over their lives[11]. The Royal Society of Edinburgh further states that an empowered community is one "which is confident, resilient, independent and energetic, which has the capacity to identify problems and design solutions at the local level, and which is inclusive and voluntary"[12] In so doing, the members "take the lead" in ensuring that the community gets what it needs to function "optimally". This therefore means that persons in the community not only recognize a problem but further identify ways in which they may be able to influence change or contribute to the design and implementation of services that leads to collective support in addressing the issue.

Thereby, the community empowerment in Vancouver gradually formed the special lessons which have influenced the drug policy across Canada. In response to the current illicit drugs overdose deaths, the activism in Vancouver even distributed the free and safe heroin and cocaine to People Who Use Drugs (PWUD), and prescribed capsule fentanyl for only ten dollars. All these down-to-top measures reflected the community empowerment in Vancouver, which pushed all levels of government to optimize the drug policy to respond to the opioid crisis.

Methods

From 2019 to 2022, I researched the opioid crisis using a mix of methods common to anthropology. As a postdoctoral researcher at McGill University in the Department of Anthropology, I explored ethnographic fieldwork to participant observe the harm reduction programs in Vancouver in 2019, during which the opioid crisis is much serious. Accordingly, I transformed the fieldwork to focus on the opioid crisis. I draw upon data from a rapid ethnographic study examining the implementation, operations, and impacts of OPS in Vancouver's Downtown Eastside neighborhood. Rapid ethnography harnesses researchers' familiarity with the specific context under investigation to collect data through intensive ethnographic fieldwork, including observation and interviews, conducted within a short time frame. This approach has previously been employed in the study of complex public health

[10] Thomas Kerr, Sanjana Mitra, Mary Clare Kennedy & Ryan McNeil, Supervised injection facilities in Canada: past, present and future. *Harm Reduction Journal*, Vol.14,No.28,2017,P.16. Retrieved from: https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1

[11] WHO,C ommunity empowerment: 7th Global conference on health promotion,2009, Retrieved from: https://www.who.int/healthpromotion/conferences/7gchp/track1/en/

[12] The Royal Society of Edinburgh, Advice paper: Community empowerment and capacity building, 2014.P.8. Retrieved from https://www.rse.org.uk/wp-content/uploads/2016/09/AP14_08.pdf

emergencies[13]. I continue to study the crisis by literature review after coming back to China.

I interviewed Ann Livingston who is the co-founder of Vancouver Area Network of Drug Users (VANDU) through Travis Lupick's introduction. Ann recalled the history of VANDU, and then she shew me around the neighborhood of DTES. DTES was experiencing the opioid crisis and keeping the highest overdose deaths in BC then. I walked along the East Hasting Street with Ann, witnessing some of the homeless and drug users being suffered. We visited VANDU for two hours, after that we left for Insite and Overdose Prevention Service (OPS). With Ann's help, my ethnographic fieldwork went smoothly.

I conducted my fieldwork in VANDU, Insite, OPS, Pender Community Health Center, Street Church, Crosstown Clinic, Powell Street Gateway, Carnegie Community Center, most of which are located in DTES. I interviewed the drug users, officers, doctors, nurses, board members, social workers, peer workers, residents to investigate how the community responded to the opioid crisis. More importantly, I participant observed the Vancouver city council meeting on 23 July 2019, through which I witnessed the Safe Supply Program being approved from the local government. Additionally, I attended the camping trip organized by VANDU from 26 July to 29 July, which was the better way to understand how the drug users to react to the overdose.

In this endeavor, I add a second method in the form of two short literature reviews on the procedure of Vancouver's responses to the Public Health Emergency: 1) Literature review before 2020 to research the community-based responses; 2) Literature review after 2020 to research the responses on the impact of COVID-19. I include this key literature review as the background and results to my ethnographic study. I use a qualitative research approach for data collection.

Globally, community-based methods have been increasingly used as an effective public health approach to engage various populations in addressing concerns about their health. Evidence supporting the engagement of people with lived experience or 'peers' at different stages of policy, program and research development shows positive health outcomes for populations. In order for decision makers to improve the health of individuals and make services more relevant to the target population, policies and practices must be based on the needs of that population. Allowing the voices of peers to be heard is crucial for developing a deeper understanding of complex health problems. By doing so, initiatives to tackle these health issues will have a greater impact on the target population by improving the acceptability and utilization of programs for these individuals and by extension, increase accessibility to these services[14].

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[13] Johnson, G.A., Vindrola-Padros, C. Rapid qualitative research methods during complex health emergencies: a systematic review of the literature. *Social Science Meicine,*Vol.189, (2017) PP.63-75. https://doi.org/10.1016/j.socscimed.2017.07.029.

[14] Lianping Ti. Engaging people who use drugs in policy and program development: A review of the literature. *Substance Abuse Treatment, Prevention, and Policy*, Vol. 7, No.47(Nov.2012), p.1.

Results

People who use drugs (PWUD) activism: From VANDU to DULF

More than 30 years ago, the city of Vancouver was experiencing severe overdose and blood-borne disease epidemics concentrated in the DTES neighborhood. These epidemics were attributed to the ineffective and inefficient health and social policies tailored toward the PWUD. VANDU was formed to address the gross injustice of health and human rights toward PWUDs[15]. Once considered a fringe organization by many, the membership of VANDU has grown substantially and VANDU is now fully funded through the local health authority, Vancouver Coastal Health. For the range of work they have done in averting blood borne infections, overdose death prevention, and other pioneering harm reduction projects, VANDU has been the recipient of a number of awards by various non-government and government organizations.

