Breaking Bread, Building Hope: An Eight-Year Partnership Addressing the Toxic Drug Crisis in British Columbia

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ABSTRACT

Research that purports to engage communities has become more mainstream, presenting an imperative to thoughtfully engage ethical principles that grapple with on-the-ground complexities of the work. Here we reflect on learnings from an eight-year, community-based participatory research (CBPR) partnership in British Columbia, Canada that addressed the ongoing public health emergency of toxic drug-related deaths in a semi-urban and rural setting. This challenging research context provided a methodological petri dish from which to examine common ethical challenges inherent in CBPR work. Here we discuss how praxis aligned with the concepts of relationality, embeddedness and embodiment contain both tension and promise in complex research contexts. We depict how relational authenticity was facilitated by flexibility and informal interactions and was further enhanced by deeply-engaged, physical presence that enkindled hope even when hope was hampered by limited agency. We also present commensality as a promising methodological tool.

INTRODUCTION

As community-academic partnerships in research have proliferated in institutional settings, spanning multiple disciplines and involving a broad range of study topics,[1,2] a profusion of interrelated and overlapping terms can lead to conceptual ambiguity.[3] We situate the work discussed in this paper within a Community-based Participatory Research (CBPR) framework,

which claims its roots from the emancipatory approaches developed by scholar-practitioners Paulo Freire and Orlando Fals-Bordo.[4] While sharing much in common with broader community-engaged approaches, CBPR insists that people can understand and change their own lives[5] and involves them deeply as partners in the work.[6] It involves long-term commitment towards mutual benefit, co-learning and action[7] and strives to genuinely share ownership of the research and its results within community.[8]

Despite this alignment with participatory values and allegiance to social justice, CBPR has faced considerable critique for failing to live up to its ideals in practice.[3,9] Numerous case studies exemplify situations where institutional research ethics board (REB) approval fails to guarantee the deep integrity required of authentic CBPR, leaving community members feeling used, angry and exhausted.[5,10–13] The practice of CBPR is inherently "messy" and unpredictable,[11] and our project—an 8-year partnership addressing the toxic drug crisis in the Fraser East region of British Columbia (BC)—faced familiar challenges adhering to CBPR's undergirding values. However, our team displayed a tenacity and resilience that prompted us to explore the factors that enabled the long-term commitment to our project. As our core research team engaged in the critical tool of reflexive discussion,[14–16] concepts surfaced repeatedly that evoked Brydon-Miller's work on ethical praxis that asserts participatory research is inherently "immanent" as opposed to abstract or extractive and requires attention to the nuances of particular people and situations as well as a commitment to social change.[5,11] This paper presents reflections on a sustained academic-community partnership addressing an acute and exhausting public health emergency based upon the concepts explored by Banks and Brydon-Miller,[5,11,17] and we frame our discussion around their assertion that CBPR is inherently "relational, embedded and embodied"[11] (p.16).

PROJECT AND PARTNERSHIP

In April of 2016, BC's Medical Health Officer declared the province's first ever public health emergency in response to an increase in deaths due to an illicit supply of toxic drugs.[18] At the time, stakeholders did not have access to granular data or analytics on local statistical trends, and much of the research on interventions was generated in highly-urbanized settings.[19–21] In the Fraser East of BC, a semi-urban and rural area east of Vancouver with some of the highest rates of overdose deaths,[22] municipal government and public health representatives procured funding to support the development of a CBPR project in order to better address the situation locally. By mid-2017, the project team had recruited several individuals with lived experience of illicit substance use; however, with little knowledge of institutional research landscapes, it took the original team members several months to find an academic partner interested in the project. It was with a sense of relief and anticipation that our team first gathered in person in 2018 with researchers from the Centre for Advancing Health Outcomes, who had experience with CBPR and were willing to join the project without immediate remuneration.

In addition to Advancing Health researchers, our initial team included public health practitioners, municipal government staff, people with lived experience of illicit substance use, and a non-profit community leader (see Table 1). Members represented a diversity of roles and viewpoints and were widely connected in the community with social action tables, drug user advocacy groups, healthcare and government decision-making bodies, and social service networks. Most had never been part of a research study before. The project had strong support from municipal government, and for the first eighteen months, we met for two hours each month in person at a local city hall. Our meetings always included a meal and combined ample time for informal discussion with structured tasks, taking valuable and necessary time to develop trust.[6]

