



Campbell River  
Community Action Team



# COMMUNITY REPORT: COMMUNITY IDENTIFIED CONTRIBUTORS TO SUBSTANCE USE

Campbell River Community Action Team

**2018-2019**

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## EXECUTIVE SUMMARY

The opioid crisis has a significant impact in Campbell River. With the fifth highest per capita overdose rate in 2017, Campbell River was recognized as one of the 20 communities across the province that could be supported by the formation of a Community Action Team.

The Campbell River Community Action team (CR CAT) is a collaborative network comprised of professionals from the health, medical, harm reduction, community services, community safety, and other sectors. Together, we seek to respond to the opioid epidemic directly, by increasing harm reduction services and increasing the availability of naloxone kits, and via proactive intervention, supporting people at risk of overdose.

In January 2019, the CR CAT actioned an investigation of the contributors to substance use that are unique to Campbell River. This investigation relied primarily on interviews and focus groups. This investigation focused broadly on substance use in the community, and not solely on the current opioid epidemic.

### **Six contributors were identified:**

- *Geography.* Campbell River is a port city, with a coastline that includes the south end of the Discovery Passage and is connected to the Inside Passage shipping route, which is used by ferries, cruise ships, freighters, tugs, and fishing vessels. Campbell River is also the closest urban centre or hub community for residents of Vancouver Island West (Gold River, Tahsis, Kyuquot, Zeballos) and Northern Vancouver Island (including Port Hardy, Port McNeill).
- *The local economy.* Times of economic prosperity have been associated with increased criminal activity, including the use of high-end and expensive substances, and a booming sex trade related to the success of the local mill. In downturns, substances of choice change and less expensive substances tend to win out, regardless of potential harm.
- *Historical substance use.* In the early and mid 1900s, the E & N Railway stretched only as far as Courtenay, giving Campbell River a frontier town feel. It took effort to reach Campbell River, and those living and working in Campbell River since the 1940s report a sense of lawlessness as a result of a small population coupled with a lack of services.
- *Industry and trades.* The long history of industry and trades in the Campbell River area has brought wealth to the community. Working in forestry, fishing, mining, and the trades requires intense physical work. These jobs are risky and workplace accidents can be serious and fatal. Additionally, those working in industry/trades have experienced challenges as mills and mines have closed and employment in forestry has evolved. Today,

many industry trades people have to travel further for employment, leaving families behind.

- *Lack of system cohesion.* Persons with lived experience, social service providers, harm reduction workers, law enforcement, and medical professionals were in agreement that the system for substance use treatment and recovery is not cohesive. Confusion was noted about pathways to accessing supports, and frustration about the lack of coordination between all of the players involved. This may not be unique to Campbell River, but was mentioned so many times that it merits inclusion.
- *Trauma.* Substance use in relation to trauma is not unique to Campbell River. Substance use has been linked to pain and trauma (including adverse childhood experiences) in the scientific literature. Campbell River notably has a larger Indigenous population than neighbouring communities (12.2% in Campbell River, as compared to 5.9% in the Comox Valley or 8.1% in Nanaimo). Indigenous people have experienced more widespread trauma than non-Indigenous people, given the history of colonization, the Sixties Scoop, residential schools, and child apprehensions.

## INTRODUCTION

The current opioid overdose crisis necessitates a quick, informed, and unified response. In Campbell River, this was made very clear in 2017, when Campbell River and Northern Vancouver Island saw the fifth highest per capita fatal overdose rate in the province. In total, 37 North Island residents died; 18 of those were from Campbell River. **Given that the four communities with higher incidences of fatal overdose are large, urban centers (namely Vancouver, Surrey, Victoria, and Kelowna), We asked: what is happening in Campbell River that differentiates it from other small cities or neighboring communities like the Comox Valley?**

## CAMPBELL RIVER COMMUNITY ACTION TEAM

The Campbell River Community Action Team (CAT) is one of 20 CATs across the province. Funded by the provincial Community Action Initiative (CAI), in partnership with the Ministry of Mental Health and Addictions (MMHA), and the Overdose Emergency Response Centre (OERC), each CAT is mandated to:

1. Expand community-based harm reduction services
2. Increase the availability of naloxone kits
3. Address the unsafe drug supply through expanded drug-checking services and increasing connections to addiction treatment medications
4. Proactively support people at risk of overdose by intervening early to provide services like treatment and housing

The work of the Campbell River CAT is led by a Coordinator and governed by a Leadership Group comprised of representatives from AIDS Vancouver Island, the City of Campbell River, and Island Health. The Campbell River CAT meets monthly and regular meeting attendees include representatives from health and medical services, public safety and first responders, Indigenous organizations, various front-line agencies and service providers, and persons with lived experience.