Since its formation, VANDU has played a critical role in research by virtue of its familiarity with the issues that affect the health of PWUDs and the organization's ability to facilitate connections between researchers and PWUD. Many of VANDU's members reside in the DTES and are affected by poverty, social marginalization, homelessness, substance use disorders, mental health issues, and structural violence[16]. Over the past few decades, there have been numerous peer-reviewed studies and reports conducted on the marginalized and at risk population in the DTES. However, scant attention has been given to the collective role of PWUDs and the power of advocacy by marginalized members of society in influencing their health and well-being.

VANDU was founded because of overdose deaths in 1990s. Interviews and early documentation indicate that in 1997 a group of Vancouver residents, including drug users, activists, and others, came together to form a drug user organization as a means to address the health crisis among local injection drug users. The DTES has a long history of grass-roots activism, and those attending the early meetings were experienced in applying direct action and organizing methods. Following the announcement of a public health emergency in the neighborhood, local activists were prepared to take action. The urgency of the situation was noted by one founding member[17]:

> *"VANDU came out of the horrific situation with regards to overdose deaths and several epidemics that were roaring through the Downtown Eastside." (Founder)*

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[15] Ehsan Jozaghi. Activism and scientific research: 20 years of community action by the Vancouver area network of drug users. *Substance Abuse Treatment, Prevention, and Policy*, Vol.13,No.18 (May,2018), P.1.

[16] Evan Wood. What do you do when you hit rock bottom? Responding to drugs in the city of Vancouver. *International Journal of Drug Policy*, Vol.17, No.2 (Mar.2006), P.55-60.

[17] Thomas Kerr, Harm reduction by a "user-run" organization: A case study of the Vancouver Area Network of Drug Users (VANDU). *International Journal of Drug Policy*, Vol.17, (Jun. 2006), PP. 61–69.

I did the ethnographic fieldwork in VANDU in 2019, in the context of another overdose deaths epidemic in terms of opioid crisis, during which some illicit drugs was contaminated by fentanyl in 2019.

Ann Livingston introduced me to the staff and peers, and I was well received on 4 July 2019. One of the peers asked me whether I researched drug users in China and she said that I was sweet. I was moved by the scene that a paper written by black pen named “In Memory of Bud Osborn, A POET, An ACTIVIST”. Ann told one of drug users in VANDU that both Osborn and her are co-founder of VANDU. She doesn’t know whether they can memory her if she was died. Ann said Osborn helped her a lot. And Ann gave me many documents of Osborn including his poetry. She said that she is critical, so some of the members don’t like her to go there.

Ann showed me the process of the prevention of overdose. Everything is transparent. They should signed on the paper first and then go inside. There are some facilities for safe injecting, such as syringe and alcohol swab. When one is injecting inside the room, another peer should be waiting for him (her) and observe him. If she or he overdosed, the one outside can rescue her or him. There are two toilets on the first floor without door. Some drug users drew graffiti on it but it is clean and tidy. When we went upstairs, she guided me to visit different offices, one of which is the board meeting. The next board meeting is on 22 July. We were not allowed to attend the board meeting because they talked about their budget that day. There was a boy cleaning the office, whose legs were broken. He said that he is homeless and he had to stay in VANDU.

A great deal of information about VANDU could be watched on the wall or the door. A huge poster is posted on the wall to the right of the gate, which is signed by many members of VANDU. The poster is just the photo of Dean Wilson taken in Oppenheimer Park on July 11 2000 when a demonstration commemorating organized by VANDU about drug overdose deaths in DTES. The second picture that caught my attention was VANDU MISSION STATEMENT pasted on the door of VANDU's office:

VANDU MISSION STATEMENT

> *VANDU is a group of users and former users who work to improve the lives of people who use illicit drugs through user-based peer support and education. VANDU is committed to increasing the capacity of people who use drugs to live healthy, productive lives. VANDU is also committed to ensuring the drug users have a real voice in their community and in the creation of programs and policies designed to serve them.*

The third picture that caught my eyes is a small paste quoted the ideas of John McKnight. John McKnight wrote a famous book titled *A Careless Society: community and its counterfeits* which had a significant idea that revolution begin when people who are defined as ‘the problem’ achieve the power to redefine the problem.

These static pictures are a record of VANDU's social activism. Some of the earliest work of VANDU focused on political activism and advocacy. Consistent with the values of Liberation Theology, the early organizers worked to bring the “voice of users” into mainstream political discourse:

> *"The biggest obstacle to making the situation better was the marginalization of drug users, and the distance that addicts are from society. So the first thing we got involved in was the de-marginalization of drug users." (Founder)*

VANDU has organized numerous public demonstrations in an effort to bring attention to the health emergency in the DTES. Those interviewed cited examples of VANDU's activism, such as VANDU interrupted a Vancouver City Council meeting on September 12, 2000, to present Council with a coffin in protest of a recently implemented 90-day moratorium on the creation of services for drug users[18]. This public demonstration pushed the government to make a case for health-care services which was just adopting the *Vancouver Agreement*. *"We agreed that substance misuse was a public health issue and not a criminal issue. But we also felt, in order to keep law and order in the streets, that we needed to make sure that the police were still involved."* The *Vancouver Agreemen*t made addiction a health-care issue for BC and was crucial in laying the groundwork for the city's next policy move on harm reduction[19].