Our ongoing project has spanned eight years in four phases (see Figure 1), undergoing reformulations in response to changing contexts that nevertheless kept the same overarching aims (see Table 2). As the project progressed, in congruence with the typically dynamic nature of CBPR,[6] we adopted a constellation-style team structure that could adapt when needed,[24] adding various additional partners while taking discussion and information back to the original core team (see Figure 2). The core team contained a small amount of overlap with other groups, but the disparate group composition was mostly unique, with the exception of the senior project manager, who was a member of all groups. If team members were not paid professionally to participate, we provided stipends in accordance with peer-informed standards.[25]

In our first round of data collection and analysis from 2019-2020, we focused on individuals at risk of an unwitnessed overdose, where loved ones emerged as a salient factor influencing drug use behaviors.[21] These findings led us to pivot towards substance-affected loved ones for our second round of data collection and analysis in 2020-2022, where we found that unmitigated stress led to disconnection from drug-using loved ones and heightened risks from toxic drugs.[26] From 2022 to 2023, we engaged community stakeholders with our findings and identified a possible intervention for substance-affected loved ones: a peer support group model that is based on the stress-strain-coping-support (SSCS) model and avoids some of the potentially harmful impacts of prominent codependency-derived models.[26–28] We conducted a realist evaluation of this model in 2024 to develop an initial program theory,[29] and in 2025, we began testing the feasibility and acceptability of peer support groups in community.

Our context changed considerably throughout the project's timeline; there were significant shifts in data availability,[30] health policy and resource allocation changed,[31,32] and the environment became more polarized, with deep divisions shifting the general consensus on harm reduction approaches.[33] From 2020-2022, our work was disrupted by a global pandemic,

flooding, wildfires, and a major heat emergency.[34,35] Meanwhile, toxic drug deaths continued to rise, and for many activists and frontline workers, the public health "emergency" lost its validity as a crisis-level priority. Our team members grew increasingly exhausted and disillusioned. As we reflected on these barriers and the history of our project, we asked ourselves: How did we facilitate long-term commitment in a challenging research context? How do we feel about the action we've seen and the direction we're going? Over a series of structured, meal-based reflection sessions in 2025, we arrived at the learnings discussed below.

LESSONS LEARNED

"When I think about all the different things I've done in the toxic drug response, the FEOR team—like it's still there, still strong. I still feel connected." — Long

Relational Praxis: Sustaining Commitment and Grappling with Hope

Nine out of the ten original team members have remained on the core team for the ongoing, eight-year duration of the project. This sustained commitment seemed surprising given the diversity of team members' professional roles, education levels, perspectives and experiences. Our team included multiple people with advanced degrees but also people who had not graduated from high school. Some team members advocated for increased harm reduction measures, and others expressed stronger alignment with abstinence-based approaches. Some had very little personal exposure to illicit substance use, and others had lost many people they knew and loved to toxic drug poisonings. Team members' commitment also sustained a pandemic, natural disasters, and significant degrees of stress and personal loss.

Reflexive discussion indicated that ongoing participation drew from personal passion but was primarily facilitated by the strength of mutual relationships buttressed by commitment to action—points reflected in the literature and particularly in Brydon-Miller's work.[5,36] Team members stressed the sense of belonging they felt in the group, despite individual differences. Robson directed a comment to the professional researchers on the team: "You guys didn't make us feel stupid. So I was just like, 'You're going to get me as me' and felt free to be in that." Long added, "Everyone made everyone else feel valuable." Team members agreed that everyone felt respected independently from their role, contributing to a strong sense of trust, which is a fundamental imperative of CBPR and a prominent mechanism of sustainability.[5,23,37]

Fluidity in expectations and roles appeared to facilitate this sense of belonging in the group. Sometimes a member would have to step back for a period of time for various reasons, and other members would fill the gap. This was true of both academic and community representatives; everyone knew that "the door was always open" (Snyder). Also, both the nature and degree of involvement depended largely on individual capacity and interest as opposed to a rigid focus on roles and power distribution.[11,38,39] For example, some team members did not care to learn about the minutiae of an REB application; others did not always have time in their schedules to participate in data collection or analysis at particular time points. Any contribution at any time was welcomed on the basis of self-selection, and the constellation structure of the broader team buffered the work from instability or stagnation.