## PROJECT: IDENTIFYING CONTRIBUTORS TO SUBSTANCE USE

One of the priorities of the CAT is to understand the history of substance use in the community, and to use past experience to respond to the present reality. To that end, the Campbell River CAT has funded a community report that seeks to understand the contributors to substance use in Campbell River. Understanding the unique local factors that contribute to substance use is a necessary step in crafting more effective interventions. The project balances the present with the historical and engages individuals that have an understanding of the history of substance use in Campbell River and/or a present-day perspective. The following report presents the project methodology, findings, conclusions, and recommendations.

## PROJECT METHODOLOGY

Given the project budget and timeline, population-level surveys and engagements were not possible. Instead, a combination of focus groups and individual interviews were deployed thoughtfully, with consideration given to the various sectors, agencies, and individuals that should be invited to participate. Because the project examines the history of substance use in Campbell River, care was taken to identify participants who could offer their experiences reaching as far back as the 1950s. Consideration was also given to the broad scope of substance use, and the many different individuals and organizations that intersect with substance use, including health and medical practitioners, harm reduction workers, mental health and substance use workers, first responders and public safety workers, individuals with experience working in industry and the trades, persons with lived experience, and others.

Again, because this project looks back on the history of substance use in Campbell River to identify unique factors that drive substance use in the community, it was important to engage persons with lived experience not only related to the opioid crisis, but to alcohol and other substances.

## FOCUS GROUPS

Three focus groups were scheduled, all in late February, 2019:

- Harm reduction workers, February 20, 10am – 12pm
- Community safety/first responders, February 25, 10am – 12pm
- Mental health and substance use personnel – February 25, 1 – 3pm

Each focus group was capped at 8 attendees to ensure that all had an opportunity to share their perspectives and experiences. Each group was carefully selected to ensure there was both present day and historical perspectives, representation from a variety of different organizations, and Indigenous representation. In total, 23 people attended the focus groups. No remuneration was available for focus group attendees, and some participants were retired or participating on their time off.

## INTERVIEWS

Fourteen interviews were conducted with the following groups:

- Persons with lived experience –Physicians or other medical professionals, families of persons who use substances, and those in recovery
- Industry – Staff from forestry companies, former Elk Falls Mill staff, employees in the fishing industry, health and safety organizations
- Medical and health professionals (Indigenous and non-Indigenous organizations)

Interviews were recorded and transcribed to ensure that data coding and thematic analysis were as accurate as possible. Twelve of fourteen interviewees consented to recording, while the remaining two only permitted note-taking. Interviews lasted for 45 minutes, though a handful lasted longer. Some interviewees were reimbursed for their participation, either through the CR CATs funding to support persons with lived experience, or through professional organizations.

All focus group and interview participants were promised anonymity in their responses. Though quotes will appear through this report, there are no identifying details associated with the quotes. This is in consideration of the sensitive subject matter, and of the personal stories that many participants shared.

## OTHER RESEARCH METHODS

Because this project examines both present day and historical substance use, efforts were made to identify local archives and historical documents related to substance use. Neither the City of Campbell River nor the local First Nations bands maintain archives. The Museum at Campbell River does, and they have a remarkable collection, but no archival collections specific to substance use or health in Campbell River.

Academic research was also undertaken, on the possibility that a graduate student or other researcher had ever investigated substance use in Campbell River, but Campbell River is not often the subject of formal research. A couple of interesting, peer-reviewed articles are referenced later in this report, and cited appropriately.

Finally, Island Health kindly shared previous reports, including a review of the Health Authority's Mental Health and Substance Use system. Island Health also shared data about the current opioid

epidemic, including demographic information about substance users who have sought treatment for overdose or suffered a fatal overdose.

## RESEARCH QUESTIONS

The following questions were asked of all focus group attendees and interviewees, to ensure consistency across responses.

1. What is your relationship to substance use? (Respondents were asked to share as much or as little as they felt comfortable with – could be active users, friends/family of active users, in recovery, professional role, etc.).
2. What is your personal history in your field? How long have you been working, and in what capacity?
3. What changes regarding substance use in Campbell River have you observed over time? Think broadly, as far back as the 1940s, to present. (Clarifying question - Is this something you have observed yourself, or something you've heard from others?)
4. What are the factors that drive substance use, broadly?
5. What are unique factors that drive substance use in Campbell River?
6. What are protective factors to substance use, broadly?
7. What are protective factors to substance use in Campbell River?
8. What are some of the lifestyles and circumstances that go along with substance use in Campbell River?
9. How cohesive are the various systems that support individuals with substance use issues in Campbell River? Systems include medical/physical health, mental health and spirituality, public health, law enforcement, etc.
10. What is one thing that you wish the general population of Campbell River knew about substance use?

