heART space
Compassion-building around Overdose

Marion Selfridge, PhD University of Victoria,
Canadian Institute of Substance Use Research, Cool Aid Community Health Centre

healing
does not feel good.
it is a long line up without a book or your phone.
staring agonizingly ahead while you wait for something to happen

in the beginning of healing
my mom told me that
“it won’t hurt as bad, just give it time.”

and there was a big duffel bag, in the corner next the closet
i remember being annoyed with you for leaving it there for so long after you’d moved out.
can you imagine how awful it feels to be annoyed with someone posthumously?
to be angry with a dead person that you loved?
i think that's the second part of it or something,
yeah, denial is the first.
i remember everything i did the day i found out you died.
i walked around the harbour with a loved one, for dinner i had the same thing that you and i always shared.
i wish i had the grasp on this feeling to properly illustrate it. i would draw a diagram.
i would show you how much i loved you.
after a while i got used to trying to forget you, it seemed like the safest way/

and when i think about it i can remember exactly the temperature my throat was while i screamed.

thinking about those first agonizing hours and days, i can conjure the feeling of the ache
the centre of my chest collapsed
my throat raw from screaming
my head aching and swollen
grief courses through your body and spills out of you like the disgusting mess it is

i’ve never been a conspiracy theorist but when you died i was sure it was the most elaborate and cruel joke anybody had ever played.

healing is not linear,
healing to the left behind, is agonizing.
if i have healed
it was because i was ugly and drunk
and face down in a puddle of purple vomit crying to an audience of three angels who thought i’d been broken.
(i tell our stories all the time
i keep your voice on a dusty shelf for when i need it.
i remember it with ease which makes me feel proud and comforted.
i had no plan to heal from this,
and i didn’t know that losing you would teach me anything worth knowing.)
how it could wedge meaning between every word and memory we shared.

i remember thinking that everything you did seemed like a revolution or a prayer.
tonight i forced myself to remember you so i could finish this.
an act of remembering is a prayer too

Grieving Online

Marion Selfridge, MSW
PhD, Social Dimensions of Health
University of Victoria

More Than One Street

Collaborative Research

"Both PAR and AOP share the understanding that researchers are knowledge producers and are located within a complex set of social structures…both adhere to the belief that research and practice is not value neutral… both believe that research participants must have a role in deciding the research agenda, determining how the research should occur, how the information is to be used, how the analysis is to be constructed, and so forth. In other words, the research participants are partners rather than 'subjects'.[1]"

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[1] Rutman, D., Hubberstey, C. Barlow, A & Brown, E. (2005). *Supporting Young People's Transitions from Care: Reflections on Doing Participatory Action Research with Youth from Care*. In Leslie Brown & Susan Strega (Eds.) Research as Resistance: Critical, Indigenous and Anti-Oppressive Approaches. Toronto: Canadian Scholars' Press. Pg. 157


If I had one
penny for each
person that ignored me,
I wouldn't be
sitting here.
!!

POLICE
KNOWING YOUR RIGHTS

This brief introduction to arrest with police is intended to give you a better sense of some of the legal definitions of arrest and detainment as well as hopefully prepare you for what to expect if you are in these situations. This is not intended to be legal advice of any kind.

There are three main types of interactions you could have with the police: Conversation, Detainment and Arrest

Conversation:

Police use conversation for a variety of reasons, from just being friendly to finding a reason to hold or arrest you. If you do not like the questions you are being asked, or if you want to go, you can ask "Am I free to go?" You can leave unless they say no.

Detainment:

If you ask if you are free to go and the officer says no, you are being detained.
Ask the name and badge number.
You have the right to ask why and unless the answer is obvious the officer must tell you.

You have the right to remain silent, say you want to remain silent.
If you are not under arrest, not driving and not breaking any laws you do not have to give your name and address.
Remember though, it may be a lot easier to give the officer your name and address to show you are cooperative. An explanation may end the conversation more quickly.

Arrest:

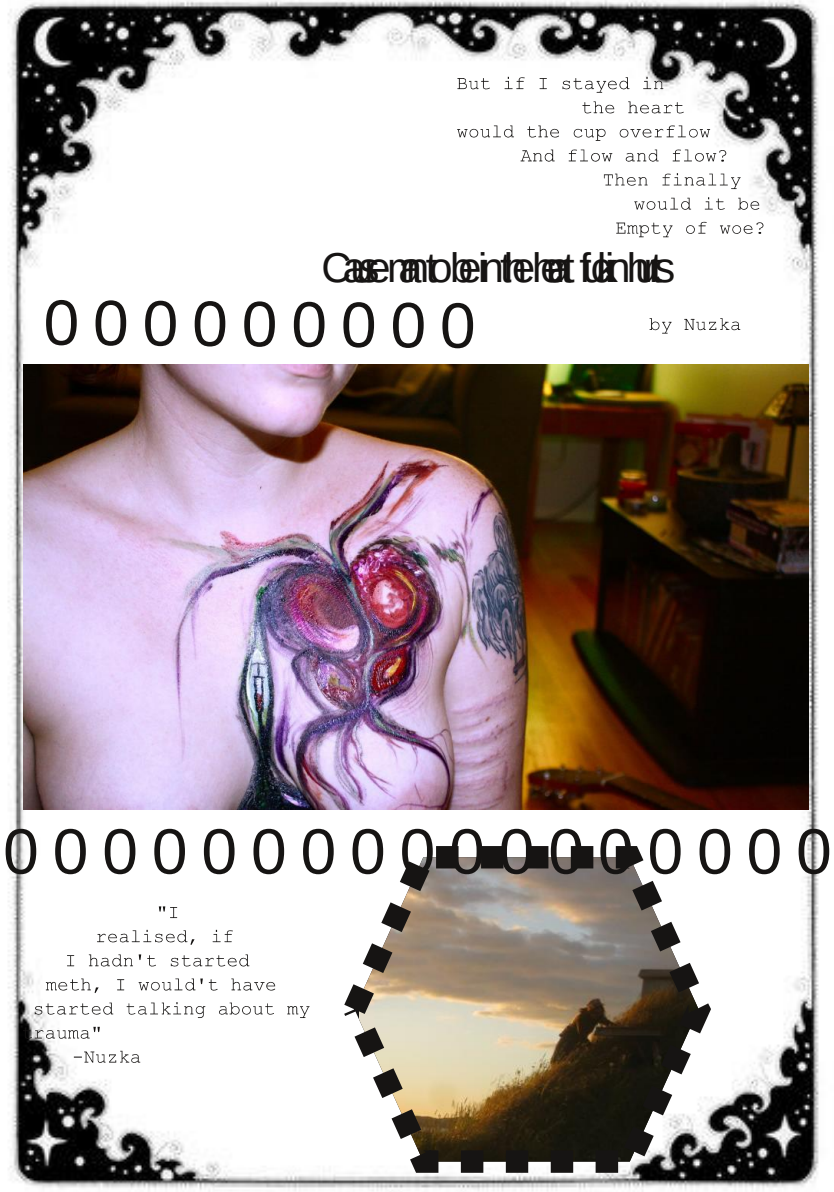
Arrest is when a police officer, private security or a private citizen hold you against your will for breaking or being suspected of breaking a law. You will know because an officer will say "you are under arrest" or you will be physically detained.
You still have the right to remain silent, but you must give your name and address.
Co-operate with police, not co-operating may lead to more charges.
If there is a warrant for your arrest you have the right to see the warrant as soon as reasonably possible.

Speaking our truth

Sometimes being homeless was better than any alternative.

Sometimes it was fun.

Sometimes it worked.



Book Launch!

We finished our book! Come celebrate!