Team members also highlighted the prioritization of informal interactions as a significant factor in generating strong relationships. Wallerstein et al note that "just getting to know each other" constitutes a vital part of the process.[6] One of the primary facilitators of these informal

interactions involved eating together at core team meetings. Shared meals provided opportunity for personal conversation and a feeling of comfort and connection. Kniseley explained, “No one needs qualifications to eat together. You walk into a room and you’re human first.” Long also noted that “laughter is definitely key.” Informal interactions also involved time where team members connected through phone calls, coffee dates, or the occasional walk. In a high-stress research context, these interactions proved critical.[40] While incidents of emotional trauma are rarely discussed in the literature,[9] our team needed to consider contexts beyond immediate research tasks. When team members’ friends overdosed, or they needed to process an unfavorable change in drug policy, or even when personal circumstances unrelated to the research project became challenging, team members often reached out to each other. These informal interactions strengthened trusting relationships and in turn the commitment to the project.

At times, flexibility and informality presented ambiguity around direction and prolonged the project timeline, which became more notable when hope ebbed low. Esau commented, “Sometimes it felt like, ‘What are we doing, why are we here?’” Adapting to changing contexts and roles, providing time for social bonding, and accommodating academic processes that weren’t always well understood increased the time involved and sometimes engendered a sense that nothing was happening. This could be a frustrating dynamic in any context; however, when team members were already dealing with a sense that formal systems were failing as their friends and colleagues were dying, grappling with hope became imperative in the work. When hope fluctuated, strong relationships weren’t quite enough: Sikora commented, “Relational currency is integral in moving things forward, but there has to be concrete deliverables.” Accountability for action alongside relational authenticity proved critical to maintaining a sense of hope in the midst of research involving an acute crisis.

Embedded and Embodied Praxis: Aligning Priorities for Transformative Change

Often the "participatory" component of CBPR is conceptualized as uni-directional inclusion of community partners characterized by varying levels of their involvement in research activities.[24] However, we found that "participatory" also made sense as a bi-directional concept. In our case, it was community members who initiated the research and invited researchers to participate, and the toxic drug context offered further opportunities to participate in the community in ways that went beyond designing and conducting research, involving both formal and informal processes that were sometimes misaligned with traditional academic expectations. Having research team members deeply networked in the community afforded numerous opportunities to collaborate on events and committees that extended the reach and relevance of the research. These opportunities were not always directly related to project activities in a traditional sense; however, Wallerstein et al. highlight the benefits of "showing up" in community in non-official capacities such as helping cook for a community memorial service.[6] We found often ourselves engaged in activities such as attending overdose awareness events or helping plan community dialogues on the toxic drug crisis.

This level of community participation presented challenges to the expectations of the institutional academy. Preparing for conferences or publishing findings can take significant amounts of time and focus that did not always feel feasible or even desirable for team members who had pressing responsibilities related to other work;[12] academic researchers on the team found themselves caught between the type of embedded "showing up" described by prominent CBPR practitioners[6,11,23] and fulfilling the obligations of scientific research. Academic team members sometimes felt that they had to take a "leave of absence" from the

community to be able to focus on priorities such as publishing. This feeling reflects tensions inherent in attending to relational and justice-oriented ethical priorities while still surviving as an institutional academic. Wallerstein and Duran describe the continual realignment necessary in community-academic partnerships that nourishes various partners at various times.[7] We found that the reward structures in academia provide incentive for researchers to attend to institutional goals; however, remaining embedded in the community provides additional motivation simply by proximity. It is conceivably more difficult to constrict the meaning of the research to a conference presentation when team members have just been part of a memorial walk for toxic drug deaths. The principle of embeddedness provided inherent accountability to community priorities.

Embedded praxis also involved a significant degree of physical presence. While digital platforms sometimes increased levels of participation or efficiency in forwarding action, we also noted that participation was less engaged, more easily distracted, and less sustained. Additionally, most community-based tables met in person without a hybrid digital option, which required a greater amount of time from researchers that was not always viable. On the whole, however, embodied presence significantly strengthened the embedded nature of our work. For community members, our project was associated with familiar faces and voices participating in initiatives that mattered to the community. A notable factor in facilitating this was that one of the original community team members began working full-time as a researcher for Advancing Health mid-way through the project—an example of co-benefits inherent in CBPR work.[7]

Engaging community stakeholders was also powerfully facilitated by the embodied practice of commensality (the act of eating together).[41] As part of our community engagement strategy, we leveraged the New Matrix Meals,[42] an existing community dialogue initiative in which

several team members were already involved. The initiative attempted to relocate the often contentious dialogue surrounding the toxic drug crisis to smaller, intimate gatherings over food in peoples' homes. Through the extensive social networks of our team members, we employed these meal-based dialogues to engage community members who might not otherwise have encountered our work.[43] Team members maintained that these meals comprised some of our most powerful experiences in community, creating spaces for people to encounter each other and the issues in a nourishing and hospitable environment.