## PROJECT LIMITATIONS

One of the most intriguing data points about current Campbell River opioid users that have accessed medical services in the event of an overdose is that 80% are men. These men tend to be Caucasian, to be employed in the trades, earn a good living, and use substances in the privacy of their homes. Their substance use is not often visible and these are people whom society generally does not associate with the opioid epidemic. These men are at risk for overdose death and often only access medical or health services in an event of an emergency. Given these trends, it was identified as a limitation of this project.



## PROJECT FINDINGS

The ten questions listed above were asked across the focus groups and interviews. The responses to each question are summarized below, including an overview of major themes and representative quotes from participants.

**Question 1: What is your relationship to substance use?** (Respondents were asked to share as much or as little as they felt comfortable with – could be active users, friends/family of active users, in recovery, professional role, etc.).

This question was asked to better understand the relationship between participants and substance use. As the first question asked, this allowed for participants to be vulnerable and responses demonstrated trust and camaraderie. In individual interviews, this question also helped to establish rapport.

Both focus group and interview participants were forthcoming in sharing their own experiences with substance use. Some participants were active substance users, while others have been in recovery – some newly in recovery, and others with decades of sobriety. Most participants who reported a history of little or no substance use, could identify a friend or family member who struggled with substance use. Substances reported included alcohol, cannabis, and a host of illicit substances (including cocaine, heroin, fentanyl, and crystal meth), as well as a variety of prescription pills, including opioids. Participants recognized that substance use is a continuum – it is possible to use substances recreationally and/or infrequently, and also possible that substance use can become problematic and addictive.

Those professionally employed in a field that work with people who use substances often have a personal connection – some of these people lost family to addictions and overdose. Others entered the field because they saw a gap in services and received the training needed to close those gaps.

### **Selected quotes to represent the responses to question 1:**

“I saw a Facebook post that intimated that the opioid overdose was ‘cleaning up’ the community, and that it was advantageous to lose ‘those people.’ That post is the reason I got involved in this field – because substance users are people, who are inherently worthy of respect and empathy.”

“A sibling struggled with addiction for many years, and I saw the worst of it. It disrupted our family life. When my sibling overdosed on fentanyl, I did a 180 and this caused a shift in my perspective. I now look at substance users differently.”

“There was nothing to do where I grew up. My friends were older. I was drinking and smoking pot by the time I was 10, and then I think doing cocaine when I was 13, and pills shortly thereafter.”

**Question 2: What is your personal history in your field? How long have you been working, and in what capacity?**

This question was most appropriate to focus group and interview participants that were there on behalf of their employer. Professional participants included harm reduction and health promotion staff, clinical counsellors, current and retired first responders (RCMP officers, firefighters, bylaw officers), elected officials, physicians, and others in the health field. This question also helped the researcher to understand and validate the history and experience reported by each participant. For example, a retired RCMP officer who worked in the community for two decades offered unique insights on changes over time. A harm reduction worker who was new to Campbell River was more likely to speculate about changes over time, and these responses required additional validation.

The day to day work of professionals who intersect with substance use looks very different depending on the role. A variety of tasks were described, including:

- Frontline support at various social services programs, including drop-in programs and food programs
- Responsibility for coordinating a staff team responding to the overdose crisis
- Attending, as a first responder, emergency overdose calls
- Educating and supporting patients at medical appointments
- Providing leadership to workplace health and safety programs, with special attention given to substance use and harm reduction practices

**Selected quotes to represent the responses to question 2:**

“Ever since medical school, I’ve been very interested in how substances can be used and misused. What is it that people are doing when they’re using substances? Are they self-medicating? What are they searching for?”

“I have a passion for substance use and people in particular that are challenged by other co-morbidities such as mental illness or the various social determinants of health.”

“The work that I do to help clients with various issues – trauma, finding affordable housing, etc. – often intersects with substance use.”

**Question 3: What changes regarding substance use in Campbell River have you observed over time? Think broadly, as far back as the 1940s, to present. (Clarifying question - Is this something you have observed yourself, or something you’ve heard from others?)**

This question elicited many responses. Some responses were personal, in that a person with lived experience would detail the substances that were popular while they were using. Others offered a professional perspective, sharing the trends they had seen over careers in fields like law enforcement or social services.

Some of the changes are notable, including the recent legalization of marijuana. Related to laws and legislation, many long-term Campbell River residents noticed a decline in bars and pubs, perhaps due to increased enforcement for those driving under the influence. Anecdotes about the busy bars and pubs of the ‘80s and ‘90s note that this activity decreased by the time the 2000s arrived. Local residents do not believe that drinking has decreased, though, just that more people drink in the privacy of their homes, and more people are likely to drink alone than socially.

Others spoke to the trends in illicit substances over time. Those who have lived and/or worked in Campbell River for decades spoke to widespread cocaine use in the 70s and 80s that coincided with the city’s economic boom. Many noted that at that time, recreational substances were a status symbol and cocaine and other stimulants were used by the community’s wealthier residents.

