

# Counterpoint

SPECIAL ISSUE

## CANADA'S OPIOID CRISIS

- When the helpers need help
- Profiles in resilience
- Public services under pressure
- All hands on deck:  
Judy Darcy on B.C.'s opioid response

**ELECTION  
2019: WHAT'S  
AT STAKE?**



**TUESDAY ANDRICH**  
Harm Reduction Worker, CUPE 1004

*“We’re creating traumatized workers and just kind of eating them up and spitting them out.”*

*Tuesday Andrich, harm reduction worker and member of CUPE 1004, p. 7*

# Why the federal election matters

*Canadians go to the polls on October 21<sup>st</sup> to elect their Members of Parliament and a new government. But why does this election matter, and why is it important for CUPE members to get out and vote?*

**Because since becoming prime minister, Justin Trudeau has broken more promises than he has kept.** Whether it’s his broken promise to end corporate tax loopholes and reform Canada’s outdated and unfair electoral system, or his use of back-to-work legislation against striking postal workers, Trudeau has let us down and he needs to know Canadians expect him to keep his promises.

**Because Conservative leader Andrew Scheer calls himself “Stephen Harper with a smile”—and smile or no smile, we refuse to fall back to the ways of the Harper era.** The Conservative Party hasn’t learned much since their loss in 2015. In fact, they’re more callous and intolerant than ever. If elected, we know Andrew Scheer will slash funding for important public services like health care, roll back

action to prevent climate change, and hand the reins of government over to big money and special interests. We can’t let that happen.

**Because more and more Canadians are falling behind, and together we have the power to make life better for everyone.**

A plan to make housing and life-saving medication more affordable is on the ballot. A plan to create good-paying jobs while fighting the climate crisis is on the ballot. This election is a chance for us to confront the challenges of today and vote for the best solutions for working people.

Every election matters and this one is no different. Every one of us has the power to vote for a better Canada—the Canada we know is possible.



CUPE National President Mark Hancock with NDP leader Jagmeet Singh and supporters.

# The federal election is going to be here before you know it.

Here are a few ways you can be ready for October 21<sup>st</sup>:

## 1. Make sure you’re registered to vote.

Share voting information with your fellow members, family and friends—and make sure everyone of voting age in your household is registered. Sharing this information with your members is an easy non-partisan way you can help. People who are registered are more likely to actually vote. Visit [www.elections.ca](http://www.elections.ca) to find out how to register.

## 2. Get to know the issues.

Invite someone from CUPE to speak about the election at your executive and/or membership meeting. Not comfortable talking politics at your union meeting? Not a problem, we can find someone who is. Just ask your national representative or send an email to [politicalaction@cupe.ca](mailto:politicalaction@cupe.ca).

## 3. Get involved.

Find out if your local has a political action committee and see if you can get involved. On your local’s executive? Get some help with your election plan! Contact CUPE’s election organizer via your national representative or send an email to [politicalaction@cupe.ca](mailto:politicalaction@cupe.ca).

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# Q&A

with Judy Darcy



*As Minister of Mental Health and Addictions, Judy Darcy is leading the province's response to the overdose crisis that is continuing to take three to four lives every single day in British Columbia. As a past CUPE National President, she understands the crisis is a national issue that affects our members personally and professionally.*

## How has the Ministry of Mental Health and Addictions responded to the opioid crisis in B.C.?

The first thing we did when we took office in July 2017, was create a Ministry of Mental Health and Addictions—the first and only one in Canada. Our central focus is on saving lives and connecting people to treatment and recovery services where and when they need them.

Our response is based on a four pillars approach including harm reduction, treatment enforcement, and prevention.

Together with all the people on the frontlines, we know that our work has averted 4,700 deaths over a two-year period. Scaling-up distribution of naloxone, increasing the number of overdose prevention and supervised consumption sites and improving access to medication-assisted treatment have all played significant roles in saving lives.