One of the most important harm reduction programs in Vancouver is Insite which is the first supervised injection site in North America. Similarly, Insite also is the one of the achievements of VANDU's activism. Being a kind of responses to the public health emergency, Insite has been keeping no overdose record since 2003 when it opened. I interviewed one staff working in Insite as peers and he shared his point of view about the influences of Insite on the PWUD:

> *We have thirteen booths totally. The clients can be observed in the observing room for a few minutes. They can watch TV, eat snack, and drink some juice till they are normal without any overdoses. It has never happened overdose deaths in Insite. We hired some peers to work here. I used drugs when Insite opened, so I was hired by Insite. I gave up drugs for many years till now. There were many changes in the past sixteen years. People who came here to inject drugs were very grateful to us and said Insite saving their lives. However, people come here now just take it for granted without any gratitude. There was no fentanyl then, but now fentanyl is everywhere.*

According to the official documents about Insite, grounded evidence shows the significant influence of Insite on PWUD, but the access to the Insite is not convenient for everyone. As the overdose deaths higher and higher since 2011, VANDU formed the first Overdose Prevention Society (OPS) in Vancouver. During the winter of 2016, overdose occurred at the tent and throughout the Downtown Eastside with increasing frequency. There were 61 fatal overdoses across BC in September, the month they pitched the tent. Then, there were 74, 137, and then 161 fatal overdoses in December. In response,

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[18] Thomas Kerr, Harm reduction by a "user-run" organization: A case study of the Vancouver Area Network of Drug Users (VANDU), "International Journal of Drug Policy", Vol.17, (Jun. 2006), PP. 61–69.

[19] Travis Lupick, *Fighting for Space: How a Group of Drug Users Transformed one city's Struggle with Addiction:* Arsenal Pulp Press, 2017, P.228.

Livingston, Blyth, and Ewart, now calling their group the Overdose Prevention Society, pitched the second tent in an alley one block east of the first one[20].

VANDU is one of the first and longest running drug user organizations in North America that has advocated for the health and wellbeing of PWUDs and marginalized members in one of the poorest urban postal codes in Canada. While previous research have shown the effectiveness of programs that are informed, run, or organized by PWUD there is enormous potential for PWUDs and other community researchers to promote advocacy, equity, harm reduction, and inclusion by engaging with similar organizations[21].

As the activism development in DTES because of VANDU and other grassroots organizations, more and more residents in the community involved in the social action to try to solve the problems they are experiencing. In response to the overdose deaths, a group of people who use drugs and drug user group representatives formed the Drug User Liberation Front (DULF) in the summer of 2020, which is the most influential activism currently in Vancouver. DULF is a community coalition formed to provide tangible solutions to BC's overdose crisis. Regulating the drug market through community-led compassion clubs is the most accessible way of providing immediate safe supply.

DULF's proposal involves acquiring illicit drugs, testing them through existing community drug checking programs, labelling them, and distributing them to members of the club. This proposal would increase access to drugs that have been tested through community drug checking programs. It has the potential to reduce harm associated with drug use for club members since they believe that knowing the composition of drugs prior to use can reduce the risk of overdose. Vancouver Coastal Health(VCH) has an established relationship with DULF, have provided overdose prevention site designation to organizations who have provided drug checking and supervised consumption services at DULF-organized events, and would be prepared to continue to offer support as DULF implements this proposal in the VCH region should the exemption be granted[22].

In addition to working with the health authority, DULF and BC Association of People on Opiate Maintenance (BCAPOM) held Press Conference on 2021 Coroner's Report as a protest at VANDU with some other groups, responding to the 2021 illicit drug overdose numbers total 2224 drug poisoning deaths in BC. They got donations in bitcoin, and bought drugs over the dark net, and tested them for purity, and packaged them, and then handed them out for free. This DULF protesting action happened

[20] Travis Lupick. Fighting for Space: How a Group of Drug Users Transformed one city's Struggle with Addiction: Arsenal Pulp Press, 2017, P.377.

[21] Ehsan Jozaghi. Activism and scientific research: 20 years of community action by the Vancouver area network of drug users. Substance Abuse Treatment, Prevention, and Policy, Vol.13, No.18 (May,2018), P.3.

[22] Vancouver Coastal Health, DULF LoS Complete letter of support from Vancouver coastal health, September 15, 2021, P.2.

in 10 February, 2022.

On Thursday April 14, 2022, a safe supply of heroin, cocaine and methamphetamine is being given out for free to the membership of Drug User Groups across the Province to act in response to the sixth year anniversary of the declaration of a public health emergency in British Columbia, and yet another 174 lives lost to illicit drug toxicity in February[23].

Overdose Prevention Service (OPS): Peer Engagement

In the scope of global, engaging people who use or have used drugs, herein referred to as 'peers', to participate in policy making, research, programming, and practice is fundamental to harm reduction. The definition of 'peers' varies across the literature, but can be defined as "any persons with equal standing within a particular community who share a common lived experience". 'Peers' in the context of harm reduction are "people with lived experience of drug use work both behind the scenes and at the forefront of needle distribution services, harm reduction education, peer support, and community-based research initiatives", providing valuable insights about the barriers and facilitators to accessing harm reduction services in their communities. Peer roles can be considered across multiple dimensions, including political advocacy, research assistance, program governance, peer support, and harm reduction messaging.

Experiential workers, often referred to as 'peers' have been central to the overdose response in BC, even before the declared public health emergency in 2016. Experiential workers are those with past or present drug use experience who use that lived experience to inform their professional work. They are at the forefront of effective overdose response and prevention services for PWUD and are employed within overdose response environments where overdoses are likely to occur. Overdose response environments include settings where overdose prevention services are offered on outreach, as standalone services, or within shelters and housing agencies. Experiential workers perform a variety of roles including distribution of harm reduction supplies, peer witnessing of drug use, referrals to services such as housing agencies, advocacy, outreach work, overdose response, and research. The advent of COVID-19 has further escalated the importance of experiential workers who provide outreach and mobile overdose response in the wake of reduced hours and closure of several OPSs[24].