Sunday April 17th 7-9pm

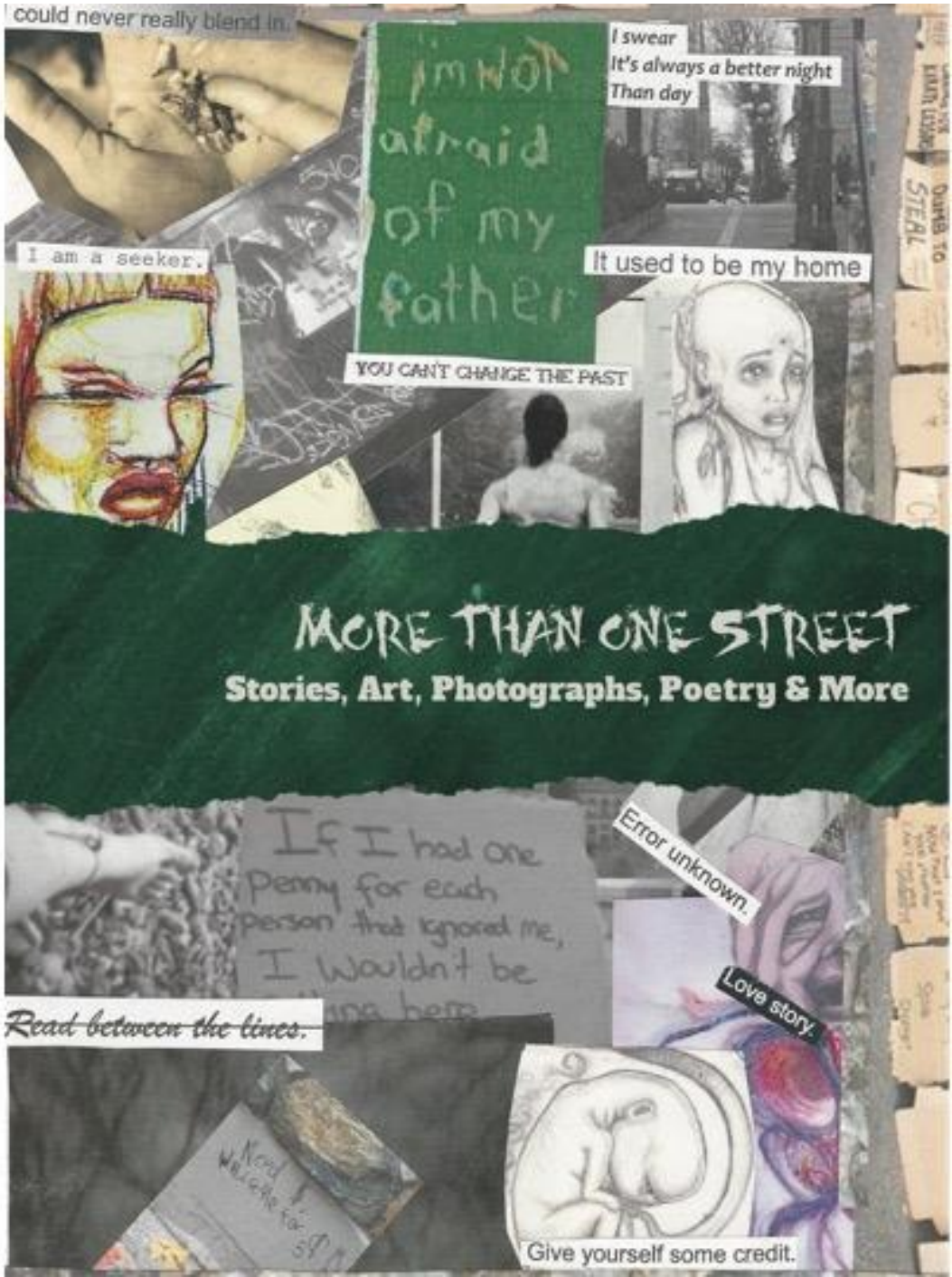
Solstice Cafe

529 Pandora Avenue

Spoken word, music and more from powerful Victoria youth voices.

Free admission, everyone welcome

More Than One Street is a collaborative research group that seeks to bring together the experiences of current and previous street-involved youth and explore, interpret and share our experiences of the street.



Want to Host a Community Dialogue on Opioid Use?

grants from $2,000 to $15,000 are available to community coalitions in BC | visit www.carbc.ca

T.T.P.

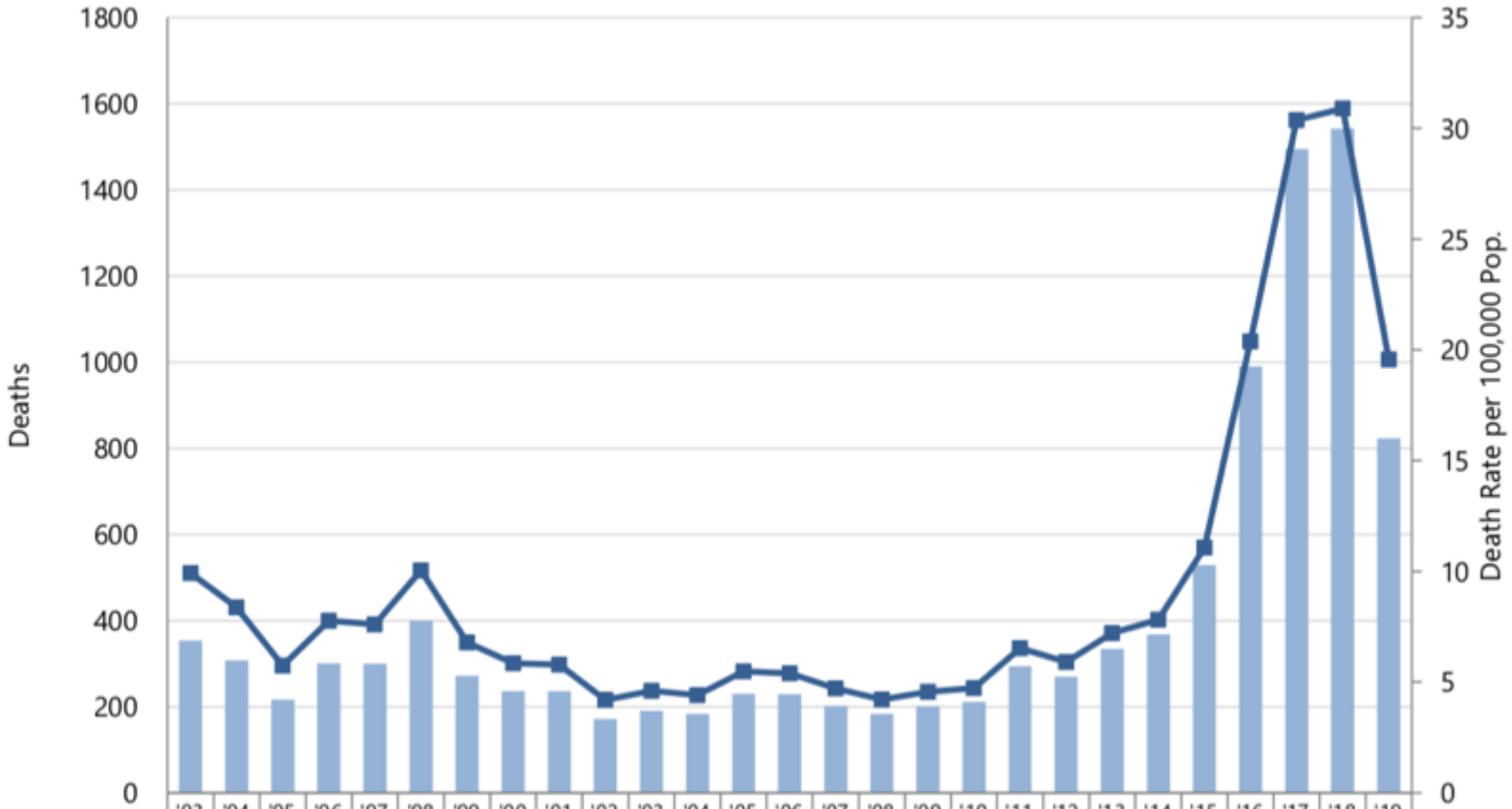
·Emma ♡
·Trip ♡
·Landon ♡
·Scotty ♡
·Tranny ♡