Take Home Naloxone kits are now available in over 1,500 locations across B.C., including 600 community pharmacies. We have doubled the number of overdose prevention and supervised consumption sites. There have been over one million visits and not a single death.

We are working to connect more people to treatment and recovery options in every region. We are improving the quality and oversight of private recovery homes and moving forward on brick-and-mortar projects like B.C.'s largest withdrawal centre in Vancouver. And we're working with police in several communities, so they can connect people at risk to the services they need.

## What is the Province doing to help workers on the front lines of the opioid crisis?

I can't say enough about the heroic and tireless efforts of our first responders, harm reduction workers, health care and community workers, peers, volunteers, and family and friends of those struggling with addiction. And I know that it comes at a cost.

The government has established a provincial overdose Mobile Response Team and they truly are the front-line workers for our front-line workers. They provide much needed psychosocial supports and services. To date, more than 12,000 people from over 1,000 different agencies in 70 communities have accessed services to help build resiliency, address trauma, and prevent burnout.

We've also changed workers' compensation laws to recognize the mental health injury and trauma experienced by many first responders.

## Why do you think the federal government hasn't done more to address this growing problem?

Federal funding has lent considerable weight to the effectiveness of our provincial response, and we appreciate that support. But the overdose crisis continues to take a disproportionate toll on B.C. It is critical that we continue to escalate our response—at the national level and in B.C.—to stop the harm and the loss of our loved ones.

There are no simple answers and no silver bullet that will solve this crisis overnight. But we can't allow ten people dying a day in Canada to become the new normal. We are expanding access to alternatives to the toxic drug supply that can be provided under medical supervision to save lives. And we'll keep adding tools to our toolbox until we turn the corner on this terrible crisis.

## Why should CUPE members care about this issue?

Addiction and mental health challenges do not discriminate. The people dying are our children, our brothers and sisters, our mothers and fathers, our coworkers and our closest friends. This crisis is an unprecedented public health emergency that has touched the lives of everyone.

CUPE members have always been on the front lines—working to build strong communities. In this overdose crisis, we need an all-hands-on-deck approach. We need to break down the walls of silence and stop the shame and stigma that keep too many people from reaching out for help.

## NATIONAL PRESIDENT MARK HANCOCK

# What's at stake for CUPE members in the October federal election

**I**t feels like just a few months ago that we were in the election campaign that saw Stephen Harper's decade-long reign over Canada come to an end. But believe it or not, we're headed back to the polls on October 21<sup>st</sup> to elect a new government.

What's at stake for CUPE members in the coming federal election? What do CUPE members, their families, and their communities need from the next federal government?

We know that quality public services keep our communities strong. But in order to have quality public services, everyone needs to pay their fair share. Fifty years ago, corporations paid 70 cents of every federal tax dollar. Today, they pay less than 50 cents, while federal supports for housing and infrastructure have been stagnant. If we

want a government that will invest in the future of our communities, then we need a government that is willing to make corporations start paying their fair share again.

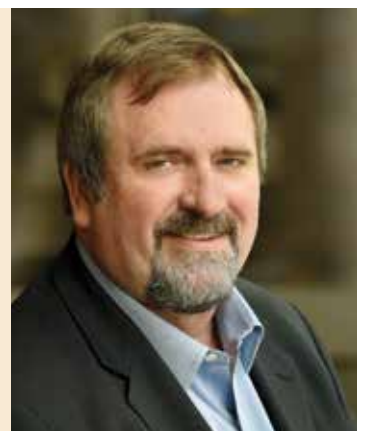
We know that climate change is the biggest challenge facing current and future generations. At the same time, a climate change plan that doesn't take care of working people isn't worth the paper it's written on. We need a government that puts workers and communities at the centre of their climate plan, and ensures there's a just transition to a cleaner, greener economy for everyone.

We know that, no matter where you live in Canada, life is getting less and less affordable. Every month, half of all households in Canada are within \$200 of going into financial collapse. We need a government that's willing to make major investments in things like affordable housing and public transit, to help make life more affordable for working people.