Engagement of experiential workers is recognized nationally and provincially as a best practice in harm reduction. Accumulating evidence indicates that experiential worker-led programs are successful in creating "safe spaces" for PWUD, particularly for people otherwise disenfranchised from health and social care services, Programs led by experiential workers help reduce harmful health behaviors such as sharing substance use supplies and unsafe sex practices, while also improving program accessibility

[23] DULF, DULF PPN Press Conference: April 14 2021, https://www.dulf.ca/apr-14-2022

[24] Bernadette (Bernie) Pauly,"It's an emotional roller coaster…But sometimes it's fucking awesome ": Meaning and motivation of work for peers in overdose response environments in British Columbia, *International Journal of Drug Policy*, Vol.88 ,No.3015, (2021), P.2.

and acceptability, building connections and trust and facilitating environments of comfort and safety for service users. Furthermore, growing evidence indicates that individuals with lived and living experience of substance use are leading the harm reduction movement in meaningful ways, successfully reducing the harms associated with drug use and structural violence[25].

Ann led me to get OPS for the first time. Ann asked one woman who was working there to get the permission of their director. When we were waiting outside, I saw a woman, who is also a drug user, drawing a huge graffiti titled *Time Flies, Chasing Dragon*, with illusory scene on the left and a long black smoke on the right. As well, I saw a man injecting carefully. His blood was pumping by the syringe. I could feel that he concentrated all his attention and energy on his needle which was his whole world. We were permitted by the director to come in and visit OPS. Although it is legal approved by government, it is built in alley where is smelly. The facility inside is simple and unclean. Six seats with numbers are used to verify somebody injecting there and supervised by peers. The director was the member of VANDU and was a drug user. There was a woman overdosing at the door and lying down. The director was asking her whether she is ok. The hall of this site was full of drug users. One woman was waiting for her peer injecting her. Another woman was sleeping on sofa with her eyes closed. A boy was lying down on the floor with his body curling up. The voice of groan and awake were mixed together in this simple site. The director was walking and watching between different drug users. Ann said that it is possible anybody can overdose at any time, so there must be some others to wake them up. Ann led me to another section of the site where there was surveillance video to watch the whole site and prevent overdose. A smoking tent was outside the OPS. Ann said that somebody liked to smoke not inject, but smoking sometimes can be overdosed as well, so they built this tent for smoking.

Many findings illustrate that peer involvement in OPS implementation and operations was in many ways an extension of the roles that peers were already undertaking in the community in response to the overdose epidemic. For example, most interviewed participants who worked at OPS and peer workers encountered during ethnographic fieldwork had previously received training in overdose response, including naloxone administration, through local organizations that serve drug-using populations. In addition, community capacity to open and operate OPS was largely developed through the active participation of peers engaged in drug user advocacy programming and collective action initiatives in the Downtown Eastside, as well as through peer-based harm reduction programs delivered as part of the public health system.

Specifically, participants working at OPS commonly reported past or current participation in interventions such as unsanctioned SCFs, overdose response alley patrols and naloxone training and distribution initiatives. As explained by Alexander, a 35 year-old man:

[25] Bernadette (Bernie) Pauly. "It's an emotional roller coaster…But sometimes it's fucking awesome": Meaning and motivation of work for peers in overdose response environments in British Columbia. *International Journal of Drug Policy*, Vol.88, No.3015(2021), P.2.

I'm one of the supervisors at the OPS because of my training before.

As a result of their overdose response training and active involvement within existing peer-run organizations and harm reduction programming in the Downtown Eastside, peers were equipped with the critical competencies needed to rapidly implement and operate OPS in the community. Moreover, during my ethnographic fieldwork, it was apparent that the experiences of peers within local drug user organizations and peer-based initiatives were crucial in positioning these individuals to occupy leadership roles in this critical part of the overdose response.

Involvement of people with lived experience as workers at OPS was commonly described by participants as providing a "good sense of community" that fostered a safe environment for PWUD characterized by comfort and inclusivity. Indeed, many OPS client participants emphasized during interviews and ethnographic fieldwork that peer workers were empathic to their life circumstances and needs due to their shared lived experience related to drug use and broader structural vulnerabilities (e.g., poverty, housing instability):

We trust the peer workers because they have the same experience as ours. They understand our happiness, our pain, and our sadness, etc. They treated us as human being. (Francois, age 42)

It is notable that peer workers successfully responded to all overdoses observed during my fieldwork despite challenges in identifying fentanyl-related overdoses and no fatal overdoses have occurred at OPS[26].

Moreover, most interviewed OPS clients emphasized that peer workers were well trained in overdose response and responded effectively to overdoses occurring at OPS. Many participants emphasized that peer workers had unique and relevant experiential knowledge, including drug-related expertise, which was critical to providing appropriate and effective services for PWUD:

As soon as somebody [overdoses] – this person needs help – and they're on their feet, ready, and already beside the person, which I like… Insite does that too but I see more reaction in the trailer [OPS]. These people on the street, they look after each other. They do care … It's saved a lot of lives. (Paul, age 55)

According to Vancouver lessons, more OPSs were set up to save lives in BC province. B.C. is expanding access to overdose prevention services that offer observed inhalation services in communities hardest hit by the drug-poisoning crisis. From January 2017 until September 2022, there were more than 3.3 million visits, more than 22,816 overdoses responded to and survived, and zero deaths. The number of sites has significantly increased – from one site in 2016 to 42, including 13 sites offering inhalation services. In the month of September 2022, there were 19,784 visits to inhalation

[26] BC Coroners Service, 2018. Illicit Drug Overdose Deaths in BC (January 1, 2008 – November 30, 2018). Burnaby, BC: Office of the Chief Coroner. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

overdose prevention and supervised consumption services[27].

