

# Lived Experiences of the Toxic Drug Crisis: Cultural Mappings in British Columbia's Small Cities

W.F. Garrett-Petts and Sharon Karsten, with Kristina Benson

The researchers acknowledge their work as taking place on the unceded lands of the Tk'emlúps te Secwépemc (Kamloops), K'ómoks and Ligwítáxw people, whose historical relationships with the land continue to this day. We are grateful for the privilege to live, work and play in these territories.

## Introduction

An effective response to the toxic drug crisis requires the development of shared community understanding and a belief that a coordinated implementation of good policies and actions can produce positive change. This is the story of three small Canadian communities employing cultural mapping strategies to catalyze community response. Our common focus is on **giving voice** to those most affected. This is also the story of three communities learning from one another. In Kamloops (pop. 97,000), the mapping has become increasingly embedded in a university-city partnership, with the focus on ensuring systems change and sustainable community engagement; in the Comox Valley (pop. 73,000), and in the neighbouring City of Campbell River (pop. 35,000), the mapping has been much more of a grassroots initiative, led by local art galleries and a lived experience team, and involving a community coalition and arts-led social justice agenda. Now, a little more than three years into our work, we are beginning to take stock and seek to combine the best of both community and cultural mapping experiences, giving voice to all three communities in dialogue.

The 2017 Canadian Mayors Task Force on the Opioid Crisis has offered clear direction for a common, evidence-based response, calling for a pan-Canadian action plan with timelines and targets, spanning all four pillars of a national drug strategy:

- **Harm reduction:** removing barriers to getting medical help during an overdose—and to accessing supervised consumption services.
- **Treatment:** including better access to opioid substitution therapy and zero delays for getting into comprehensive treatment programs.
- **Prevention:** starting with urgent public education on the risks of opioids, and to fight the stigma that stops people from getting help.
- **Enforcement:** stopping the production and imports of non-prescription opioids and pill presses.





At the same time the mayors have recognized that such actions alone will not suffice—that “[a]ll orders of government also need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services” (Federation of Canadian Municipalities, pp.1-7). Local implementation of the national plan requires a culture of consensus building, public education, creative coordination of services, political will, and the development of a shared perspective that considers the toxic drug crisis in context. Inevitably, an effective local response depends upon each community reinventing for itself and situating, and then implementing, much of what we already know about the importance of harm reduction, treatment, prevention, and enforcement.

The project we have developed and document here is ongoing and takes place in British Columbia, the Canadian province hit hardest by toxic drugs, in three small communities (Kamloops, the Comox Valley and Campbell River) struggling to understand and navigate the crisis. Significantly, of the cities affected by the crisis, small cities, and particularly small cities in British Columbia, bear a disproportionate weight—showing hospitalization rates for opioid-related issues at 2.5 times higher than rates in Canada’s largest cities.

What these communities are seeking is answers to wicked problems; they are seeking catalysts for social change and transformation. A process like cultural mapping helps communities come to terms with best practices and strategies tied to evidence-based research. At the same time, by including and validating local knowledge, cultural mapping resists what many might feel is the top-down imposition of policies and processes developed elsewhere. The promise of cultural mapping is (1) the garnering of **deep community involvement** and (2) the effective **inclusion and affirmation of local knowledge**. As cultural mappers are fond of saying, ‘the process is as important as the product.’

A key goal of cultural mapping as we understand it is the co-creation of local knowledge (Bryan, 2011; Caquard, 2013; Crawhall, 2007; Corbett, et al., 2006; Gerlach, 2010, 2014; Guldi, 2017; Kitchin, et. al, 2007). Cultural maps can chart a context that is easy to understand and relatable to where people work, live, and play. Cultural maps can tell the community’s stories, letting organizations combine authoritative maps and data with narrative text, images and multimedia content to paint a picture of the crisis. These maps enable better understanding of the health risks and the effects on neighbourhoods; and they can help explain why and how funding and assistance is being applied to keep the community resilient. For those working in not-for-profits and for volunteer-oriented citizens, the same tools can be used to collect information and direct persons experiencing addiction and their families to available resources to improve their lives. Such mapping helps planners, community action groups, community and cultural organizations, policymakers, and residents collect knowledge, compare perspectives, and work together toward locally-made solutions. Data to be mapped can be tangible (e.g., physical assets) or intangible (e.g., local sense of values, history, mobility, safety, belonging, and so on).

Thus we ask the question: “How can cultural mapping enable small cities grappling with the toxic drug crisis, beginning with Kamloops, Courtenay and Campbell River, B.C., to represent authentically the lived dimensions of the crisis, and produce new forms of co-created knowledge leading to change?”