Across all three focus groups, mention was made of the heroin brought to the community in both the 1970s and the 1990s. Those who remember heroin being introduced in the 1970s remember a concerted effort from law enforcement to get the drug out of the city. In the 1990s, harm reduction workers remember a strong response from Campbell River residents requesting that hard drugs be removed from the community. Still, the 1990s saw a wave of heroin overdoses before the trend dissipated. Some physicians remember dealing with heroin overdoses all day in the Emergency Room.

More recently, those who interact with illicit substances report an increase in crystal meth use and an increase in heroin cut with fentanyl or carfentanil. The increase of crystal meth has been credited to increased gang activity or organized crime in the community. The increase in heroin cut with fentanyl or carfentanil is attributed to how easily it is to purchase either substance online, and how this ease allows many would be drug dealers to enter the market. These

substances are less expensive than other substances, including alcohol, and create physical dependency faster.

Many participants also identified opioids and related dependencies on substances, which were either obtained through prescriptions or purchasing opiates off the street.

### **Selected quotes to represent the responses to question 3:**

“Even though fentanyl kills, many people trust their dealer.”

“There has been a shift in cultural perceptions – Alcohol use is insidious but ongoing alcohol use is much more socially acceptable and less of a public relations concern than quick overdose deaths related to drug use.”

“There are two Campbell Rivers: the boom and bust. Boom brings hard, expensive, and designer drugs. Bust brings about the need for cheaper drugs, like meth.”

### **Question 4: What are the factors that drive substance use, broadly?**

This question was designed to get interviewees and focus group attendees thinking broadly about factors that drive substance use, and then to use the following question to hone in on factors specific to Campbell River. However, participants had already prepared and in most cases, question 4 was skipped in favor of getting directly to question 5.

### **Question 5: What are the unique factors that drive substance use in Campbell River?**

As above, this question cuts to the heart of this project: relying on local knowledge to identify unique factors that drive substance abuse in Campbell River. In other words, what factors are present in Campbell River that aren't present in neighboring communities like the Comox Valley, the Northern Gulf Islands, or Vancouver Island West?

Responses to this question are explored in greater depth in the following section, “Project Findings.” A synopsis is provided here. Factors identified include:

- *Geography.* Campbell River's physical geography is unique. Campbell River is a port city, with a coastline that includes the south end of the Discovery Passage and is connected to the Inside Passage shipping route, which is used by ferries, cruise ships, freighters, tugs, and fishing vessels. Campbell River is also the closest urban centre or hub community for residents of Vancouver Island West (Gold River, Tahsis, Kyuquot, Zeballos) and Northern Vancouver Island (including Port Hardy, Port McNeill). Lastly, as a City, Campbell River is spread out and neighbourhoods aren't closely connected to each other.

- *The local economy.* As mentioned earlier, times of economic prosperity have been associated with increased criminal activity, including the use of high-end and expensive substances, and a booming sex trade related to the success of the local mill. In downturns, substances of choice change and less expensive substances tend to win out, regardless of potential harm.
- *Historical substance use.* In the early and mid 1900s, the E & N Railway stretched only as far as Courtenay, giving Campbell River a frontier town feel. It took effort to reach Campbell River, and those living and working in Campbell River since the 1940s report a sense of lawlessness as a result of a small population coupled with a lack of services.
- *Industry and trades.* The long history of industry and trades in the Campbell River area has brought wealth to the community. It has impacted the community in other ways as well. Working in forestry, fishing, mining, and the trades often requires intense physical work that can be harmful. These jobs are also riskier and often workplace accidents can be serious and fatal. Additionally, those working in industry/trades have experienced significant changes as mills and mines have closed and employment in forestry has evolved. Many industry tradespeople now have to travel further for employment, leaving families behind.
- *Lack of system cohesion.* Persons with lived experience, social service providers, harm reduction workers, law enforcement, and medical professionals were in agreement that the system for substance use treatment and recovery is not cohesive. Confusion was noted about pathways to accessing supports, and frustration about the lack of coordination between all of the players involved. This may not be unique to Campbell River, but was mentioned so many times that it merits inclusion.
- *Trauma.* Substance use in relation to trauma is not unique to Campbell River – substance use has been linked to pain and trauma (including adverse childhood experiences) in the scientific literature. Campbell River notably has a larger Indigenous population than neighbouring communities (12.2% in Campbell River, as compared to 5.9% in the Comox Valley or 8.1% in Nanaimo). As a population, Indigenous people have experienced more widespread trauma than non-Indigenous people, given the history of colonization, the Sixties Scoop, residential schools, and child apprehensions.

