



Welcome.

Ask people: where are they from, what do they do, what do their organizations do?

Ours is a “top down” siloed systemic approach

The Sidelined 2% population is growing.

Isolated interventions aren't enough

Frontline workers, emergency services, the health care system, governments, and general public

Everything we are doing for this population is failing

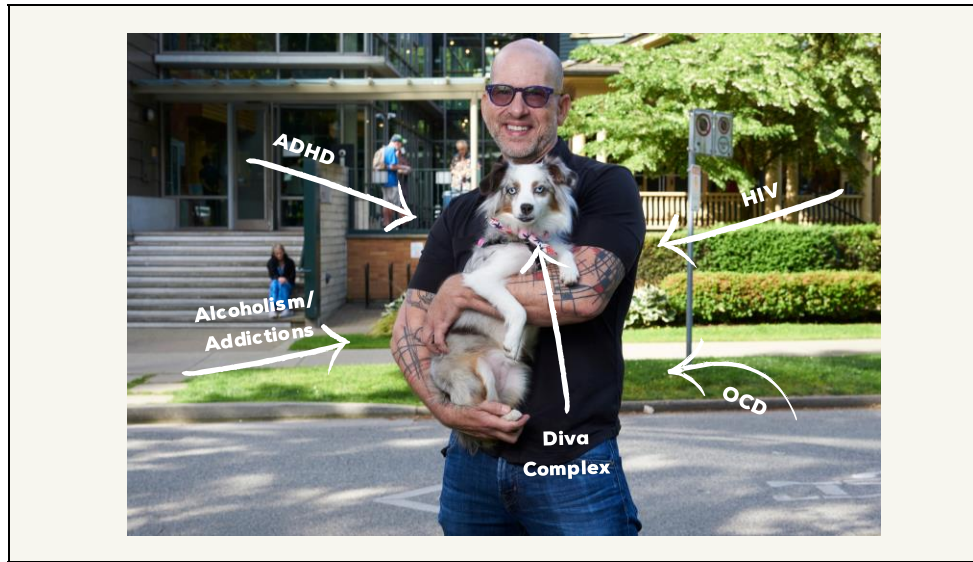


The system isn't working for people like my parents. And it's certainly not working for the Sideline

Why? Because **Our systems are not designed for the populations we serve.**

And they have no motivation to change. If we are waiting for it to change or evolve to help our p
day will never come. **The cavalry isn't coming to save us – we are the Cavalry**

**Be it resolved that we won't change the system from the top down. But we can change it from
through partnerships, shared best practices, shared information, shared resources, and shared p**



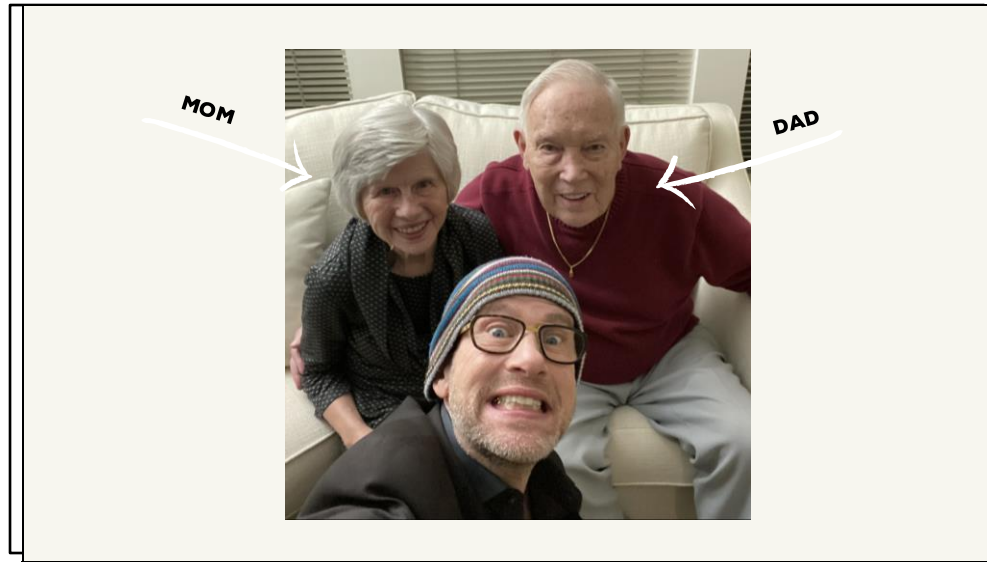
Introduction: I survived the system, despite the system

Undiagnosed ADHD, learning disabilities, anxiety led to suicidal ideation, drug and alcohol use, depression patterns, HIV, Hep C, stigma, shame, a complete loss of power.