Safe Supply: Save Lives

The third community-based response to the overdose deaths epidemic is Safe Supply. The most significant topic discussed was Safe Supply when I conducted ethnographic fieldwork in Vancouver. Whether VANDU or OPS, and whether drug users or professionals, what they concerned is exploring Safe Supply as another harm reduction program to reduce the rate of overdose deaths.

Safe Supply strategy was originated from clinical practice of prescription heroin. Crosstown Clinic is the first clinic to distribute prescription heroin in North America, which was founded at Vancouver DTES in 2014. Crosstown Clinic is the clinical practice of North American Opiate Medication Initiative (NOMI). NOMI sought to test health outcomes of methadone against diacetylmorphine, a medical term of heroin.

At Crosstown Clinic, doctors attempted to use the Special Access Program (SAP) to order prescription heroin from Europe to give to long-term addicts who had repeatedly tried and failed to stabilize their lives with other drugs such as methadone. The patients visit the clinic three times a day and receive free dose pharmaceutical-grade opioids. The drugs are imported from Europe and regulated, which means that they are relatively safe and free from the uncertain qualities of street drugs and the poisons which dealers cut them.

I conducted my ethnographic fieldwork in Crosstown Clinic. I was moved by the friendly environment where both doctors and nurses had smiles all the time.

Mei showed me around the facilities of the clinic and then she let me follow the physicians first. Physician Tammy told me that clients must come here on time. If they are late, they are not allowed to come in. Tammy said that they were trying to find the balance between street drugs and supervised injectable heroin, such as diacetylmorphine and hydromorphone. It's difficult for everyone come here three times every day, because some of them are homeless, mental illness and they are suffering pain. If they overdosed, they will let them wait in the clinic for a few minutes to observe. Physicians and nurses have to wake them up in case of overdose. Some of them are very sleepy, because they can only sleep two or three hours every night. Some of their clients gave up the prescription heroin because some of them have jobs and the schedule of clinic and their work are conflict, and others have families to care. The totally number of their clients are 120. Every week they have at least ten new clients. She joked that diacetylmorphine is heroin but hydromorphone are fake heroin.

When we got inside of the prescription room, Tammy showed me her job. Every group has eight people. The proportion of diacetylmorphine is 100:1 ml, and the hydromorphone is 50:1 ml. The dose of every client is different according to their habit and their tolerance. When the clients finished their injecting, they will drop their needles in the medical waste bin. If they forgot it, the doctors will remind them.

[27] British Columbia Province, Escalated drug-poisoning response actions, https://news.gov.bc.ca/factsheets/escalated-drug-poisoning-response-actions-1, November 7, 2022.

When we checked them whether they completely finished their dispensed drugs, we found that some of them did not finish and there are some blood inside the syringes. Doctors are familiar with most of their clients except the new ones, so they have to ask the dates of their birthday to guarantee the accuracy of their injection. I asked them whether their clients have HIV/AIDS, she said that they use the safe syringes to guarantee the safety of nurses and doctors if they have to help their clients to inject. The needles for clients injecting themselves are just ordinary ones, but other needles for doctors to inject patients both in hospitals and their clinic are designed to have a plastic cover to protect the safety of doctors and nurses. Their system is very advanced because once they scan the QR code, all the information of the client will show on computer. I shadowed the doctor's job for two groups and then she suggested me that I should go to the injecting room to observe how the nurses work and how their clients inject themselves.

It has only eight seats inside to supply to their clients. All the tables have mirror before it to guarantee the safety. I interviewed Dianne Tobin who was one of the first Crosstown Clinic patients to receive prescription heroin in November 2014, when it was first administered beyond the confines of an academic study. Then, in early 2017, she became one of the Crosstown Clinic's first patients to give up opioids completely. Tobin went from injecting diacetylmorphine to ingesting oral hydromorphone and then to abstinence. It was the first time her body went without drugs in more than forty years. Prescription heroin brought stability to Tobin's life. In late 2016, Tobin transitioned to oral hydromorphone and, for the first time since she was seventeen years old, spent an extended period of time without using needles. Next, with the help of her doctor at the clinic, Scott MacDonald, she lowered her hydromorphone intake in increments, from 425 milligrams per day to 125 per day and then to a seventy-five-milligram dose just twice a week.

I also interviewed Dr. Scott MacDonald who was the director of Crosstown Clinic. He was brought onto the NAOMI trial not long after Schechter got it off ground. He says that the benefits of diacetylmorphine had become clear to him and, like Oviedo-Joekes, was distraught when they had to tell patients it would no longer be available to them. *"I remember one guy who did really well in NAOMI,"* Macdonald recalls. *"He was tall, with a white beard, long white hair, [and] had been in and out of jail a few times."* With NAOMI, MacDonald put him on prescription heroin and the man stopped getting into trouble with police. Then the trial ended. MacDonald continued to see him as a patient, prescribing him methadone. The man took it, but it never worked to suppress his cravings for opioids. He continued to buy from dealers. *"And then, on one of his relapses, he died of an overdose."* MacDonald says. *"If he had access to diacetylmorphine, he would be alive."* MacDonald explains how it is more difficult to give people free heroin than one might think. *"The medical model for recruitment will not work,*" he says. "*You cannot just open up an office with a sign that says 'Free Heroin' and expect people to come in. People trust their dealers than they trust the medical system, almost universally. We assumed, in NOMI and SALOME (Study to Assess Longer-term Opioid Medication Effectiveness), that recruitment would be easier. But it wasn't."*

As the overdose deaths accelerating, Crosstown Clinic is not enough to respond the public health emergency. Naloxone gradually became one of the most important medicines to save lives. Naloxone is an opioid antagonist—meaning that it binds to opioid receptors and can reverse or block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of abusing heroin or prescription opioids, or accidentally ingesting too much pain medication. Naloxone is widely used by emergency medical personnel and other first responders for this purpose. Unfortunately, by the time a person having an overdose is reached and treated, it is often too late. To solve this problem, several experimental overdose education and naloxone distribution (OEND) programs have issued naloxone directly to opioid users and their friends or loved ones, or other potential bystanders, along with brief training in how to use these emergency kits. Such programs have been shown to be an effective, as well as cost-effective, way of saving lives.