At the same time, it can be difficult to quantify these interactions and raises the question of what constitutes transformative action.[44] Our team members expressed a sense of satisfaction and hope that we were doing meaningful and transformative work; however, the question of effectual transformation remains an open one. CBPR work grounds the researchers in complexity and context; therefore, it often results in conclusions which are "grey" rather than "black and white." However, actionable recommendations can be made from complex conclusions. In our work, we pivoted from an individualistic response to the crisis to address issues as socially intertwined, implementing intervention strategies from a more communal lens that also reflects feminist and indigenous critique.[11,17] Embedded and embodied practices allowed us to authentically situate the project in individual and corporate domains that were immanent as opposed to abstract or extractive.[5] This immanence kept us anchored in a commitment to transformative change and kindled hope when project partners confronted their lack of agency over powerful systems enacting medical care and policy.

CONCLUSION

Bradbury and Reason write that a mark of quality in action-oriented research is that participants will feel energized and empowered.[38] Our experiences over eight years addressing a toxic drug crisis, in which our team members often felt angry, powerless, and exhausted with systemic stagnation, underscores the challenges inherent in a commitment to transformative action when powerful structures can supersede intentions. We did not always feel energized or empowered. Hope sometimes flickered as we fought to maintain momentum and fidelity to action. Paulo Freire argues that hope is an ontological need that is anchored in praxis.[45] We believe that challenging research contexts—such as the taxing nature of dual public health emergencies, contentious and changing policy landscapes, and the day-to-day tragedies of a toxic drug crisis—present a crucible for ethical praxis.

We found that relational authenticity was critical to sustaining commitment and was facilitated by flexibility, attention to individual circumstances, and informal interactions. At the same time, these very qualities presented tension. Within this tension, immanent practices of embeddedness and embodiment contributed to an alignment with transformative change by focusing priorities and enhancing genuine engagement, which could enkindle hope even when hope was hampered by limited agency. We also found that commensality may offer a promising tool in forwarding this kind of work and deserves more fulsome exploration in the literature.

We note that ethical reflection is not a panacea; trust can be betrayed, commitments can be abandoned, and integrity can prove to be illusory. Stoeker asserts that it is quite possible to conduct CBPR in a way that is ethically problematic.[3] Mikesall et al note that ethical principles of CBPR are largely synonymous with the definitions of CBPR itself, making ethical practice difficult to ensure.[16] However, we have found that fidelity to relational, embedded and

embodied praxis can insulate against the kind of extractive research that leaves community members disappointed and disempowered, and it keeps the work aligned with the kind of transformative practices that breathe life on waning hope.

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TABLE 1: PROJECT TEAM COMPOSITION, ROLE AND ACTIVITIES

Name	Representation	Position	Activities
Multiple*	Public Health	Medical Health Officer (MHO)	CC
Hawkins	Public Health/Academic	Community Health Specialist/Senior Project Manager, Community-based Research	CC, CN, RA, RC
Sikora	Municipal government/Lived experience	Senior Manager, Social PlanningPeer Research Associate	CC, CN, RA
Snyder	Lived experience	Peer Research Associate/ Community Action Team Coordinator	CC, CN, RA
Robson	Lived experience	Peer Research Associate	CC, CN, RA
Long	Lived experience	Peer Research Associate/Frontline Worker	CC, CN, RA
Esau	Non-profit	Director	CC, CN
Kniseley	Academic	Research Assistant/Research Manager	CC, CN, RA
Salmon	Academic	Principal Investigator	CC, AO
Fernando	Academic	Qualitative Methodologist	CC, RA, RC

Key	
Engaging in consultation and collaboration	**CC**
Facilitating access to community networks	**CN**
Conducting research activities	**RA**
Conducting research coordination	**RC**