Living until tomorrow was never a given for me – I was carried by mentors, chosen family and, miraculously, by me. Being the CEO of the Dr. Peter Centre or a participant is a very thin line.

Luna is more than just a diva – she is my service animal.

So today, with 40+ years of cognitive behavioral therapy, strong supports, a service dog and really good pharmaceuticals – I have completely tapped in my power and potential



Ron and Mavis

Have any of you ever tried to get your parents in a presentation? I haven't but here goes

Over the past two years I have stood for and supported both my parents as they passed away.

Mom: PAIN but not diagnosed palliative. Couldn't understand GP, suffered, misled. Scott intervened and the system fought back. Without cancer she wasn't facing "imminent death". Her last days were confusion, fear and anxiety for the whole family.

Dad: At 94 years old something happened. He dropped his anger and somehow he and I became a system

Dad changed. Scott chose to change with him. This allowed me to Scott learn from mom, advocate prior "diagnosis" hospice gently, with dignity.

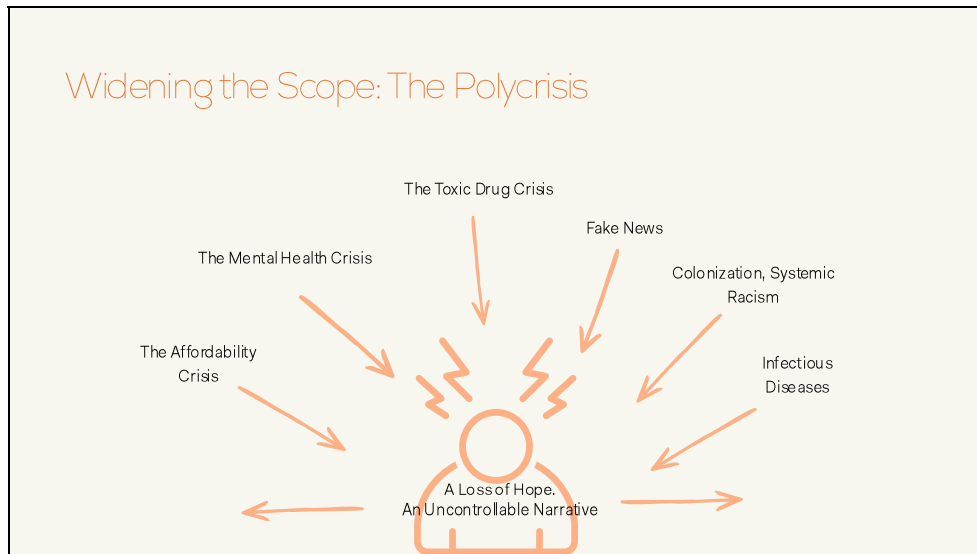
My parents had access to GP, specialists, medicine and me.

And, in both cases, the system sucked!



“I want to show you some headlines from this past month in Canada.”

1. **Strain on emergency services**
2. **Penticton:** Where I live part-time/spreading into all communities
3. **\$412k fence between city hall/OPS** = the gov't is literally distancing itself
4. **Benzo Dope**
5. **Medetomidine**
6. **Hypoxic brain injury:** parallel, shadow crisis
7. **10 year anniversary since BC announced toxic drug crisis**



Zoom out: “If we look at the toxic drug crisis in a vacuum, it gets us more of the same: predictable response.”

Invite them to consider the drug crisis as part of a polycrisis: A constellation of crises—addiction issues, housing precarity, systemic racism and social exclusion—that exerts intersecting pressures on a percentage of the population that will fall through the gaps. None of these are in isolation - they inform each other.

Some stats

Affordability crisis:

House prices spiked 355% over 2 decades in the region

Priced low-income out of adequate shelter.

Homelessness up 141% since regional counts began in 2005.

The mental health crisis:

Frontline worker burnout

Supportive Housing provider: 40% **absenteeism/stress leave**

Drug users 19.5x more likely to have encephalopathy (brain dysfunction).

Trauma and vicarious trauma

Drug Crisis

Acquired Brain Injury and hypoxia

Modality shift = pushed use to public spaces/ DPC 100% of participants who use, smoke outdoors

Drug convergence: Fent + Benzo + Medetomidine (withdrawal management)

Overdose deaths vs. overdoses

Apparent Opioid Toxicity Deaths Dropped 23% over the previous 12 months, but **EMS Responses Increased 9%** nationally over the same period.