When I did ethnographic fieldwork in Vancouver, I observed a lot of drug users taking naloxone along with them all the time to save the lives of themselves and their family, loved ones and their friends. The social worker John Barber who worked in Pender Community Health Center told me they distributed naloxone to the PWUD for free. The health center also met the need of taking -home naloxone for them.

It is reported that B.C.'s widely available naloxone program – estimated to have averted 3,000 deaths between January 2015 and March 2021[28]. As of August 2022, more than 1.58 million kits have been shipped and 143,057 have been reported as used to reverse a drug poisoning. The kits are available at more than 2,069 locations, including 820 community pharmacies in B.C. The Facility Overdose Response Box (FORB) program provides community organizations with naloxone, supplies and training so staff can recognize and respond to drug poisonings. There are 753 registered sites in the province and 3,115 drug-poisoning reversals reported from FORB sites as of September 2022.[29]

Another safe supply program was drug checking. Drug users took their drugs to the professionals to check whether the drugs were contaminated by fentanyl or other toxic illicit drugs. This drug checking program was conducted by BCCSU then. Moreover, both the drug checking program and the prescription heroin program were discussed by the Vancouver City Council Meeting in July 2019.

I did participant observation on the Vancouver City Council Meeting which was held on 23 July 2019. According to the related report, City Council approved a motion to form the Mayor's Overdose Emergency Task Force (OETF) in late November 2018 to make urgent recommendations for interventions to address the escalating rate of overdoses and overdose deaths in Vancouver. The Task

[28] British Columbia Province, B.C. introduces new prescribed safer supply policy, a Canadian first, B.C. introduces new prescribed safer supply policy, a Canadian first, https://news.gov.bc.ca/releases/2021MMHA0035-001375, July 15, 2021.

[29] British Columbia Province, Escalated drug-poisoning response actions, https://news.gov.bc.ca/factsheets/escalated-drug-poisoning-response-actions-1 , November 7, 2022.

Force built on the emerging work of the Vancouver Community Action team, recently formed to work with the City and Vancouver Coastal Health to help address the crisis, and included over 100 representatives from approximately 50 different organizations and community groups[30].

Eleven speakers gave their presentation in the city hall. These speakers include officers, doctors, lawyers, researchers, drug users, sex workers and indigenous people. They focused on the overdose death and asked for safe supply of heroin. Ten councilors, two male, eight female, asked different questions to different speakers.

I was inspired by the spirit of Vancouver. Government, grassroots organizations, health authority, doctors, researchers, lawyers, activists, drug users work together to push the society and government to focus on the health and justice of the most vulnerable people.

The council meeting approved the safe supply statement. The proposed safe supply statement reads as follows[31]:

> *"Vancouver is in a state of emergency. People are dying every day from an unregulated, contaminated drug supply - these are preventable deaths. People have been dying for many years as a result of the toxic drug supply, and following a drastic spike in deaths in April 2016, a provincial public health emergency was finally declared. Since that time thousands of people have lost their lives to a drug supply poisoned with Fentanyl; a cheap and synthetic opioid detected in the majority of overdose deaths. To date, drug testing has indicated further contaminants such as carfentanil and benzodiazepines, making it more difficult and complex to reverse overdoses.*
>
> *We often hear this crisis referred to as an overdose crisis, but really, we are in a drug poisoning crisis. One of the primary causes of overdose is the contamination of the illicit drug supply, and we believe that future deaths could be prevented if people could access a regulated safe supply.*
>
> *Drug poisoning is affecting many different people who use different substances for different reasons. It is affecting people who use opioids, people who use stimulants, people who use regularly, and people who use occasionally. People from all walks of life are affected; we are all in this together.*
>
> *Urgent action is required on multiple levels to prevent further deaths from drug poisoning. This includes advocating for a safe supply as well as supporting people in their chosen paths to wellness. We call upon health professionals, all levels of governments, and the public to join us in advocating for a safe supply of drugs, to protect and prevent further loss of our family members, friends, neighbors and loved ones."*

The council meeting lasted from 9:30 am to 5:00 pm. All the councilor agreed the report. I wrote down what councilor Swanson said with tears:

> *I appreciate the amazing people who lived experience including VANDU for their great job.*

[30] Vancouver City, Mayor's Overdose Emergency Task Force – Update, July 23, 2019, PP.6-7.

[31] Vancouver City, Mayor's Overdose Emergency Task Force – Update, July 23, 2019, P.11.

Mayor Kennedy Stewart concluded finally:

> *So many great people in DTES to help people to intervene overdose! I'm very supportive. You work as a group to push the reform of drug policy. I will take the report to Ottawa to Federal Level because fentanyl is spreading from west to east. We should give safe supply on drugs at street.*

The report was approved by the Federal Government in November 2019. Safe supply gradually grew to be the basic response nationally to the overdose deaths in Canada.