We need a government that's willing to invest in the health and well-being of Canadians. And while we are all proud of our universal public health care system, we also know that too many Canadians can't afford their medication. We need a government with the courage and vision to create a national pharmacare program to help the hundreds of thousands of Canadians who are forced to choose between buying groceries and paying their bills and paying for their essential medications.

This October, let's choose a government that will put our priorities—the needs of everyday people—at the centre of their decision-making.

MARK HANCOCK ONLINE [twitter.com/MarkHancockCUPE](https://twitter.com/MarkHancockCUPE)





# When the helpers need help

Whether they're administering naloxone to reverse the effects of an overdose or cleaning up sharps from city streets and libraries, CUPE members see firsthand how the opioid crisis impacts the lives of Canadians. But how is the crisis impacting them?

Crushing workloads. Extreme fatigue. Insuppressible anxiety. Grief and trauma from multiple losses: patients, patrons, clients, friends and family.

In every sector and in every province, CUPE members are seeing the impacts of opioid addiction and fentanyl poisoning on individuals and communities and experiencing the immense pressures the crisis is placing on our public services.

Across Canada, more than 10,300 people died from an opioid overdose between January 2016 and September 2018. Almost three-quarters of those deaths were caused by fentanyl.

If it isn't clear from the statistics, then it should be from the almost daily news coverage—our country is in the grips of a deadly opioid crisis.

Canada's opioid crisis is a complex public health issue that stems from many

different personal, social and economic factors, chief among them are a toxic drug supply and the unfair stigmatization of people who use drugs. It's noteworthy that the growing number of opioid-related overdoses and deaths in our country affects people of all ages, races, genders, and economic classes. All of them depend on our public services for help.

## Shifting front lines

In 2018, CUPE conducted a national membership survey on the opioid crisis and how it intersects with our members' work. We now know that close to 170,000 members work on the front lines of and provide direct responses to the opioid crisis, including emergency dispatchers, paramedics, and harm reduction and hospital workers.

First responders are the members we expect to be on the front lines of a public health emergency. They

respond to individuals experiencing an overdose and connect people who use drugs with counselling, health care, addiction treatment, detox and other services.

But what might surprise you is that CUPE has more than 300,000 members who, because they work with the public in public spaces, regularly encounter or are likely to encounter, opioid-related issues on-the-job that impact them both personally and professionally. These members are library, social service, municipal, and education workers, and their workplaces also place them on the front lines of the crisis.

"We serve a lot of people who are directly or indirectly impacted by the opioid crisis," says Thomas Krzyzanowski, Senior Branch Head at the Parliament Street Branch of Toronto Public Library. "As a result, we have tailored the public service aspect of our work

to be responsive to patrons who may be impacted by opioid use—either their own or their peers."

As Canada's opioid crisis worsens, its impacts are being felt by public service workers who haven't traditionally been viewed as first responders. And as members take on roles that fall outside their original job descriptions, the front lines are shifting.

"The opioid crisis and rising inequality have increased the amount of time we have to spend working with patrons in vulnerable situations and who may be in crisis," says Krzyzanowski. "It has brought into sharp focus the need to provide library staff with more training and resources in order to effectively do our jobs and maintain our own mental health while doing so."

Across the country in Vancouver, Danielle LaFrance embraces the complexities of her job as

a community librarian on the city's Downtown East Side. LaFrance carries naloxone when she's out on community visits and responds to patrons who appear to have overdosed.

"While working at the branch, we frequently wake folks up and ask they stay upright. The opioid crisis has shifted the way I approach a sleeping patron," says LaFrance, a member of CUPE 391 with the náçá?mat ct Strathcona branch of the Vancouver Public Library. "It contributes to a chasm of anxiety for some library workers."

CUPE members, like LaFrance, who work on the front lines, are proud that they're saving lives and helping to address a broad range of issues related to the opioid crisis. However, the demands and pressures placed on these workers can take a heavy toll.