**Selected quotes to represent the responses to question 5:**

“When I came to town it was a very, very labor-intensive town. This was 1957. There was a pulp mill, a couple of mines, a large fishing fleet. More or less everybody had a cigarette in one hand and a bottle of whiskey in the other hand. That was the culture.”

“Many North Island residents come to Campbell River to visit family and friends, access services, shop, and participate in recreational activities. But these people may be naïve and overly trusting. In my time in this role, I’ve seen 5 fatal overdoses from residents from a Northern community. They may not receive harm reduction messaging, or may be too trusting of their dealer.”

“Campbell River is a small town at heart. It’s hard to be in recovery here, because so many people saw me in my addiction and still treat me as if I am that person. I get followed around stores and people expect the worst of me.”

#### **Question 6: What are protective factors to substance use, broadly?**

Similar to question 4, this question was created to inspire participants to think broadly about protective factors. Protective factors are defined as “conditions or attributes in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.” (Source: childwelfare.gov) Similar to question 4, participants did not wish to answer this question broadly, they wished to identify protective factors in Campbell River.

#### **Question 7: What are protective factors to substance use in Campbell River?**

Overwhelmingly, the number of social services and supports available in Campbell River were listed as protective factors. Examples of such services include the Sobering Assessment Centre, youth services offered through the Foundry, and various programs that offer poverty reduction, education, food security, legal access, literacy, and housing support services. These services have not solved the problem, but they do offer great support to active users and those seeking or in recovery.

Locally, there has been recognition of the current opioid epidemic – people are not burying their heads in the sand. Evidence of this includes the provincial funding that supports the Campbell River CAT, and the City of Campbell River’s Downtown Safety Office.

Societally, drinking and driving has become less acceptable, and there is more alcohol and drug education in schools.

#### **Selected quotes to represent the response to question 7:**

“As someone who works closely with individuals misusing substances, I’m glad to see some of the stigma has been reduced. Derogatory terms like ‘frequent flyer’ were formerly used to describe those who regularly used emergency services, but this term has dropped from the lexicon in recent years.”

“I think we’re being pretty proactive in the schools, in getting prevention messaging out. I’ve got teens in school right now and I see the kinds of resources that are available to kids. It’s not perfect, but when I compare it to other parts of Canada and British Columbia, I think we’re doing really well.”

**Question 8: What are some of the lifestyles and circumstances that go along with substance use in Campbell River?**

Question 8 was written to offer participants to expand on their responses to questions 5 and 7. Identifying the various life circumstances that go hand in hand with substance use in Campbell River allowed for continued opportunities to identify factors that support and protect against substance use.

Responses to this question often reiterated previous responses. Economically compromised people who use substances were often associated with unstable housing or homelessness (partly driven by the current high rents and low rental vacancy rate), poverty, past traumas, and/or a family history of addiction.

Many participants spoke about the less visible group of people, namely men, who use substances. This group is often reflected in the data reported by Island Health as at risk for overdose, and is mostly comprised of Caucasian men who are housed and employed. Participants agreed that we tend to normalize substance use in our community, regardless of lifestyle or circumstance.

“The cost of living continues to rise, which impacts even our financially stable populations. Those that have less financial cushion are even more at risk of homelessness, unemployment, etc.”

“There’s pain and trauma. Pain comes in all ways and is at the heart of many addictions.”

“It doesn’t surprise me that so many men working in industry and the trades are struggling with substances. The jobs are physically demanding and can be dangerous and traumatic.”

**Question 9: How cohesive are the various systems that support individuals with substance use issues in Campbell River? Systems include medical/physical health, mental health and spirituality, public health, law enforcement, etc.**

In identifying attendees to participate in the focus groups or interviews, it became clear that many different organizations work with people using and misusing substances. Given the various organizations and mandates, the question of system cohesion naturally arises.

In response to this question, participants were in agreement – the system is not cohesive. Persons with lived experience talked about their various entry points to treating their addictions. These entry points were different for each person, and were dependent on the crisis level, individual demographics, and resources available at the time.

Participants are concerned that, if an individual identifies a substance use issue and wants support in healing and recovery, there's not one unified access point.

**Selected quotes to represent the responses to question 9:**

“Our emergency response services are well coordinated, but coordination of the large mental health and substance use sector is a challenge.”

“My dream would be to have an adequate number of treatment beds in Campbell River, ensuring that clients can stay in the community and don't have to wait long for treatment.”

“Because of mandates and backgrounds, organizations approach substance use differently. Ideally, there would be a shared trauma-informed approach.”

