

## What we heard

### Roundtable Dialogue with People with Lived Experience

Abbotsford, June 4, 2018

On June 4, 2018, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 32 people with lived experience using drugs for a roundtable dialogue in Abbotsford.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include engagement with a broad spectrum of individuals, communities, and Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the B.C. Government Engage [website](#). What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions service system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experiences of people with lived experience—so B.C. can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experiences or observations—has worked or is currently working in the mental health and addictions system, and what challenges they have encountered or observed. Next, participants discussed what changes would make a difference. In a closing circle, participants shared what gives them hope and what needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.<sup>1</sup> This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

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<sup>1</sup> The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

Many participants with lived experience expressed a strong sense that the system of care is not serving them well, with the exception of peer-led services and certain harm reduction and overdose prevention measures, as well as low-cost housing where available.

Addressing the many forms of discrimination and stigmatization that people with lived experience face, was the most prominent theme among the changes and improvements called for. In particular, judgmental behaviour and stigmatizing practices or language that cause harm and create significant barriers for drug users who are trying to access critical health and social services was highlighted. Addressing discrimination is related to another theme that emerged around ensuring access to government assistance and social services, such as long-term disability assistance, which drug users are often denied.

The second most frequently mentioned theme was addressing the housing crisis. As one participant put it: “The root is homelessness. Drugs are a mechanism to cope with a problem, it’s not a problem in itself.” Several participants argued that if everyone cannot be housed appropriately, tent cities should be supported as they provide safety and a sense of home.

Participants called for empowering communities by involving them in shaping and planning the services that meet local needs. Increased support and recognition for peer groups and peer services was another change participants called for as a means of providing non-stigmatizing services to people with lived experience and as a way to illustrate one pathway to hope.

Participants also frequently mentioned the negative impacts of by law and bylaw enforcements in their calls for change. Several participants stressed, for example, that warrants create barriers for accessing services while others cited how bylaw enforcement officers affects drug users on a daily basis and forces them into humiliating and life-threatening situations. Providing safe access to the drugs that people need either through prescriptions or supervised consumption services (not limited to injectable drugs) was another important theme.

The full list of themes<sup>2</sup> for suggested changes and improvements includes:

- Addressing discrimination and stigmatization
- Addressing the housing crisis
- Empowering local communities to shape the services they need
- Ensuring access to government assistance and services
- Support for and recognition of peer work
- Stopping harm inflicted by law and bylaw enforcement
- Providing safe access to drugs
- Education about drugs and drug users

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<sup>2</sup> Themes are listed in the order of the number of times they were mentioned in participants’ worksheets, which does not necessarily represent participants’ order of priority.