tten


NOT ONE
MORE DEATH
SUPERVISED
CONSUMPTION
NOW

Overdose Deaths in BC

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



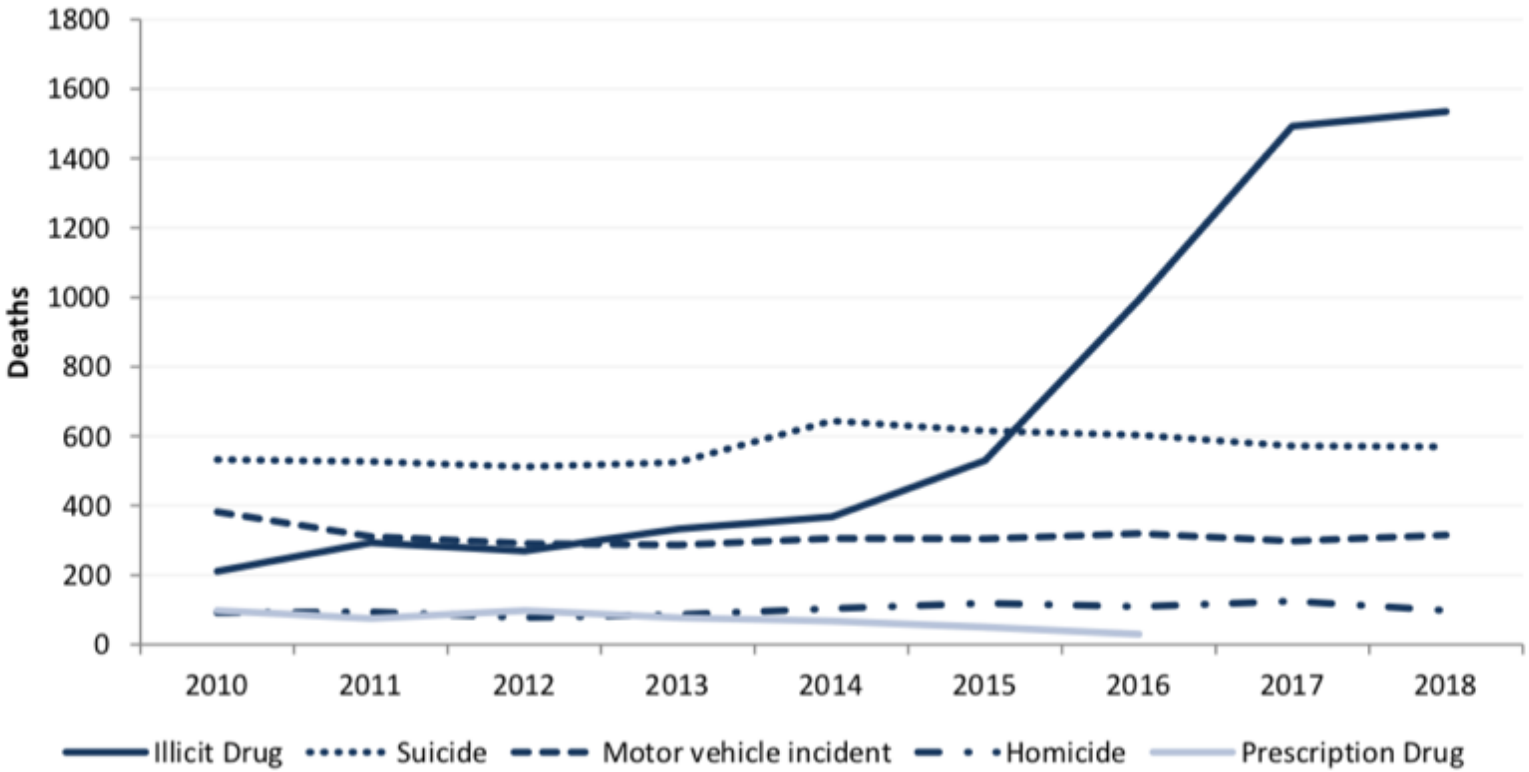
	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
Deaths	354	308	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	294	270	334	368	529	990	1495	1542	823
Rate	9.9	8.4	5.7	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.5	5.9	7.2	7.8	11.1	20.4	30.4	30.9	19.6

BC Coroner’s Service Illicit Drug Toxicity Deaths in BC January 1, 2009 to October 31, 2019

Overdose Deaths in BC

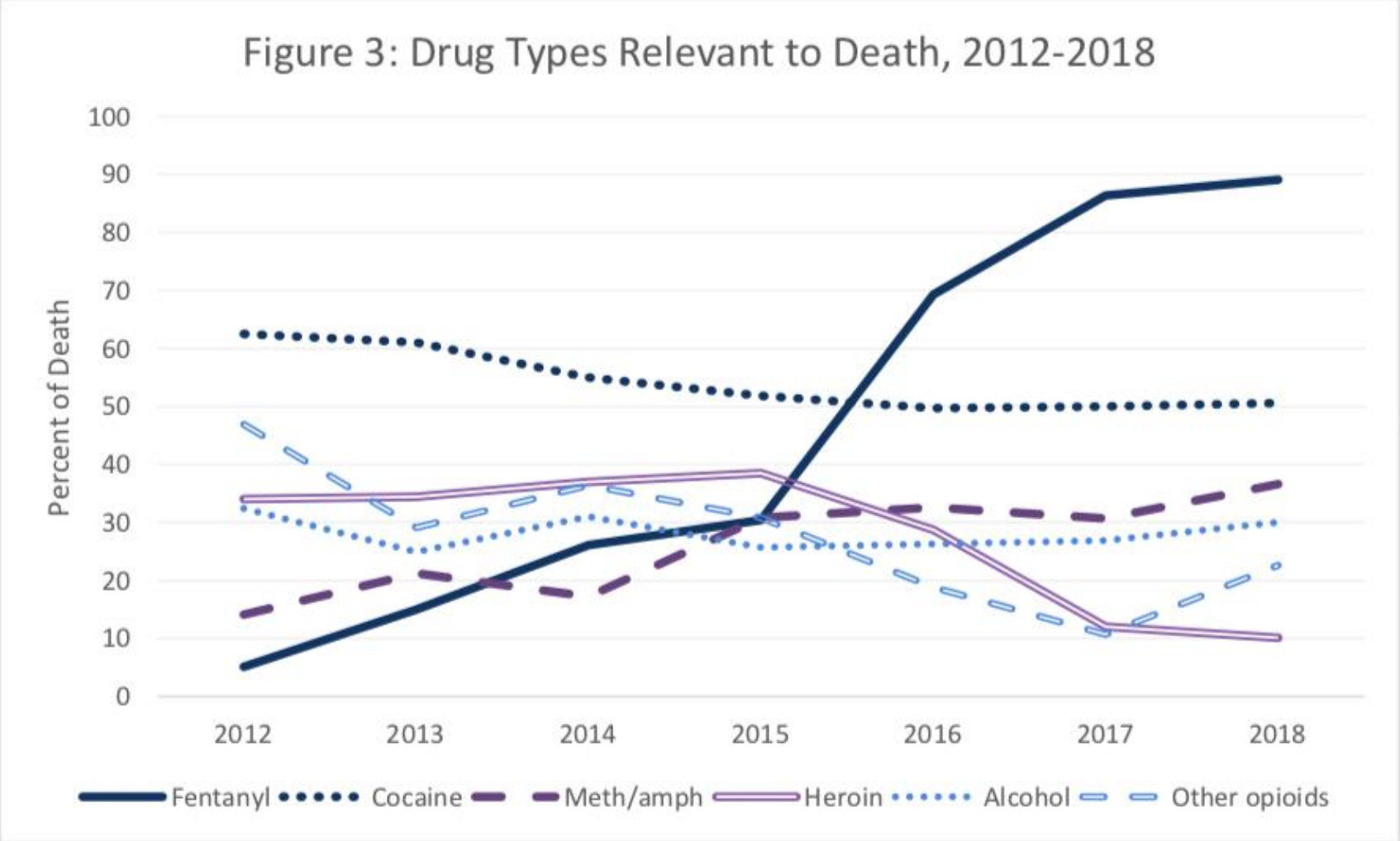
Comparison to Other Common Causes of Unnatural Deaths from 2010 to 2018:

Figure 2: Major Causes of Unnatural Deaths in BC



BC Coroner's Service Illicit Drug Toxicity Deaths in BC January 1, 2009 to October 31, 2019

Overdose Deaths in BC



BC Coroner's Service Illicit Drug Toxicity Deaths in BC January 1, 2009 to October 31, 2019

Overdose Deaths in BC

Table 10: Illicit Drug Toxicity Deaths by Top Townships of Injury in 2019, 2009-2019[3]

Township	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Vancouver	60	42	69	65	80	101	138	231	375	395	210
Surrey	23	33	42	44	36	44	76	117	181	214	105
Victoria	13	13	17	18	25	20	23	68	94	98	48
Abbotsford	4	10	16	7	10	7	27	40	52	41	39
Kelowna	5	9	14	8	12	12	20	47	73	55	27
Burnaby	8	9	10	10	13	11	15	40	44	48	25
Kamloops	7	10	2	5	8	7	7	44	38	46	24
Nanaimo	6	4	8	6	20	16	18	28	56	35	22
Prince George	4	1	6	10	7	10	12	18	24	48	22
Chilliwack	2	2	8	8	6	6	10	13	22	37	19
New Westminster	2	6	6	3	5	9	12	10	25	35	17
Penticton	4	1	3	2	4	3	3	7	14	16	17
Langley	2	3	10	5	10	10	10	31	36	33	16
Maple Ridge	6	4	4	5	10	14	29	28	33	29	12
Vernon	4	6	7	1	11	6	8	12	24	24	12
Other Township	51	58	72	73	77	92	121	256	404	388	208
Total	201	211	294	270	334	368	529	990	1,495	1,542	823

BC Coroner’s Service Illicit Drug Toxicity Deaths in BC January 1, 2009 to October 31, 2019

Overdoses in Island Health

BC Emergency Health Services (BCEHS)

Figure 7 Number of Overdoses Attended by BCEHS Paramedics
September 2019 and Previous 23 Months

Figure 8 Location of Pick-Up by BCEHS Paramedics and Proportion Transported to EDs
Year to Date (September 2019)

Table 6 Gender and Age of Overdose Cases Attended by BCEHS Paramedics
Year to Date (September 2019)

Male	Female	<19	19-39	40+
1,144 (72%)	447 (28%)	37 (2%)	847 (56%)	634 (42%)

39
Average Age

36
Median Age

https:/www.islandhealth.ca/overdose
Chief Medical Health Officer

Response to the overdose crisis

The response has been extensive and multi-faceted, and has brought together local, provincial, and federal partners. The response has involved **engagement with people with lived experience**, public education and targeted information campaigns, **enhanced data collection and analyses**, increased access to evidence-based **treatment for opioid use disorder**, rapid distribution of **publicly funded naloxone** to reverse overdoses, enhanced toxicological testing capability, passage of **Good Samaritan legislation** and other legislative changes, significant harm reduction enhancement (e.g., the establishment of **overdose prevention services**, expansion of **supervised consumption sites** and the provision of drug-checking services), and the creation of a separate ministry dedicated to mental health and addictions. Early findings of overdose response strategies have shown that many lives have been saved through these efforts. The combined impact of these interventions has been shown to have **averted 60 per cent of all possible overdose deaths** since the declaration of the public health emergency.

Early in the response efforts, **law enforcement throughout the province adopted a policy that police officers will not attend 9-1-1 calls for overdose intervention unless they are the only available first responders or unless police presence is specifically requested**. The purpose of this policy is to allay fears of arrest for drug possession and to encourage people to call for medical assistance in the event of an overdose.

BC Provincial Health Officer 2019 Stopping the Harm Report

TAKE HOME NALOXONE PROGRAM IN BC

SAVING LIVES SINCE AUGUST 2012

To find a site in BC visit:
towardtheheart.com/site-finder

CALLING 911 IS THE FIRST & MOST CRITICAL STEP OF OVERDOSE RESPONSE

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, fentanyl, morphine, oxycodone)

Take Home Naloxone (THN) kits are free for people at risk of an opioid overdose and those most likely to witness and respond to an overdose

What are the characteristics of an opioid overdose?

Opioid overdoses may have the following signs and symptoms:

Slow, shallow, irregular or no breathing – less than 1 breath every 5 seconds

Unresponsive – can't be woken up

Unusual snoring, gurgling sounds, choking

Blue lips or nails, pale cold or clammy skin

Tiny pupils

toward THE heart.com
BCCDC HARM REDUCTION SERVICES

toward THE heart.com

BCCDC HARM REDUCTION SERVICES

1,697

ACTIVE THN DISTRIBUTION LOCATIONS IN BC INCLUDING:

20 CORRECTIONS FACILITIES

86 HOSPITALS & EMERGENCY DEPTS.

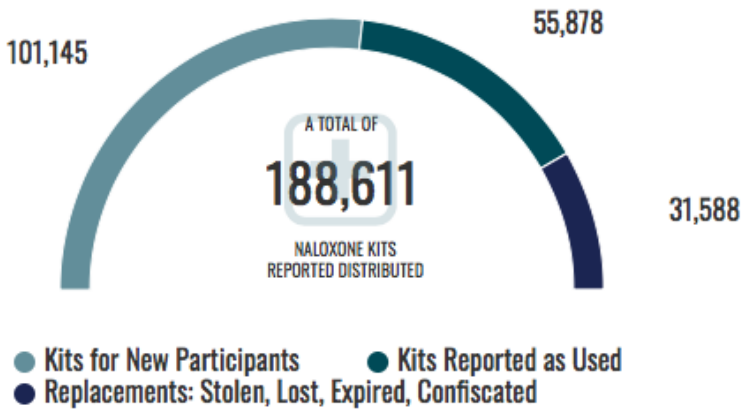
718 COMMUNITY PHARMACIES

154 FIRST NATION SITES

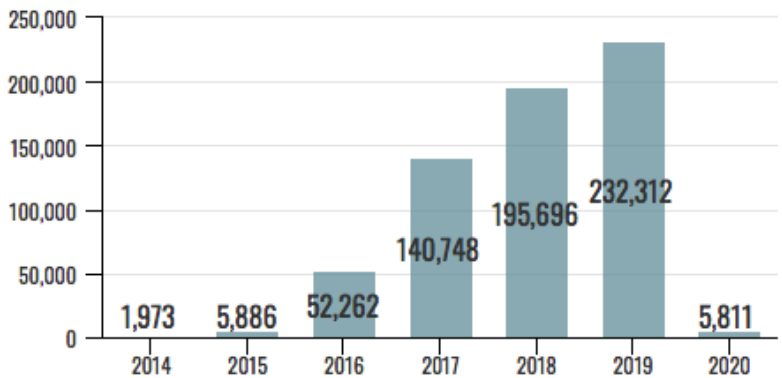
55,878 KITS REPORTED AS USED TO REVERSE AN OVERDOSE

REPORTED DISTRIBUTION OF KITS

Data are derived from a live environment and are subject to change. Distribution data are reasonably complete until August 31st, 2019 due to lag in kit distribution record return to Harm Reduction Services.