**Due to a high degree of turnover in the MHO role, participation was inconsistent throughout the project timeline.*

FIGURE 1: PROJECT TIMELINE, ONGOING OBJECTIVES AND CHANGING CONTEXTS

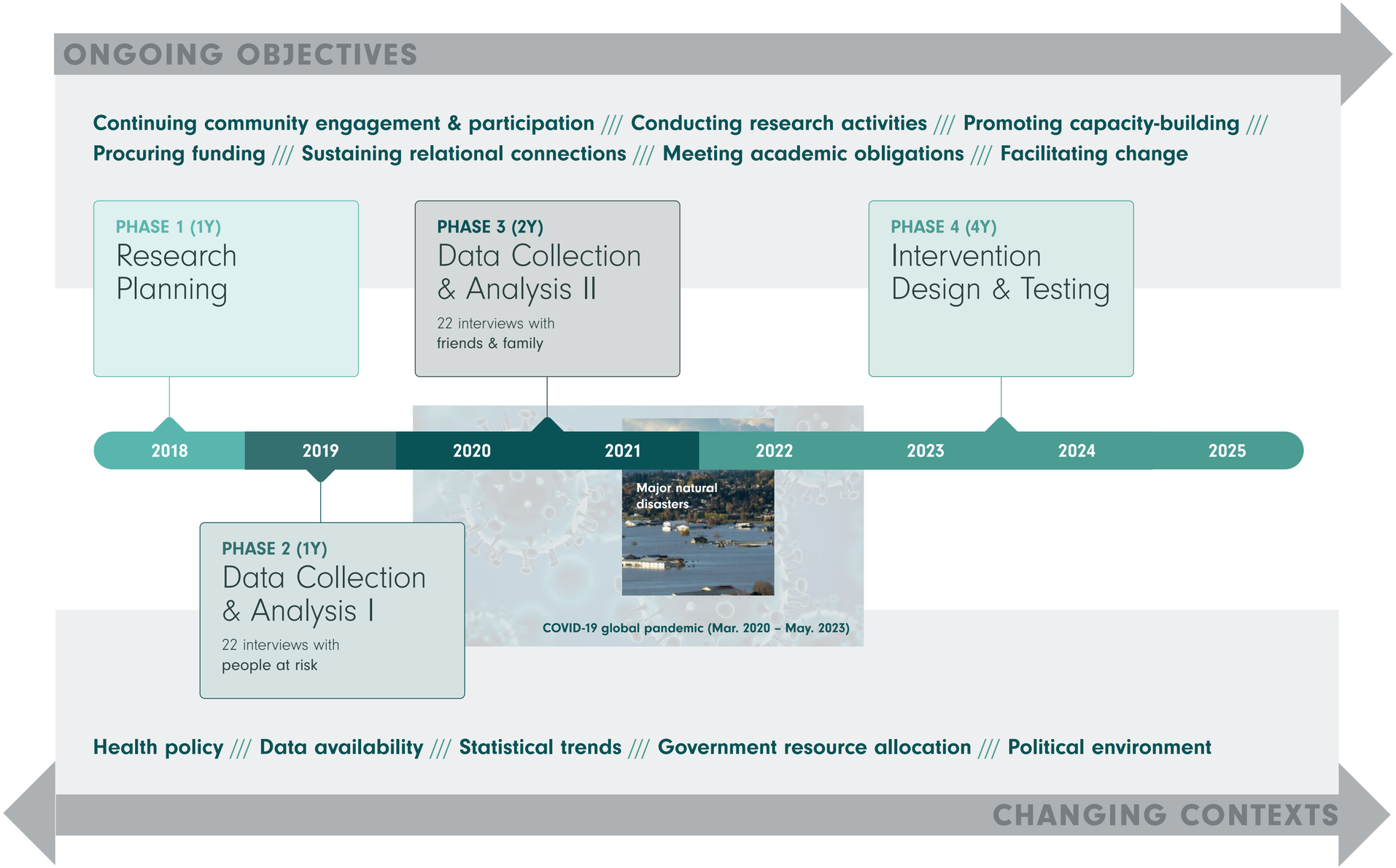

TABLE 2: PROJECT GOALS, ACTIVITIES AND OUTCOMES

GOALS	ACTIVITIES	OUTCOMES
Continuing community engagement	• Stakeholder presentations • Participation on community tables • Local event planning & attendance • Informal meetings with key stakeholders	• Average of 6-8 presentations per year to community groups • Core team member participation in 20+ community tables • Average of 2-3 major events per year (attending and/or helping plan) • Over 100 non-profit and government agencies engaged via presentations • Average of 4-6 individual stakeholder meetings per month
Conducting research activities	• Research design • Recruitment • Data collection • Data analysis	• 44 qualitative interviews (phases 1 & 2) • 1 iterative, reflexive round of analysis; 1 sub-analysis (phase 1) • 2 iterative, reflexive rounds of analysis; 2 sub-analyses (phase 2) • Thematic analysis of survey and interview data for 1 participatory program evaluation • 1 program theory developed • 1 feasibility study initiated
Promoting capacity building	• Training in ethics and research methods • Conference attendance and presentations* • Community presentations and engagement events* • Reflexive conversations **co-led by peer researchers whenever possible*	• 5 Tri-Council Policy Statement 2 (TCPS2) training certifications • 1 research training curriculum developed • 6-8 presentations per year co-delivered by community and academic partners • Broader professional and peer network access • New career and educational opportunities for core team members • 4 spin-off CBPAR research projects initiated (including 2 student projects)