**Question 10: What is one thing that you wish the general population of Campbell River knew about substance use?**

The closing question asked participants to reflect on the conversation, and to share their background and expertise in this sector. Overwhelmingly, responses were empathetic and framed substance use not as an “us versus them” issue but as a shared experience. Shaming and blaming people who use substances does not work. Substance use affects all of us and we cannot categorize people as users and less than. Finally, participants noted that there is a continuum of substance use, running from neutral to problematic, and that as a community, we are too quick to assign some substances (for example, alcohol) a neutral designation while deeming others (for example, opioids) as problematic. This makes some substance use socially acceptable and others taboo.

**Selected quotes to represent the responses to question 10:**

“Everyone uses substances – caffeine is a stimulant.”

“My former substance use does not define me.”

“I have so many people that get clean and have everything set up but they fail because they can't find a job because no one will hire them. People aren't very compassionate around here... people need an opportunity to change or to get better.”



## PROJECT CONCLUSIONS – COMMUNITY-IDENTIFIED CONTRIBUTORS TO SUBSTANCE USE

1. The geography of Campbell River
2. The local economy and economic fluctuations
3. Historical substance use
4. High employment in industry and the trades
5. Lack of cohesion in the system
6. Substance use in response to trauma

### THE GEOGRAPHY OF CAMPBELL RIVER

Campbell River is a physically unique community. It is surrounded by abundant nature, including the ocean, mountains, and forests. Campbell River is a port city; the ocean is busy and part of multiple shipping routes. There is a large coastline that cannot be patrolled as closely as it should be. Longtime residents report the ongoing role of organized crime in drug trafficking, some of which is believed to enter the community via the water.

For much of its history, Campbell River had a reputation as being a last stop, or a frontier town. Though railway logging was important to the forestry industry dating back as far as the early 1900s, the Southern Railway of Vancouver Island, which offered passenger service, ended in Courtenay. Getting to Campbell River took more effort, and residents of Campbell River had access to fewer services and amenities than their Comox Valley neighbors. This sense of being on its own may have contributed to relaxed social norms. The lack of services and amenities may have also created the condition for increased use of substances to flourish – especially with the absence of more formal leisure or entertainment activities.

Present day Campbell River is a hub for North Island communities. Given that some rural and remote communities lack grocery stores, pharmacies, health and other services, residents of outlying communities frequently visit Campbell River. Though there has been much messaging and harm reduction work about the use of opioids in Campbell River, that message may not filter to neighboring communities – particularly when those communities have not experienced the crisis locally. A Campbell River-based harm reduction worker reported that over a season, a handful of fatal overdoses occurred in visitors from a North Island community. These visitors

came to Campbell River without knowing that the local drug supply could be tainted and dangerous.

Nearly all participants mentioned the geography of Campbell River, with longtime residents in particular acknowledging the coastline and the role of the ocean in drug trafficking. Similarly, longtime residents and those with extensive professional histories in the community were quick to identify Campbell River as a “frontier town.” Current harm reduction workers, community safety professionals, and persons with lived experience identified the movement of North Island residents in and out of the community as a factor.

### THE LOCAL ECONOMY AND ECONOMIC FLUCTUATIONS

More than half of individual interview attendees and each of the three focus groups identified the local economy as a contributor to substance use in Campbell River. Although it might be easy to assume that there is a correlation between economic hardship and substance use, this is only part of the puzzle. In fact, much mention was made of the boom and bust economy and the related highs and lows in local employment and industry.

Campbell River is replete with natural resources that have provided a livelihood for the community. Mills, mines, and forests have created many jobs. Longtime residents, including those working in community safety and in mental health services, noted the number of pubs and bars that existed locally in the 1980s. This was a prosperous time for many workers, when little formal education was needed to secure a well-paying job, and many families were able to live well on the income of only one parent. One focus group was in agreement that cocaine use was prevalent at the time, and that it was used primarily by high-income earners, whose use of the drug was a way to demonstrate status.

Gradually, the local mines were closed. The Elk Falls Mill closed in 2010, and the community saw concurrent peaks and valleys in the forestry industry. Directly or indirectly, local residents lost work. Families that previously relied on one income now required two. Tradespeople increasingly partook in employment opportunities outside of the community, including Northern Vancouver Island and Northern Alberta. No clear-cut causation can be derived, but mental health and medical professionals noted the stress on families when income decreased, and noted the concurrent reactions to job loss or job change: stress, feelings of grief and loss, questions about what’s next, and the need to cope with change. At the same time, anecdotal reports note that as

resources dwindled, those who use substances turned to less expensive substances – for example, from cocaine to heroin, simply because it was more affordable.

“In my 20s and 30s, there were so many bars in Campbell River. On Friday nights, there was a line to get in. Everyone dressed their best, and it was acceptable to drink the weekend away – as long as you got back to work on Monday.”

“There are socioeconomic problems here. There’s a lot of people that live under the bread line here. Campbell River is growing so much, and the house prices have gone through the roof. Renting is very expensive and not available and more and more people are getting into trouble with finances, which drives drug use.”