NUMBER OF KITS SHIPPED TO SITES BY YEAR



FOR MORE INFORMATION VISIT towardtheheart.com/naloxone/

WORKING TOGETHER | REDUCING HARM

Supervised Consumption Sites Overdose Prevention Sites

AIDS Vancouver Island – Campbell River, Courtney

Cowichan Valley OPS – Duncan

Canadian Mental Health Association – Nanaimo

Port Alberni Shelter Society

Victoria:

AVI

Johnson Street Community

Victoria Cool Aid Society

The Harbour

CHEK News, Mike McArthur CBC

Supervised Consumption Sites
Overdose Prevention Sites

Supervised Consumption Services (SCS) & Overdose Prevention Services (OPS) Visits

Figure 5 Number of Reported Visits to Supervised Consumption Services (SCS) Sites & Overdose Prevention Services (OPS) Sites by Month (all sites combined)
December 2019 and Previous 23 Months

Table 3 Number of Reported Visits, New Clients, and Return Visits to the Supervised Consumption Services (SCS) Sites & Overdose Prevention Services (OPS)
December 2019, Year to Date, and Total Visits to Date

December			Year to Date (2019)			Total Visits to Date		
New Clients	Return Visits	Total Visits	New Clients	Return Visits	Total Visits	New Clients	Return Visits	Total Visits
47	13,768	13,815	813	166,284	167,093	4,578	376,248	380,816

https:/www.islandhealth.ca/overdose
Chief Medical Health Officer

Reducing Fear

Reducing Fear

What won't dispatchers ask?

- Your name or the patient's name
- Your home address or other identifying information (unless required for scene response)
- Where narcotics were purchased

While dispatchers may notify police of a suspected overdose, the presence of the police is to ensure the safety of bystanders and the responding paramedics.

BCEHS dispatchers do not routinely share callers' information with law enforcement agencies.

http://www.bcehs.ca/health-info/public-health/responding-to-an-overdose

Const. Matthew Rutherford, spokesperson for the Victoria Police Department, says the department already plays a minimal role and shifted its approach from criminal to medical when the crisis began.

Currently, VicPD attends overdose calls when paramedics request their assistance, or when they are closest to the overdose.

"If we are closer than an ambulance, we're gonna go and we're going to try to save that person's life," Rutherford said. "While VicPD doesn't have an official policy, it's been practice … since the crisis started … that paramedics are still the primary responders for these types of calls."

https://www.sookenewsmirror.com/news/just-half-of-overdose-witnesses-on-vancouver-island-call-911-study/

Is it working?

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

"It's like super structural" – Overdose experiences of youth who use drugs and police in three non-metropolitan cities across British Columbia

Marion Selfridge[a,*], Alissa Greer[b], Kiffer G. Card[a,c], Scott Macdonald[a,d], Bernie Pauly[a,e]

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[b] Department of Criminology, Simon Fraser University, Burnaby, Canada
[c] School of Public Health and Social Policy, University of Victoria, Victoria, BC, Canada
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[e] School of Nursing, University of Victoria, Victoria, BC, Canada

ARTICLE INFO

Keywords:
Drug overdose
Youth who use drugs
Police discretion
Naloxone
Harm reduction

ABSTRACT

Introduction: Youth who use drugs (YWUD) are vulnerable to experience or encounter drug related overdose deaths. Fentanyl has increased the risks, calling greater attention to overdose. In response, there have been increases in harm reduction services and policies such as the Good Samaritan Drug Overdose Act (GSDOA) which exempts people who witness an overdose and call 9-1-1 from being charged for possession of drugs. However, fear of police continues to be a barrier to calling 9-1-1. This paper focuses on the experiences of youth with police in overdose situations and their knowledge of GSDOA.

Methods: Youth, aged 16-30, who had used drugs at least weekly, and had encountered police in the past year were recruited between May 2017 and June 2018 in three non-metropolitan cities in British Columbia, Canada. 38 participants completed qualitative interviews asking them about their experiences with police, overdose, decisions to call 9-1-1, and their understanding of the GSDOA. Their responses were coded in NVIVO and analyzed using interpretive description.

Results: For many YWUD in this study, overdoses are an ever-present part of their lives and fear of fentanyl has left them concerned for themselves and others. Negative experiences occurred when police used their power without benefit to youth or were rough or disrespectful, without care for the person overdosing. Youth saw police in a positive light if they were compassionate, stepping aside for paramedics or reviving someone experiencing an overdose. Youth had very mixed knowledge of the GSDOA and were concerned about criminalization if they called 9-1-1.

Conclusions: Collaboration with police and local stakeholders is required to address the concerns of YWUD and to increase awareness and penetration of policies such as the GSDOA. Changes to policing cultures that prioritize health rather than criminalize YWUD may increase youth's trust of police and increase calls to 9-1-1.

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Correlates of seeking emergency medical help in the event of an overdose in British Columbia, Canada: Findings from the Take Home Naloxone program

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[b] British Columbia Centre on Substance Use, St. Paul's Hospital, Vancouver, BC, Canada
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[d] British Columbia Centre for Disease Control, Vancouver, BC, Canada

ARTICLE INFO

Keywords:
Drug overdose
Opioid-related disorders
Emergency treatment
Naloxone

ABSTRACT

Background: British Columbia (BC), Canada, is experiencing an unprecedented number of opioid overdoses mainly due to the contamination of illicit drugs with fentanyl and its analogues. Reluctance to seek emergency medical help (i.e., by calling 9-1-1) has been identified as a barrier to optimal care for overdose victims. This study aimed to identify the correlates of seeking help during an overdose event when naloxone was administered via BC's Take Home Naloxone (THN) program.

Methods: In this cross-sectional study, we reviewed administrative records (from July 2015 to December 2017) about overdose events submitted by THN participants when they received their replacement naloxone kits (n = 2350). The primary outcome of the study was reported calling 9-1-1 and modified Poisson regression models were built to investigate the factors associated with help-seeking during an overdose event.

Results: Most overdose victims were men (69.0%) and > 30 years old (61.5%). Overall, participants reported calling 9-1-1 in 1310 (55.7%) overdose events. In the multivariable model, the likelihood of calling 9-1-1 was significantly and positively associated with the overdose victim being male and receiving rescue breathing. The likelihood of calling 9-1-1 was significantly and negatively associated with the overdoses occurring in private residences and health regions other than Vancouver Coastal which delivers services to mostly urban residents.

Conclusion: Overall, medical help was sought for 55.7% of overdoses where naloxone was administered. Overdoses occurring among male victims as well as those receiving higher doses of naloxone and mouth-to-mouth rescue breathing were associated with a higher likelihood of help-seeking by responders. Future interventions need to encourage people who witness an overdose to seek emergency medical help.