## Impacts on members

Meeting the complex needs of our communities—and filling in for other service and staffing gaps—has left many CUPE members feeling stretched thin and without the supports they need.

"Library work involves a lot of immeasurable affective labour that, compounded with our 'regular duties,' can leave one emotionally drained and triggered," says LaFrance.

According to our survey results, front-line workers are experiencing high levels of stress and stress-related



injuries. They're struggling with increased workloads, burnout, and physical and compassion fatigue. Some of them are dealing with grief, multiple-loss related trauma, and mental health injuries like PTSD. Many more require increased sick and stress leaves.

If the impacts on workers are clear, then the solutions are, too. CUPE members need safe and stable working conditions, adequate staffing levels, and better benefit plans and mental health supports to alleviate stress and burnout.

More than anything, our members need employers and governments to recognize that the work they are doing is both necessary and challenging, and to fund it accordingly.

**Forward, not backward**

Across the country, instead of investing in the staffing and programs that our communities need, right-wing provincial governments are denying people the supports they count on to be healthy, productive and—in some cases—to stay alive.

In Ontario, the Ford government has delivered a torrent of cuts to municipal and health care funding, children's aid and other social services—not to mention its defunding of six supervised consumption sites in the midst of an opioid crisis—and a public sector wage cap. Meanwhile, in other conservative-led provinces, austerity measures are now business as usual. Essential public services like health care and educa-

tion have been cut and bled dry, and public sector wages have stagnated or been frozen entirely.

In the context of the opioid crisis, this cost cutting is a very sharp double-edged sword. With reduced capacity and increased workload, vital services are lost to those who need it most, and workers in the sector are left depleted and traumatized.

CUPE has already appealed to the federal government to significantly increase funding to address the opioid crisis to ensure front-line workers receive the supports and resources they need. We are also fighting back against provincial public service cuts at bargaining tables, and at rallies, across the country.

In the current political climate, it's not enough to insist that responses to the opioid crisis also meet the needs of front-line workers. We must fight back against concerted right-wing attacks on unions and organize new public service workers. We must take a stand against cuts, restructuring, outsourcing and privatization. And we must demand that emergency, health care, social, and all other public services are adequately funded.

If employers don't have adequate funding to meet the needs of workers, we won't be able to sustain, let alone expand, the country's responses to the opioid crisis—and the issues front-line workers face will continue to deteriorate.

■ **Amanda Vyce**

## The Canadian opioid crisis at a glance

The growing number of overdoses and deaths caused by opioids, including fentanyl, is impacting every community and every demographic across Canada. Here's a quick look at some distressing stats from across the country.



Number of people dying each day from an opioid overdose.



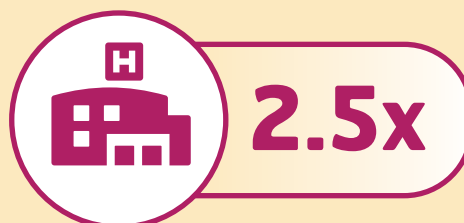
Potency of fentanyl when compared to morphine.



Average number of opioid-related hospitalizations/days in 2017.



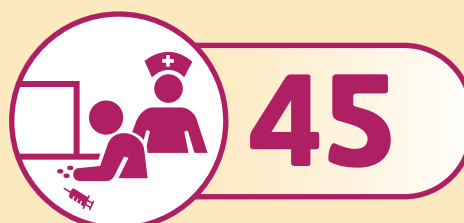
Potency of carfentanil when compared to morphine.



More opioid-related hospitalizations in small communities than in larger cities.



Approximate number of CUPE members providing direct responses to the opioid crisis (includes emergency dispatchers, paramedics, and harm reduction and hospital workers).



Supervised consumption sites now operational in Canada (BC, AB, ON, QC).



Number of CUPE members who regularly encounter or are likely to encounter opioid-related issues on the job (includes social services, library, municipal, and education workers).