“Campbell River has responded well to those needing additional support via social services. But I notice a stream of bad actors coming into town. I’m not sure if it’s organized crime or just individuals, but I’ve met people from all over BC and Alberta that have come to Campbell River for the amount of support that exists.”

“It’s a bit analogous to Port Alberni, where there’s a lot of social problems following the loss of a big revenue provider [in Campbell River, Elk Falls Mill].”

## HISTORICAL SUBSTANCE USE

As mentioned in contributors 1 and 2, substance use is woven into Campbell River’s history. An interviewee who came to the community reported widespread use of alcohol and cigarettes in the community in the 1950s, and noted that he himself used both substances. Industry experts also talked about the widespread use of alcohol and cigarettes in the mid-1900s, particularly as entertainment or medicine.

Substance use can be normalized over time. Focus group attendees and interviewees discussed the specific time periods and substances that seemed to bother the community. Alcohol and tobacco were never mentioned. However, process participants considered the influx of heroin into the community in the 1980s, a rash of overdoses in the early 1990s, and a high usage of crack cocaine in the early 2000s.

Though the current opioid crisis is so terrifying because of the contamination of the drug supply, it is not the first time that Campbell River has dealt with a drug-related crisis. Interestingly, longtime community residents recalled a much stronger community response to illicit substances in the past. For example, when heroin entered the community in the 1980s, there was a concerted effort to identify the source and utilize the legal system to punish the dealers. In the 1990s, residents remembered a strong urging from the community that law enforcement

concentrate on getting illicit substances out of the city. However, substance use sector workers do not feel that the same pressure and sentiment exists today.

“In the 1980s, there was concern about heroin being brought to the community by out of town gangs and traffickers that were situated around 7<sup>th</sup> and Dogwood. You knew that drugs would be available there. Campbellton had that reputation as well.”

“I came to Campbell River with some naïve preconceptions about substance use.... Within the first couple of months working here, I had a shift in the Emergency department that saw four significant heroin impacts, including an overdose death.”

### HIGH EMPLOYMENT IN INDUSTRY AND THE TRADES

As mentioned earlier, Campbell River is rich in natural resources. As a result, the community offers significant employment opportunities for those working in industry and the trades. In Campbell River, 22.1% of employed individuals working in the fields of agriculture, forestry, fishing and hunting, mining, quarrying, and oil and gas extraction, utilities, and construction, compared to 12.5% of British Columbians. These jobs were historically for men, though women have also entered the field over time. Currently, 85.1% of these jobs in Campbell River are occupied by men. Jobs in industry and trades, including forestry, truck driving, construction, etc. are often physically demanding jobs that are higher risk than other jobs.

Many industry and trades jobs are also in rural and remote locations. Often, when the work is done, there is little in the way of entertainment and historically alcohol and other substances have been used to pass the time. Alcohol and other substance use is also often a recreation activity between stints in the bush. An industry worker may spend 3 weeks in camp and 1 week at home. Industry interviewees noted that one week is a long time, and that one can catch up on chores and personal tasks and still have a stretch of free time for recreation or leisure activities.

Physically demanding, risky work increases the odds that a worker will be injured on the jobsite. For some employees, a workplace injury may be the introduction to opiates, prescribed for pain. However, given that many industry and tradespeople work away from Campbell River for a sustained period of time (perhaps 2-3 weeks or longer), these workers are less likely to be attached to a family physician or nurse practitioner. They are more likely to attend a walk-in clinic or to present at the Emergency Department when a prescription refill is needed. As a result, those who sustained an injury on the job may not receive consistent and longitudinal care from a single primary care provider and therefore are less likely to be followed for their injury or use of prescription opiates. Further, industry workers with lived experience also report that they were not aware of who to speak to when they wanted help to reduce their dependency on opiates to manage pain. Professionals in the harm reduction field noted that accessing opiate replacement treatment (Methadone or Suboxone) can be challenging, given that it often requires visiting a

pharmacy daily to pick up one's prescription. This was identified as a barrier for those who have to work outside of the community for two or three weeks at a time.

A related issue is that of working outside of the community. In Campbell River, 11.0% of the working population works outside of the community whether in another city in the province or to another province or territory. This is double the provincial rate, which is 5.4%. Working away from home can be difficult for the reasons detailed above. This arrangement also presents a potential burden to a partner of someone who works outside of the community, who may bear much of the responsibility for parenting and/or managing the household.

Like other employment sectors, industry is evolving. One change that has been observed is the increase in micro businesses and subcontractors within industry. While decades ago, many industry workers would be employed by large companies, it is now standard practice for a large company to have employees and to subcontract some aspects of its operation (for example, excavating work). Employees of large companies often have access to an Occupational Health and Safety program, but the same is not true of one-person or micro businesses. If these subcontractors are injured on the job, or struggling with substance use, they may have nowhere to turn for support, choosing to prioritize their employment over their health.