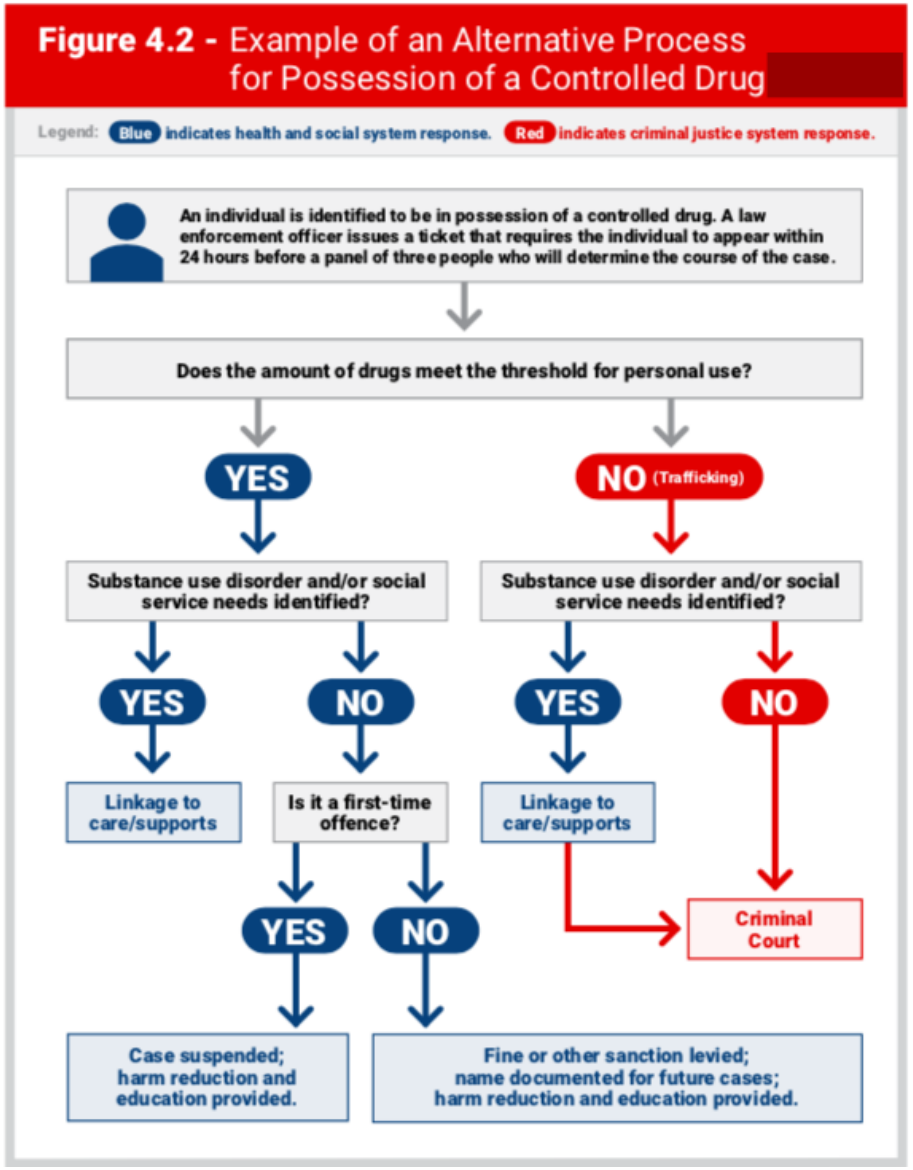
"Maybe to find out where the drugs came from or something… I would feel alright knowing that they were there for, for support or something just to try to help if they needed to help"

"I've had, actually I had 2 where...I personally had overdosed and the police came. And I wasn't charged. And both times it was pretty positive. Like they just were out to protect me."

"And he kind of rolled his eyes and he was like "An overdose?" I was like "I don't know." And he's like, you could tell he was annoyed…And it really bothered me."

Decriminalization

http://www.drugpolicy.org



BC Provincial Health Officer 2019 Stopping the Harm Report

https://vancouverisland.ctvnews.ca/their-work-is-far-from-done-activists-push-bc-ndp-to-support-safe-drug-supply-1.4699594

Canadian Association of People who Use Drugs©
#SAFESUPPLY CONCEPT DOCUMENT
16 PAGES | TAKE AS NEEDED | USE TO PREVENT OVERDOSE DEATH | MADE IN CANADA

CAPUD.CA

Vancouver mayor says Trudeau 'open' to safe drug supply proposal to curb overdose crisis

BY SEAN BOYNTON · GLOBAL NEWS
Posted November 21, 2019 4:00 pm

Stigma

"**Stigma matters** because it **undermines the response** to the **overdose crisis** in BC at every turn. It **negatively impacts** the **lives** of people and the ability of some individuals to **receive or access basic health** (e.g., harm reduction, treatment) and **social needs** (e.g., housing, employment). Stigma **influences public support** for **evidence-based strategies** that **save lives** and **link people to treatment**, such as supervised consumption services."

BC Provincial Health Officer 2019 Stopping the Harm Report

heART space

ART BY AND FOR THOSE AFFECTED BY THE OVERDOSE CRISIS

Make art? Have art created by someone lost to overdose? We want to hear from you.

An invitation to contribute.

Email marions@uvic.ca, text 250-857-4784, or find us online at facebook.com/groups/Heartspacevic to talk to us about your submission or ideas. Works will be displayed at a pop-up public venue downtown in October, 2017.

heART space, Community Conversations and Compassion-building around Overdose, is a collaborative project involving current and former street-involved youth, front-line workers and others affected by the current overdose crisis and the structural forces that have contributed to it.


