

CAT KNOWLEDGE EXCHANGE

**Project Summary**

*Anti-Stigma Media & Messaging*

*The aim of this Project Summary is to provide insights to other teams that may want to undertake similar work, so that they can learn from your experience and implement effective projects! Your responses can be brief and bullet pointed.*

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| **Title of the project**  | “We all Play a R.O.L.E.” (responding to overdose in Langley through education) |
| **City /organization** | Langley Community Action Team |
| **Contact email** | danielsnyder@telus.net |
| **Date of project**  | 2018 – ongoing |
| **Who was involved?** *Roles & responsibilities* |
| * Daniel Snyder (CAT Chair), Arianna Wingfield (Project Coordinator), Langley CAT Working Group members & peers.
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| **What was the objective?** *Goals & aims* |
| * Educate about the ongoing overdose crisis / toxic poisoning crisis.
* Reduce stigma by sharing personal stories, and evidence based materials.
* Dismantle myths and commonly held misinformation.
* Train & distribute naloxone to community members.
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| **What did you do and what was the effect?** *Resources needed, outputs produced, effects & feedback* |
| * Developed a comprehensive lunch & learn toolkit that could be delivered in-person (and later on zoom) by trained presenters to community groups, organizations, churches, businesses and trades in Langley.
* A primary goal was to reach groups of people that are uninformed or generally unengaged with overdose.
* Cold calls, direct business visits, emails and word of mouth got the word out about what we were offering.
* Print materials & posters were developed to highlight key information.
* Presentations were often delivered along with a free meal to participating businesses.
* Participants were offered the opportunity to pose for photos with signage showing that they had “completed the overdose training challenge” and could then share to social media (see attached photos).
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| **What worked well?** *Strengths, key drivers & enablers* |
| * Strong captivating speakers with personal stories and exceptional knowledge of the crisis.
* The ability to bring some levity and humor into the conversations while still remaining sensitive.
* Focusing on evidence based data and information and avoiding ideological beliefs about drugs or recovery.
* Providing a meal created great incentive and motivated participation by organizations/businesses.
* Making the call to action about how YOU play a role in this crisis, whether it is by learning, dispelling myths, talking differently (reducing stigma through language) or training and carrying naloxone.
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| **What was challenging?** *Less-effective work, barriers & lessons learned* |
| * Reaching trades (who often didn’t want to take the time to learn, cost/benefit didn’t resonate with them)
* Overcoming resistance among those who felt the issue was irrelevant / not applicable to them.
* Finding presenters with a public speaking skillset.
* Covid (pivoted to capture some of the toolkit content in video format during early covid).
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| **What could you do next?** *Partnerships, spreading & expanding* |
| * Project continues to look for presentation opportunities.
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| **Any other learnings to share with fellow Community Action Teams?** |
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*Email this completed form to* *SubstanceUse@bcpsqc.ca**, thank you!*