## PROFILES IN RESILIENCE

# CUPE members on the front lines of the opioid crisis

Across every sector and province, CUPE members are seeing the impacts of opioid addiction and fentanyl poisoning. For some members, the crisis is intensifying well-worn challenges. For others, it means taking on demands outside their original job descriptions. Either way, our members have stories to tell—and an important analysis of the pressures the crisis is placing on our public services.

JENNIFER KIRBY | COMMUNITY DEVELOPMENT WORKER

## When the ‘new normal’ is anything but

*To ask Jennifer Kirby if the opioid crisis impacts her work seems an almost ridiculous question. Kirby works with Brant Family and Children’s Services (FACS) in Brantford, Ontario, a community with the second-highest rate of hospitalizations for opioid poisonings in all of Canada.*

Brantford, a city of roughly 100,000, is caught between two particularly frightening realities: the opioid crisis and Doug Ford’s cuts to social services. In the year since Ford’s government was elected in Ontario, they have made drastic cuts to everything from income support programs to autism services. “All of our service providers out there are struggling with this crisis,” says Kirby, president of CUPE 181. “And when you add the complexity of trying

to protect kids onto that, it’s become almost impossible.”

Like most children’s aid societies in Ontario, Brant FACS has been chronically underfunded for years, but Ford’s cuts have hit the agency especially hard at this vulnerable time.

“When you look at the number of kids coming into care, specifically based on [parents’] opioid use, we’re looking at close to 30% of our cases,” Kirby says. “We’ve also been impacted by the complexity of these files.

We’ve had a young child die from touching fentanyl. We’ve had a boy found in his house next to his father who had overdosed on the floor. So, when you look at doing child welfare work and protecting kids, it’s become so much more than what it used to be.”

For Kirby, a community development and family support worker for over two decades, times have never been more desperate. “There are no breaks anymore. We are just

running full-tilt,” she says. “People are stressed and getting to a point where they’re trying to maintain standards and their mental health is suffering.”

In March, Brant FACS was forced to lay off 26 staff due to Ford’s cuts, and they anticipate further funding reductions. Kirby says, “This is just the ‘new normal’—those are the words we use around here—and knowing that funding is going to be cut further has just added to the stress.”

Kirby and her colleagues have been pleading with their MPP for the resources necessary to support the most vulnerable in their community, sending letters and requesting a meeting with the minister, which was denied.

“We don’t have the resources to be able to service these families. So, that means kids are coming

into care because we don’t have the services to be able to assist them staying home. The system gets overloaded. Workers’ caseloads go up.” Kirby says it’s an uphill battle, “You’re spending more and more time doing crisis work than you can helping these families—especially those who are working through this opioid crisis.”

Despite low morale and a difficult road ahead, Kirby is encouraged by the public protests against provincial cuts and draws strength from her fellow CUPE members. “People think that they’re struggling alone. But knowing that everybody is dealing with this crisis—my sisters and brothers in health care, in the municipal sector, and in long-term care facilities—it brings us together to fight. And I think that CUPE is moving in the right direction.”

■ Emily Turk

# Meeting people where they are

*Tuesday Andrich's regular routine as day shift coordinator for PHS Community Services Society can include almost anything. She deals with medical emergencies, cooks meals, and helps residents with everything from laundry to mental health support. She has even literally put out fires.*

"We meet people where they are at," explains Andrich, a member of CUPE 1004. "We have trauma-informed care practices and we support people in their goals with their lives." Those goals can be as simple as taking medication regularly, using less drugs or getting a job.

Andrich also responds to overdoses, which often occur when residents use drugs laced with fentanyl. As a harm reduction worker, she needs to be prepared for many scenarios and has a variety of tools at her disposal, including Narcan or naloxone, oxygen, manual resuscitation bags, and more. "We just go with all of our things and respond to the overdose," she says.

Andrich says her job is straightforward—she tries to keep people alive and healthy. "We don't talk about all the people that

have had brain damage because someone couldn't get to them fast enough." She notes that many people are less healthy than they were before they overdosed because no one got to them quickly enough to reverse the overdose in time to avoid additional health complications.