ALPINE MARKET
821
CUSHMAN & WAKEFIELD
FOR LEASE
COLLEEN AUSTIN
JEFF LOUGHEED
250 410 3000


FOR
LEASE
COLLEEN AUSTIN
JEFF LOUGHEED
410 3000
Fort


816 Fort Street
CURIOSITY SHO

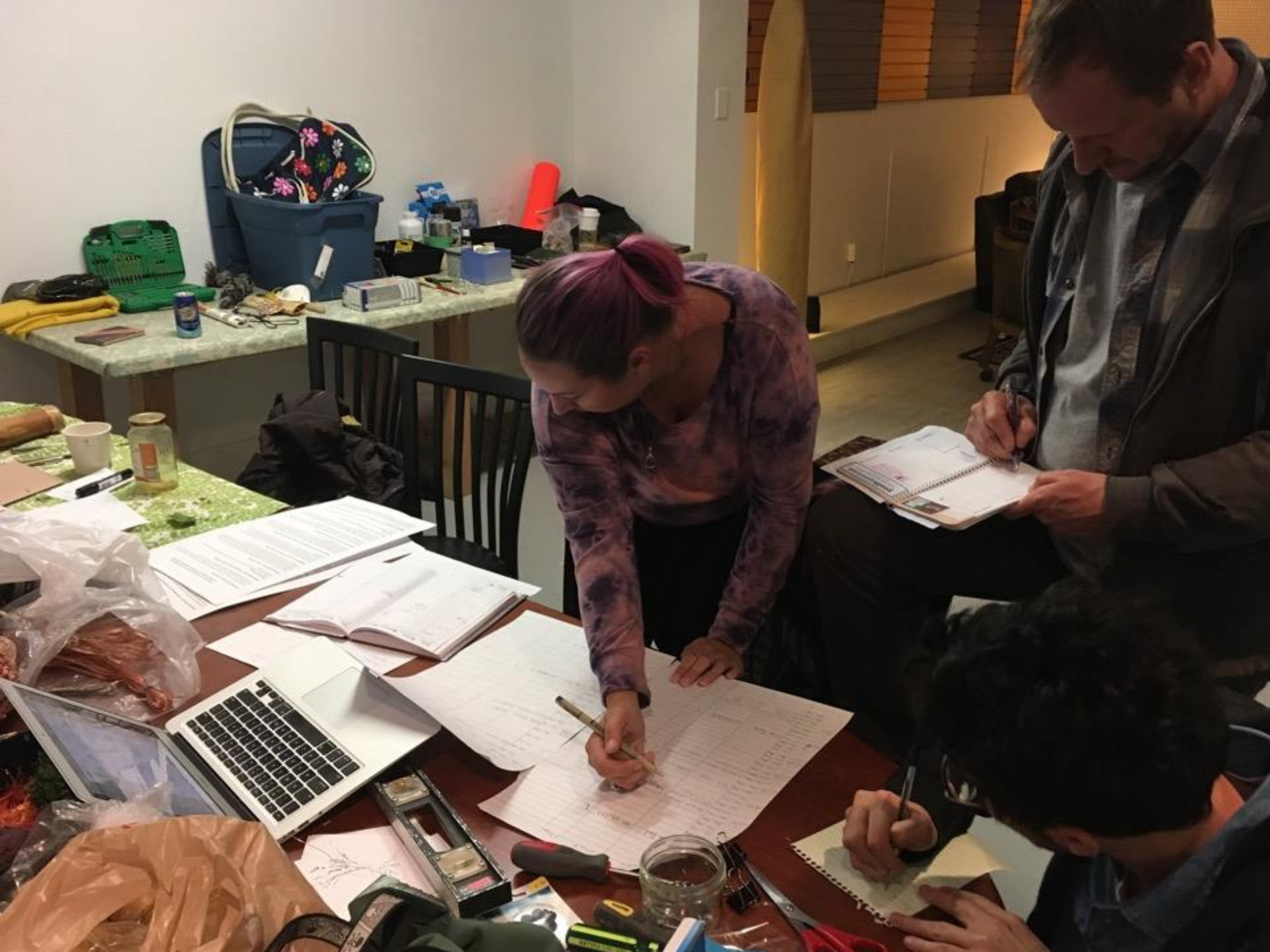

Scaffold


EXIT


so many in this community
we want to honour their
ories by sharing stories
eating art. This space is
any people, with the
ion of changing hearts &
s and moving forward in
life.


Mother,
should I
trust the


for many people, with the
intention of changing hearts &
minds and moving forward in
life.



Thank you for donating time as **Dharma Punk Docents** to hold space for heART Space. Your participation is highly regarded and appreciated and your role is vital to this project.

heART space - Community Conversations and Compassion-building around Overdose, is a collaborative project involving current and former street-involved youth, front-line workers and others affected by the current overdose crisis and the structural forces that have contributed to it. We have been granted funds from the Ministry of Safety and Solicitor General Dialogues on Opioid Use to create this art show to honour those we know who have died of overdose and provide a space for deep and respectful dialogue and creative expression around drug use in our community. heART space is an invitation by youth/young people who intimately know about drugs, death and grief to the community to come together.

The term Dharma Punk comes from Noah Levine who finds his most authentic expression in connecting the seemingly opposed worlds of punk and Buddhism. As Noah Levine delved deeper into Buddhism, he chose not to reject the punk scene, instead integrating the two worlds as a catalyst for transformation. https://www.youtube.com/watch?v=i50ewZZ2MVg. A **docent** is a person who serve as a guide and educator for the institutions they serve, usually on a voluntary basis. The English word itself is derived from the Latin word docēns, the present active participle of docēre (to teach, to lecture).

We kindly ask that Dharma Punk Docents serve two fundamental functions:

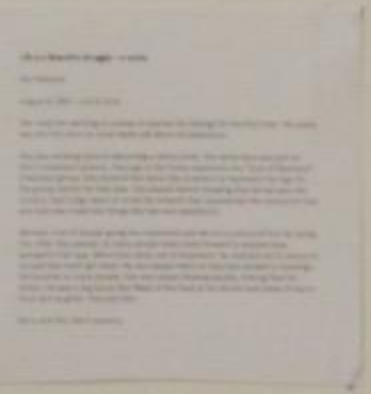
1. Hold the space available for everyone ; and
2. Preserve the safety of the space and the participants who visit it.


EXIT


LIFE .. IS 'A
BEAUTIFUL
STRUGGLE!


Today I'm different.
I live with joyous contentment.
I no longer hold all the horrible resentments
that kept me trapped in the white cage of
wrath.
Always living in a blood bath.
Accountability constantly thrilling me with
sunshine, no crime and positivity.
Discovery, Honesty and Serenity enable the
pride to shine outside of me and break the
chains that hold the pain that always
remained inside of me.


2016




LIVE THE CHAO
09.01.87
ASTER OF PUP


Hope
is


OVERDOSE
METALLICA
MASTER OF PUPPETS

HEART SPACE

Wednesday October 18th

6 - 8 PM

Naloxone Training for Indigenous Community

This workshop is specifically for Indigenous community to gather together to learn specific skills for overdose response. Learn how to stay safe and how you could save a life from some fabulous trainers. Dana Tough, Indigenous Harm Reduction Counsellor from AIDS Vancouver Island and a representative from SOLID who have


REEV
ES OIL PASTELS

LET'S
GO RETRO

3

2


PLEASE DO NOT
TOUCH MASKS


OUR LOVED ONES AWAIT IN THE FORM OF BIRDS ~ TO ONE DAY
LIFE IS A BEAUTIFUL STRUGGLE!

HEART SPACE

Nourishing the Heart: Honouring Workers on the Front Line

Friday October 27th

7 - 9 PM

Please join with us to acknowledge the deep losses we have been experiencing as front line workers in this community. We invite you to come see the art work we have gathered that has been created by people we have lost in this crisis and works that have been created to

HEART SPACE

Please join us to experience art work that has been created by and to memorialize, honour and remember those we have lost. HeART Space is open from 12 - 6 pm Monday to Saturday until October 28th. For more info