According to the document of Canadian Association of People who Use Drug, "Safe Supply" is an element of harm reduction, as it is a strategy designed to reduce the risks associated with drug use in a criminalized context. Like harm reduction, safe supply is based on a moral foundation that the individual choosing to use drugs has the right to do so and people who use drugs should not be treated as morally deficient, be criminalized, or deemed mentally ill for their drug use[32].

Since approved Vancouver's proposal, Canada Federal has taken grounded actions on opioid include[33]:

• *Invested over $182 million through the 2020 Fall Economic Statement and Budget 2021 in support of community-based organizations responding to substance use issues, including investments to help them provide frontline services in a COVID-19 context and to scale-up key lifesaving measures and increase access to a safer drug supply as an alternative to the contaminated supply*

• *Invested $500 million through the Safe Restart Agreement towards health care to respond to COVID-19, including support for people experiencing challenges with substance use, mental health, or homelessness*

As Early findings from Canadian evidence show that using pharmaceutical-grade medications, such as hydromorphone in Crosstown Clinic, as an alternative to highly toxic street drugs for people at risk of overdose can help save lives and improve health outcomes. It can also help establish an entry to primary care and treatment for people with substance use disorder.

On February 1, 2021, on behalf of the Minister of Health, the Honourable Hedy Fry, along with the Honourable Sheila Malcolmson, British Columbia's Minister of Mental Health and Addictions, announced more than $15 million in federal funding for four safer supply projects for people at risk of overdose in B.C. These projects will provide pharmaceutical-grade medication as an alternative to the toxic illegal supply in circulation[34]. Dr. Patricia Daly, the Chief Medical Health Officer of Vancouver

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[32] Canadian Association of People who Use Drug, Safe supply concept document, PDF, February 2019, P6.

[33] Health Canada, Federal Actions on Opioids to Date: Actions the Government of Canada is taking to address the opioid overdose crisis. Last updated: March 2022 https://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html

[34] Health Canada, Government of Canada supports four safer drug supply projects in British Columbia, https://www.canada.ca/en/health-canada/news/2021/02/government-of-canada-supports-four-safer-drug-supply-projects-in-british-columbia.html , February 1, 2021.

Coastal Health analyzed the importance of the pharmaceutical alternatives:

Providing pharmaceutical alternatives to the highly toxic and deadly drug supply in Victoria, a city that consistently ranks one of the highest in British Columbia for overdose deaths, is an important action. Our project will benefit from the skills and leadership of people with lived/living experience and the support of nurses, system navigators and physicians to save and improve the lives of people in our community we care about.

Provincially, on an urgent basis and by May 9, 2022, the Ministry of Mental Health and Addictions and the Ministry of Health, in collaboration with the CEOs of the Regional Health Authorities, the Provincial Health Services Authority, and the First Nations Health Authority, will develop a plan to Create a provincial framework for safer supply distribution, in collaboration with the BC Centre for Disease Control and the BC Centre on Substance Use and people who use drugs, that includes both medical and non-medical models; rapidly expand the safer drug supply throughout the province to ensure a safer supply is available in all communities, including rural/remote and Indigenous communities where people are at risk of dying due to toxic illicit drugs[35].

Besides, the latest progress of safe supply is the funded program conducted by Dr. Christie Sutherland who is the Public Health Service (PHS) Community Services Society medical director in Vancouver. She said her team developed fentanyl capsules with a national pharmaceutical supply chain and a local compounding pharmacy because she observed that patients could no longer be properly stabilized on traditional medications such as methadone and Suboxone.

This program sells pharmaceutical-grade fentanyl to drug users who would otherwise purchase toxic, illicit substances from street dealers, and it's a first-in-Canada model that straddles prescription-based safer supply and regulated drug sales. Under the PHS Community Services Society program, a person who would ordinarily buy illicit opioids – particularly dangerous because of their unknown potencies and additives – can instead purchase fentanyl powder capsules from one of the program's clinical sites for the same price: $10 for a tenth of a gram, called a point. The first sale was on April 7, 2022, prescribing pharmaceutical powdered fentanyl to people who use drugs and getting them to pay $10. Proponents of safe supply say it's a way to curb the growing number of Canadians dying each year to a street drug supply saturated with dangerous substances such as fentanyl. Safe supply programs offer pharmaceutical alternatives and studies show they can prevent overdoses and other crime, while critics worry that recipients may sell their prescribed drugs to buy other substances[36].

[35]BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths, Report to the Chief Coroner of British Columbia, Release Date: March 9, 2022, P.5.

[36] Andrea Woo, New program sells regulated fentanyl to help prevent overdoses from illicit supply in Vancouver, Published April 7, 2022, Updated April 8,,2022, https://www.theglobeandmail.com/canada/article-a-new-program-in-vancouver-sells-regulated-fentanyl

Discussion

In summary, our findings illustrate that Vancouver has accumulated rich experience in respond to opioid crisis, which pushed the federal government to change the drug policy to resolve the overdose problems.

Vancouver's lessons are formed from DTES which is called Canadian Postal Code. The social activism in DTES promoted harm reduction programs, in which Insite was the first supervised injection site in North America. In response to the ongoing overdose epidemic, Vancouver opened OPS initiatively in Canada. As well, Crosstown Clinic prescribing oral hydromorphone is clinical practice of safe supply, which also is the first one in North America. Whether all levels of government or grassroots organizations, their strategies of safe supply are saving lives. However, overdose deaths are accelerating since safe supply promotion was approved in 2019. Particularly, people who use drugs or have a substance use disorder face increased risks related to COVID-19, including: 1) risk of infection among those with underlying health conditions; 2) risks due to withdrawal for those who must self-isolate or quarantine; 3) overdose and harms related to an increasingly toxic and unpredictable illegal drug supply[37].