Fake News

Media picks up big headlines

Fent Czar: deaths down

True: deaths down, but that's because people rarely die twice

Many drug users have died

We now have a massive ABI/Hypoxia problem

Narrative got away from us entirely: inaccurate success narrative dampening urgency and damaging sector's ability to respond

Colonization:

First Nations members in B.C. make up approximately **3.4 per cent of the population**, but accounted for **15.8 per cent of all toxic drug deaths in 2025**.

Lifespan down 7.1 years for Indig. people

Infectious diseases:

measles reemerging

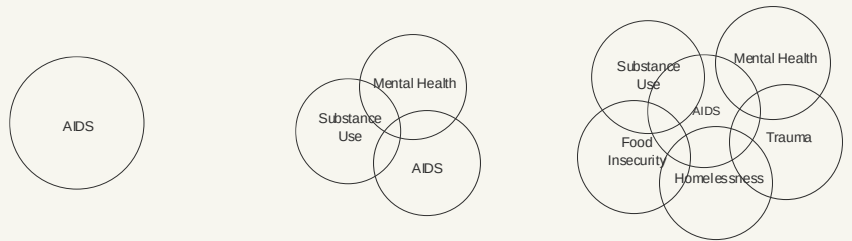
syphilis rates doubled in Canada, congenital syphilis on the rise

HIV rates in Manitoba 3x the national average, driven by structural vulnerability

Scurvy!

DISCUSSION: HOW WOULD YOU DESCRIBE A POLY-CRISIS IN YOUR COMMUNITY? COUNTRY?

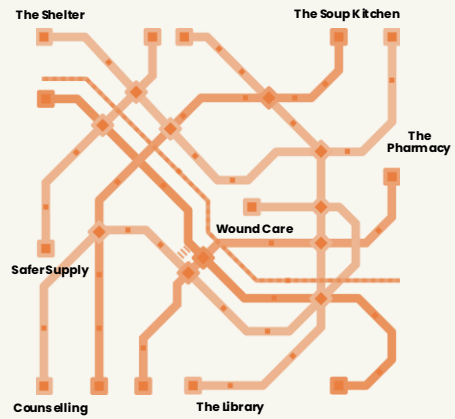
The Original Mandate Is Not the Reality



Complexity exceeding the reach of narrow mandates

It Does Not
Address the
Polycrisis

In Transit: Mapping the Problem



Transit map

Continuity from last slide: “We mapped the day-in-the-life of one of our day health participants to show how hard it would be. I don’t about you, but showing up in all these areas with a buggy, a dog and a fo the hardest jobs in the world.”



**WHO ARE
THE SIDELINED 2%**

Dr. Peter
Centre

ISS DP

2026

Who Are the Sidelined 2%?



The Approximately 750,000 Canadians experiencing severe, overlapping health and social issues, including:

- Serious, persistent mental illness, including psychosis, mood disorders and PTSD
- Chaotic substance use
- Acquired Brain Injuries
- Chronic, complex conditions like HIV/AIDS, Hep C, diabetes and pain
- Homelessness, poverty, discrimination, or systemic exclusion
- Acute and chronic infections, wounds, sepsis, blood infections and endocarditis
- Negative experiences with the justice system or child welfare

Ask the question

Answer the question: read slide

How we developed it

Why we need it: Common language, a way of looking at the person in the centre of the polycrisis

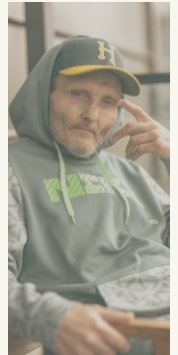
This human being falls across all of silos, which means they're served by none. We don't have national guidelines, medical interventions, drug and treatment protocols, community.

By definition, the 2% won't be cured, will not move into 98%; The converse is not true

We need wraparound care that starts with humanity and the human. Quilt analogy.

Five Systemic Barriers

Siloed Infrastructure	Systems designed around sectors, not people
Coordination	No shared language, incentives, or accountability
Resources & Skills	Complexity exceeds available supports
Shared Values	Programs operate without a common foundation
Hope	Without hope, engagement breaks down



Siloed infrastructure:

Decentralized Canada: Feds have the money

Provinces have the power

Municipalities have the problems

Frontline delivers the services (or not); client has chaos.