“Logging is a lot different than it used to be long. You know, there was a lot of heavy drinking in the logging industry and when I came here an awful lot of loggers were single men that would work for four or five months and make some money and then skip down to Skid Row. Do you know why they call it Skid Row? Well, the logging companies pretty well used skid road. Rain came, but they used to leave logs side by side about eight feet apart. And then when they pull the logs, they would skid them over those large logs so they'd have skid roads that might be a half a mile long. That came from when they were originally using horses.”

“Well, there's the idea that in [forestry] you have alternative work for people when they're injured. But in reality, it can be difficult for some companies if all the company does is physical, outdoor work with logging machinery. If you're injured in that job, there's not really much of an alternative. And the tough thing for these guys is that if they can't get to work, they can't make it. How injured is too injured to work? People will push themselves further than they should if it means getting their paycheck.”

#### LACK OF COHESION IN THE SYSTEM

Though this report focused on the contributors unique to Campbell River that contribute to substance use, two contributors arose that are not unique to Campbell River but were identified so many times that it would be remiss not to mention them.

The first is the lack of a cohesive system. A specific focus group and interview question probed this topic, given the number of different organizations and mandates at play. Overwhelmingly, all project participants agreed that the substance use system lacks cohesion. What is this system? It includes mental health and substance use practitioners and services, community wellness workers and harm reduction workers and services, the formal medical system, the legal system, and more. Each has its own role in regard to substance use, and each has its own method of responding. However, though there have been strides made in increasing awareness around these issues, more work is required to increase collaboration and cohesion within the system.

Often respondents identified issues within their own organization or sector. For example, some spoke about limited resources that get in the way of better service provision, while others discussed their own department's lack of ability to enforce a particular approach to substance use with their colleagues. Law enforcement spoke of the difficulty in enforcing the law when drug dealers are arrested but then released after an appearance in court. Most respondents spoke of the burden that the entire system is under, noting that even if an individual would like help with their substance use, through a detox, recovery, or rehabilitation program, there are usually many hoops to jump through and a long waiting list.

There is also concern that the current messaging, harm reduction work, and available services are not being communicated to the demographic that are identified as high risk for overdose; namely, men who are likely to be employed and use socially and in the privacy of their homes.

"There is no patient journey map. There are so many different access points, depending on the severity and crisis."

"We should have a chain of custody with our clients. So unless you have passed them on securely and know that the next service has been engaged, you should not be letting go of them."

"If you present at the Emergency Room with a broken arm, there's a clear process: We assess you, we take X-rays, we set the arm, and we liaise with your family doctor for follow-up and ongoing care. If you present at the Emergency Room with a substance use problem, there is no such clear process."

#### SUBSTANCE USE AND MISUSE IN RESPONSE TO TRAUMA

Similar to the previous entry, trauma-related substance use is not unique to Campbell River. However, many respondents identified trauma (both physical and emotional trauma) as a reason that they or their clients began using substances. When speaking with persons with lived experience, Indigenous people mentioned trauma more frequently than non-Indigenous people. Specific examples of trauma-inducing events were provided, including colonization, residential

schools, the Sixties Scoop, ongoing and disproportionately high rates of child apprehension, and intergenerational trauma.

Campbell River's Indigenous population comprises 13% of the total population, compared to 5.9% across the province and 5.9% in the neighboring Comox Valley. Given this statistic, there is a much higher proportion of Indigenous people in Campbell River who may have experienced one or more of the traumas listed above.

The experience of trauma is not exclusive to Indigenous populations. Many social service and harm reduction workers spoke of their trauma-informed practice, which is both an organizational structure and treatment approach that emphasizes understanding, recognizing, and responding to all types of trauma. This practice focuses on physical, psychological, and emotional safety as the foundation of a trusting relationship between clients and practitioners.

## CONCLUSION

Campbell River is a vibrant community that, as it grows, still retains some of its small-town charm. Like other communities in the province, opioids arrived in the city and this has resulted in both fatal and non-fatal overdoses. An active response to the opioid crisis is coordinated by the Campbell River Community Action Team, who foster collaboration across many community organizations and community members.

In a collaborative effort to identify the contributors to substance use unique to Campbell River and open dialogue, this report identified the following: the physical geography of Campbell River, the historical booms and busts of the local economy, the historical acceptance of substance use, the impact of industry and the trades, a lack of cohesion in the broader substance use system, and the impact of trauma (individual and collective; physical and emotional).

With this information in hand, the Campbell River Community Action Team is positioned to move forward and to use these identified drivers to inform recommendations and actions that will hopefully impact and reduce the rates of overdose deaths in our community. It is also our hope that some of what we have learned might help inform other communities across the province and across Canada.