Procuring funding	• Team consultation • Grant-writing	• 5 successful grant applications • 1 unsuccessful grant application
Sustaining relational connections	• Informal check-ins (walks, phone calls, coffee dates) • Ongoing assessment and adjustment of roles • Regular meetings with meal-sharing • Fun-focused, mid-project partner recognition event	• 8 year commitment with 9 core team members
Meeting academic obligations	• Manuscript development • Publishing • Conference presentations • Mentoring students	• 4 published papers • 4 conference presentations (1 conference) • 1 completed participatory realist evaluation • 7 student trainees • Student outputs: 2 literature reviews, 2 environmental scans, 1 paper published, 2 spin-off research projects initiated

Facilitating social change	• Procuring new partnerships • Engaging local creative consultants • Meal-based community dialogues • Intervention design and testing • Intervention implementation	• 10 additional partner organizations added via constellation approach • 7 meal-based dialogue events including 100+ participants • 1 program toolkit with 6 training videos • 1 partner program website updated • 1 30 min. documentary video produced • 4 community documentary screenings including 300+ participants
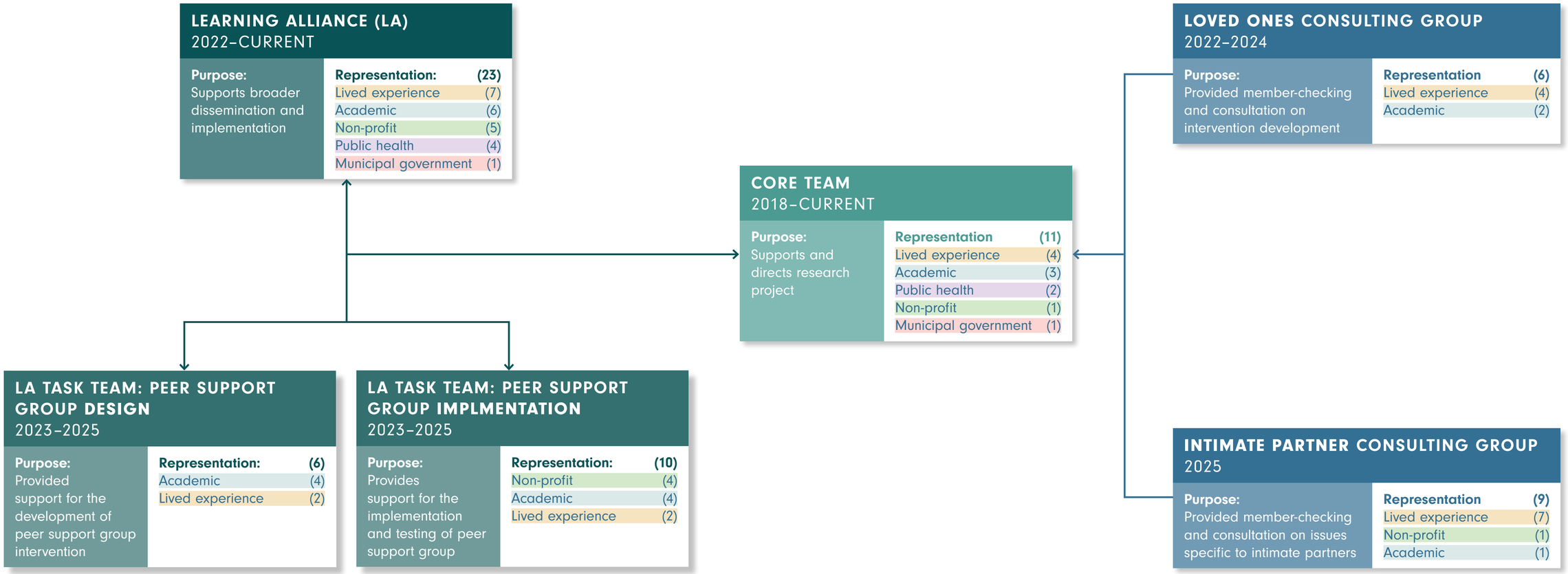
FIGURE 2: PROJECT TEAM STRUCTURE, PURPOSE AND REPRESENTATION