Sometimes they don't make it in time.

Workers face a devastating reality on the front lines of the opioid crisis: people you know overdose and die. "You listen to people's hopes and dreams and their stories—the traumas that they've been through and the ways that they have moved past them," Andrich says. "You end up getting very close to people. And then you might find them dead on the floor one day."

Harm reduction workers can experience traumatic stress, vicarious stress,

compassion fatigue, and burnout. However, compared to some first responders, they have limited options when it comes to stress leave and wage loss protection. In B.C., the only leave provision for harm reduction workers is medical

EI, which is 55 per cent of income, and workers' compensation stress leaves are not always an option. "We try, but we often don't get approved," says Andrich. "It's very unsustainable in terms of longevity in the job. We're creating traumatized workers and just kind of eating them up and spitting them out."

Andrich says that governments need to value the work CUPE members do and the people they serve. In addition to improving leave provisions, that includes decriminalizing drug use, taking action to reduce stigmas around drug use, and investing in more overdose prevention sites and free

and widely-available drug testing kits.

Andrich also has some suggestions for members who want to help. "We can start small in our own communities, households and locals by looking at the words we are using," she says.

"Instead of calling someone who's using drugs or a person with drug problems a junkie or an addict, think about how a user listening to that would feel unsupported in a conversation with you. We're all indoctrinated to say these things and to use words like this, and it's about unlearning."

■ Janet Szliske



## NATIONAL SECRETARY-TREASURER CHARLES FLEURY

### Giving our members the tools to fight back

A lot of things have changed since the last federal election in 2015. Back then, many workers felt that Canada had finally turned a corner by ending Stephen Harper's 9-year reign.

Leaving aside the fact that Justin Trudeau didn't deliver on his progressive agenda—for women, for Indigenous peoples, for workers, for voters—there is a lot at stake for CUPE members in election 2019. In his column, Brother Mark Hancock smartly points out what CUPE members should be watching for come October.

Yes, Stephen Harper may be gone. But his disciples have gained power across the country. Right-wing governments and ideas are spreading. CUPE members are facing many challenges.

During the Ontario provincial election, Doug Ford promised that under his government "not a single person will lose their job." We now know that was a lie.

We've already seen front line job losses in the health care system. The education system has also been targeted.

In Alberta, Jason Kenney is fast-tracking reversal of the progressive changes made by the NDP government.

Conservative governments everywhere are doing all they can to dismantle environmental protection measures. As if climate change wasn't real.

And workers are under attack. Workers' rights, workers' wages and workers' safety. They are rolling back the minimum wage increase. They want to make it harder for workers to unionize.

But CUPE is fighting back. Together with our allies, we are organizing and campaigning. Not only because these changes will hurt CUPE members. But because these changes will hurt other workers, non-unionized workers, even more. They will hurt families, and they will hurt communities. Our communities.

CUPE will continue to stand with all workers for safe working conditions, for a living wage, for decent benefits and pensions. CUPE will continue to fight for accessible, affordable public services for all.

Because CUPE fights back. We always have. We always will.

And we have the tools to do it. For the first time in history, our National Strike Fund has reached a hundred million dollars.

Locals across this country can be confident that CUPE National can support them when they need it. We have the resources to support our members if they must take strike action. Employers know it. Governments know it.

This is the power of a pan-Canadian union of 680,000 members—and growing—from every sector and region in the country.

Yes, 2019 will be full of challenges. But know one thing: at CUPE, we are ready to take them on.



CHARLES FLEURY ONLINE [twitter.com/CUPENatSec](https://twitter.com/CUPENatSec)

# Bracing for impact

*CUPE 873 member Kelly Budway loves her job as an ambulance paramedic. Since being trained in emergency medical response and joining the BC Ambulance Service in 2011 after more than a decade as a flight attendant, she has never looked back.*

“Working in the city as a full-time paramedic, I am challenged every day. Rarely does a day go by that I don’t learn something new. I thrive on that,” says Budway, CUPE 873’s regional vice-president for Metro Vancouver.