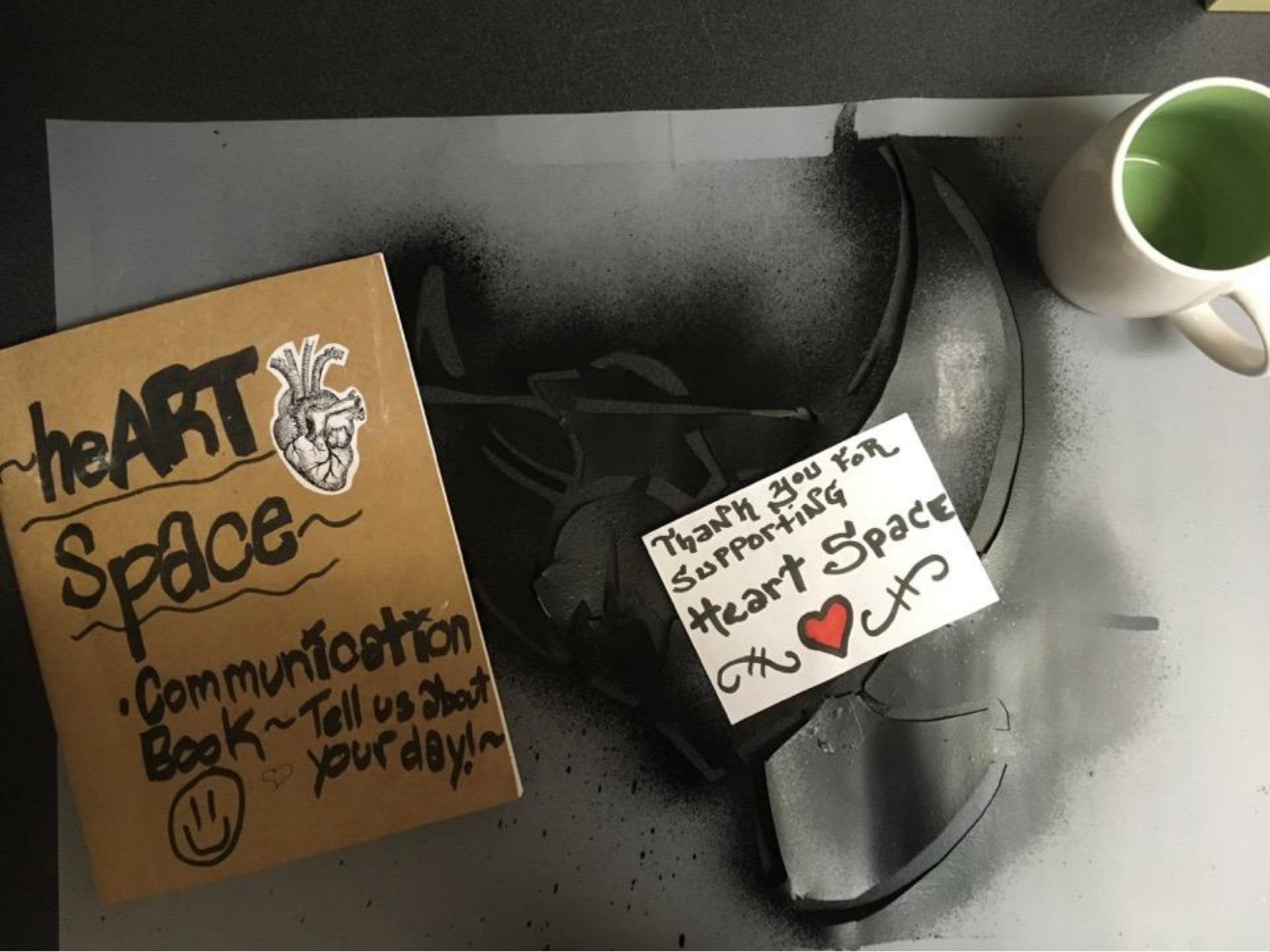
FROM All OF
THANK YOU
~MARKET ON YATES ~OPUS
~ISLAND BLUE PRINT
~UNIVERSITY OF VICTORIA ANTHROPOLOGY DEPT
~ROBERT, FUNG & SALIENT ~APRIL & PAUL ~LEHNA
~MEGHAN ~MELANIE ~CARRIE ~SHEILA ~TRACEY
~COLM ~CONSTANCE ~KAY ~MICHELLE JACQUES
~BEVERLY & HABIT CELESTE!
~NICOLE ~STACEY ~THE STAFF AT AVI, & MediaNet
& ROBY BAY LANDING ~OUR PLACE THE ART GALLERY OF
~ALL OUR FABULOUS VOLUNTEERS GREATER VICTORIA

poppies

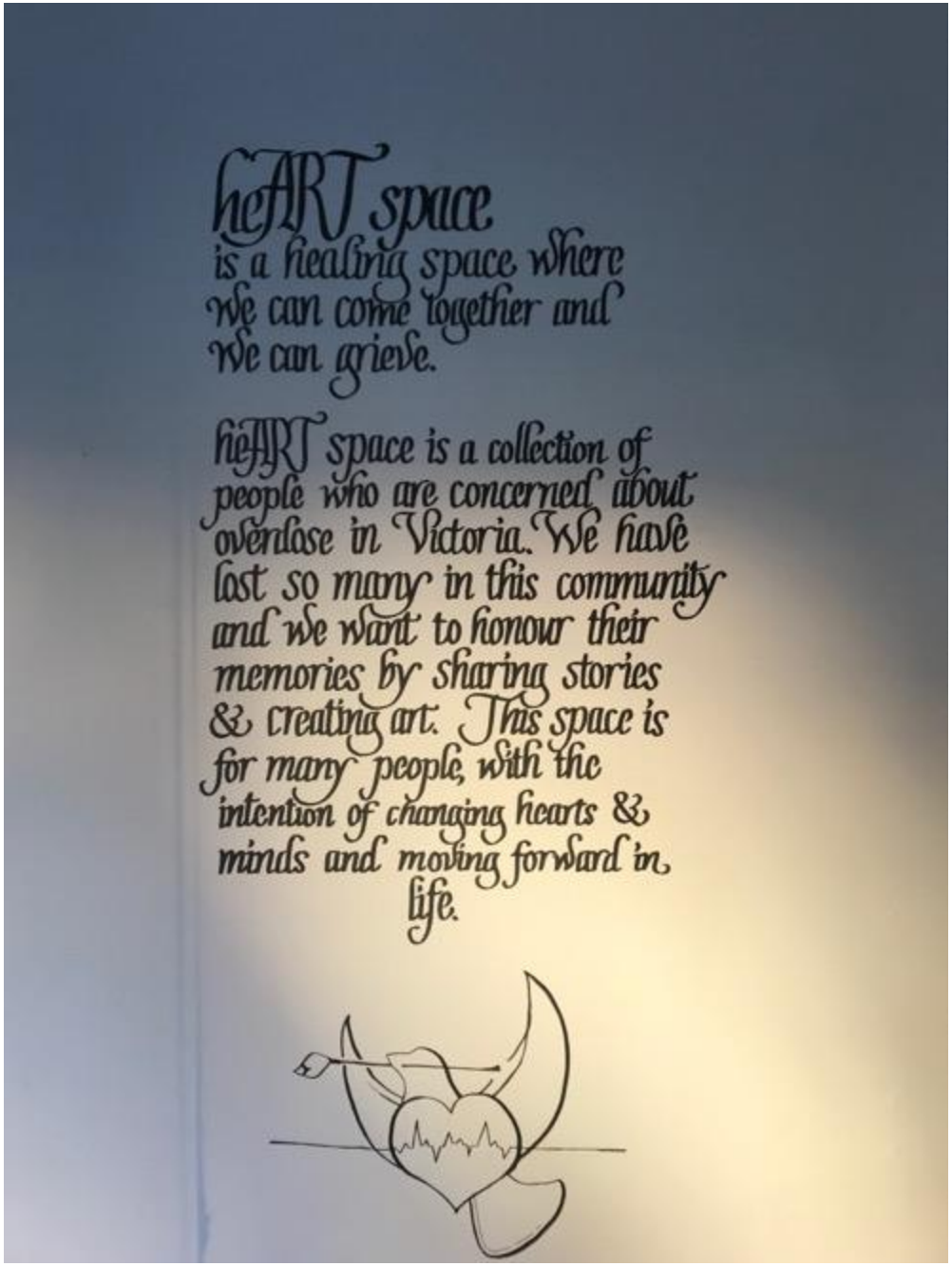
Victoria Cool Aid Society

Building Homes, Lives and Communit

heART space is supported by Victoria Cool Aid Societ


~heART
Space~
·Communication
Book~Tell us about
your day!~
Thank you for
supporting
Heart Space


Creator,
please watch
over all of us
affected by the
Hiyhiy.



Many thanks to:

Elder Academy
CISUR
Ministry of Safety and Solicitor General
Victoria Cool Aid Society
AVI and Community Agencies
Dharma Punk Docents
Volunteers
Naomi, Meagan and Michaela
Youth Advisory Group
Jen, Bradley and Lorilee
All the supporters

Art work and photos by:

More Than One Street
Sacha Ouellet
Michaela Roos
Marion Selfridge
Trudi Smith

Questions?