According to the information from Vancouver, safe supply is not accessible through a medicalized model. Less than 4% of the 90,000 people at risk of overdose in BC have been able to access a safe supply. The PWUD calls on de-medicalizing safe supply and decriminalizing people who use drugs. However, the ongoing fentanyl capsules program for only ten dollars is controversial. If this program is approved by federal government, professionals are worried that it may be following the opioid crisis because it's cheap and safe as the pharmaceutical company's advertisement. Possibly, capsule fentanyl causes another 'opioid crisis' because of drug abusing.

As enforcement playing an important role in Four Pillars, Vancouver Model[38] is another response to the opioid crisis. In May 2021, Vancouver City submitted the final proposal to Health Canada requesting an exemption from the Controlled Drugs and Substances Act (CDSA) under the provision of section 56(1). If granted, this exemption would mean that people found in possession of controlled substances under a certain threshold amount within municipal boundaries would not be subject to criminal sanctions. Instead, people would be offered to voluntarily be connected with services, and their substances for personal use and paraphernalia would not be confiscated. The submission

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-to-help-prevent/?fbclid=IwAR0jp596x-5K61qFFO4Lu4ncVF6rRP9k1My7IyZ2Im8h72h-whqcBibCqmc

[37] Health Canada, Health Canada toolkit COVID-19 and substance use, (July,2020) https://www.canada.ca/en/health-canada/services/substance-use/toolkit-substance-use-COVID-19.html

[38] Vancouver City, Decriminalizing simple possession of illicit drugs in Vancouver, (May,2021) https://vancouver.ca/people-programs/decriminalizing-simple-possession-of-illicit-drugs-in-vancouver.aspx

complements local and provincial investments in safe supply, overdose prevention and harm reduction, treatment, outreach, housing, and indigenous healing and wellness. The Vancouver Model was developed by the City of Vancouver, Vancouver Police Department, Vancouver Coastal Health, addictions doctors, and research scientists. Conversations with people who use drugs and representatives of groups that face disproportionate discrimination and exclusion have informed the model. In spite of government and so many organizations involving the proposal of Vancouver Model, drug users coalition says users were shut out of drug decriminalization proposal, and the coalition says 'Vancouver Model' gets panned. The group says police have an oversized role in developing the so-called Vancouver Model and that the thresholds that define simple possession are too low in the latest submission to Ottawa. And the group says, *"we want decriminalization — but on our terms, not the terms of the police and politicians.*[39]*"*

From approving the Four Pillars Framework in 2001, to sanctioning North America's first legal supervised safe injection site, Vancouver has long been at the forefront of innovative approaches to addressing substance use and is well positioned to act as a leader for decriminalization.

On June 1,2022, the Canadian Government declared that Canadians 18 years of age and older will be able to possess up to a cumulative 2.5 grams of opioids, cocaine, methamphetamine and MDMA within B.C. as of Jan. 31, 2023. The exemption will be for three years in B.C. Province. The decriminalization of certain amount possession of hard drugs has been discussed widely since then. The politicians in B.C. thought it as part of harm reduction. They believed that decriminalization will reduce the fear and shame that keeps people silent and leads so many to hide their drug use and avoid treatment and support. However, Kevin Yake, vice-president of VANDU said many entrenched drug users are dependent on far more than 2.5 grams a day. Yake, who said VANDU will continue advocating for a higher legal threshold, said he believes the federal government should have consulted with drug users and health-care workers, rather than law enforcement bodies from across the country.

Thereby, the outcomes of the decriminalization in B.C. will be observed further from January 31, 2023.

The down-to-top response to the opioid crisis in Vancouver is the practice of community empowerment. According to the World Health Organization's definition of community empowerment, communities regain or increase control over their lives, through the work of local members who become the main assets to social change while external agents or groups are the catalysts to the community acquiring power. Empowerment then becomes a process which comprises, "self-reliance, participation in decision-making, dignity and respect, belonging and contributing to community".

For public health emergency, such as opioid crisis, the theory of community empowerment serves as a

[39] Christopher Reynolds, Coalition says users were shut out of drug decriminalization proposal | 'Vancouver Model' gets panned, The Canadian Press, Publishing date: May 12, 2021. https://vancouversun.com/news/local-news/coalition-says-users-were-shut-out-of-drug-decriminalization-proposal-vancouver-model-gets-panned

way of structuring a community involvement approach that "enables community people to increase their knowledge and health care decision making capabilities"[40]. This is based on the fact that the community is where the public health problem has emerged and continuously evolves. In order to properly address a problem, it has to become a community concern.

The community-based responses to opioid crisis in Vancouver occurs when community people identify their common ground of needs, resources, and barriers, and are able to build support or coalitions to mount a response to a problem through planning, implementing, and intervening. Health care professionals facilitate involvement when they share information and control with community residents by teaching and supporting consumers in identifying and participating in the management of health problems for self, family, and community.

Community empowerment, therefore, is more than the involvement, participation or engagement of communities. Community empowerment is a process that involves continual shifts in power relations between different individuals and social groups in society. It implies community ownership and action that explicitly aims at social and political change. Community empowerment is a process of re-negotiating power in order to gain more control. It recognizes that if some people are going to be empowered, then others will be sharing their existing power and giving some of it up. Power is a central concept in community empowerment and health promotion invariably operates within the arena of a power struggle.

Community empowerment necessarily addresses the social, cultural, political and economic determinants that underpin health, and seeks to build partnerships with other sectors in finding solutions.

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