One challenge has proven more difficult since 2016: the epidemic of drug overdoses Budway has witnessed on her regular assignment in Vancouver’s Downtown Eastside. For ambulance paramedics on the front lines of B.C.’s opioid crisis, the city’s most impoverished neighbourhood often seems like a war zone. With so many people in crisis and multiple casualties every day, post-traumatic stress disorder (PTSD) has become all too common for first responders numbed by constant exposure to human tragedy.

“There are still people among us who don’t feel like they can talk about it,” says Budway. “They’re hard, and it’s like Fight Club: ‘What happens in Fight Club stays in Fight Club.’ And everybody’s different in what flicks that switch in your head to say: ‘This is going to affect me emotionally or mentally.’”

Dealing with trauma is a regular part of any first responder’s job, and PTSD is common among police officers, fire fighters and ambulance paramedics alike. But the problem among paramedics responding to the opioid

**“There are still people among us who don’t feel like they can talk about it.”**

crisis could be partly mitigated with more resources, argues Budway.

“We need more ambulances and more paramedics across the province because sadly, in the outlying areas, they’re all being pulled in when we’re short in the city,” she says, noting there are too

many ambulances left unstaffed and too many paramedics going out as solo responders.

Budway says there also needs to be more mental health support for paramedics. While grateful for her local’s critical incidents stress peer support team—at any point, she can pick up the phone and connect with another ambulance paramedic who can either talk her through her stress issues or, in more extreme cases, refer her to

a psychologist—it’s simply not enough.

“I could respond to six overdoses in a day, and it could be the seventh one that got to me. Or, I could continue doing these overdose calls for the rest of my career, but it’s the Alzheimer’s patient that really gets to me. Or the child abuse call. There’s no knowing that, ‘Yes, this is going to affect me’ until it happens.”

■ Dan Gawthrop



# Other duties as assigned

*Terrill Budd and her colleagues at the Calgary Central Library know the opioid crisis is on their doorstep. Budd’s branch is located in the city’s Downtown East Village, a neighbourhood that sees a high rate of EMS responses to opioid-related events and is currently being considered for a supervised consumption site.*

“I spoke at convention about two of my colleagues who, at closing, found a woman unresponsive in a bathroom and had to do CPR on her until EMS arrived,” says Budd. “It was huge for them. It was very emotional.”

Libraries and their workers have always responded to social and community challenges. But as social services become casualties of provincial budget cuts, libraries have become the new front lines for homelessness, poverty, and a major public health emergency: the opioid crisis.

“I see the impact it’s having on the community,” says Budd, who is the chief steward of CUPE 1169, representing Calgary and Cochrane library workers.

“It’s heartbreaking to see, and we see it every day.”

Canadian libraries have had a few years now to grapple with the country’s opioid crisis. In that time, they’ve introduced a range of policies that have prompted an important conversation about whether library workers should be the ones to intervene medically when someone is thought to have overdosed.

While some public libraries have introduced voluntary naloxone training programs for staff, Calgary Public Library has decided to equip private security guards at its city-centre locations with naloxone in case a patron has an opioid overdose. Budd says it took some time for the library to decide who would deliver

the naloxone.

“Library workers care. And they’re going to try to help,” says Budd. “But it’s not something we’re actually trained to manage and for most of us, it’s not what we signed on for.”

Budd feels the tension for library workers between their role as helpers who want to serve their patrons with compassion, and the necessary boundaries of their job descriptions. “For me, this is a health and safety issue. I want the staff in the branch to feel safe at work. And I want to help—but as a library worker, not a social worker or a nurse.”

Budd says it’s a difficult balance.

No matter what kind of overdose policy a library adopts, Budd emphasizes



that staff participation should be voluntary and that workers, regardless of employment status, must be supported through traumatic events. “I feel supported by my organization, but I also

work at a large branch and have many colleagues to lean on,” she says. “Those of us working at smaller branches feel the anxiety in a greater way.”

■ Emily Turk