Coordination:

Need for ownership of narrative

2% as a shared language

Shared best practices

Resources:

Burnout

Funding

Shared values:

Here's your moment to riff on values! **Values create the infrastructure for hope.**

Hope:

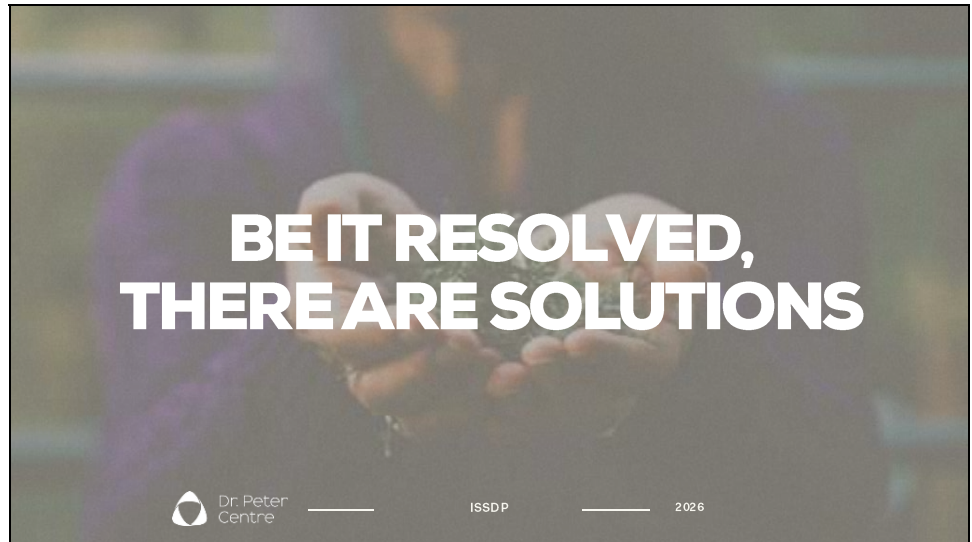
And here's your moment to riff on hope!

Used to not hear the word hope.

Now, you hear about its loss

Loss of hope is endemic in gov't, frontline workers, general population.

DISCUSSION: WHAT ARE THE SYSTEMIC BARRIERS IN YOUR COUNTRY?



There are solutions

The “good or bad news” - It’s not innovative; we’ve been doing it for 30 years

Our unique model blends food - trauma informed approaches with complex clinical care, multiple treatment modalities – food - day programs, medication management – food – art, music and recreation therapies, indigenous and culturally competent programming – food - housing and sub-acute 24 hours care.

We are open 24 hours a day, serve more than 550 unique individuals annually, and have only 1 staff member on stress leave.

There Are Solutions

- We start with the individual and ask what kind of system a human actually requires and wants.
- Food + belonging + clinical and substance use support + housing + community
- For the polycrisis, we need poly-people poly-talking

We have our key premises: There is a polycrisis; there are structural barriers to solving the polycrisis; 2% works as an archetype for speaking about the population; we need solutions for this population.

“I want to sit with solutions for a few minutes”

We begin with the individual and we start asking what kind of system a human actually needs.
DISCUSSION: AGREE OR DISAGREE? WOULD ANYONE ADD ANYTHING TO THIS?
Food + belonging + clinical and substance use support + housing + community DISCUSSION:
From your communities?

For the polycrisis, we need poly-people poly-talking

Optional: Talk about **DPC as the proof point: Campus; Brew Creek; Build Canada Strong; corporate**

DISCUSSION: AGREE OR DISAGREE? WOULD ANYONE ADD ANYTHING TO THIS?

Huddle Time

- How do we integrate services operationally on the ground?
- What policy changes or regulatory shifts are required to remove barriers and scale integrated models?
- How should this this be resourced?



“I have a room of some of the smartest people from across the planet, so I’m going to put you to be able to take home what you’ve learned, obviously. But I want to take it home, too.”

WE’RE GOING TO BREAK INTO 3 GROUPS, EACH DISCUSSING ONE OF THE FOLLOWING:

How do we integrate services operationally on the ground? (Housing + Community Health Alternatives +++)

What policy changes or regulatory shifts are required to remove barriers and scale integrated models?

How should this this be resourced? Who pays, how do we reallocate existing funds, and what role do corporations and philanthropists play, if any?

(Assumption: The Sideline 2% works. It works for us. Don’t need a stress test on that.)

“Make sure you capture their thoughts. I’ll take it home. Contact me if you want a copy”.

REGROUP TO SHARE THOUGHTS, FRICTION POINTS, INSIGHTS



So... Be It Resolved that...

Frontline workers, governments, emergency services, the health care system and general public h

Everything we are doing for this population is failing

Isolated interventions aren't enough and the current system isn't working.

The Sideline 2% population is growing.

Integrated models work.

Solutions exist

There is hope (transition to Gracie on next slide)



This is what hope looks like to me

A 4-foot-something, 80lb Indigenous woman named Grace
[Grace's story]

The Sidelined 2% Toolkit:
Shared language, shared framework, ready to use



This presentation is about connection. Let's start here:
selliott@drpeter.org
(Yes, this is actually my email. Yes, I'll respond!)