



Strathcona County **Community Drug Strategy**

# **Opioids Don't Discriminate:**

## An interactive experience

**The “do it yourself” kit**

CREDITS

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Executive summary

For two days in 2018 and four days in 2019, the Strathcona County Community Drug Strategy Committee ran Opioids Don’t Discriminate: An Interactive Exhibit (ODD:IE). Over the six days, more than 1,200 participants visited the exhibit, which was part of the Strathcona County Community Drug Strategy response to the ongoing opioid crisis.

ODD:IE took an innovative approach to raise awareness about the opioid crisis. The goals of the exhibit went beyond providing information. The exhibit aimed to reduce stigma and increase empathy for those living with opioid misuse. It also aimed to inspire participants to act.

To achieve this, the exhibit took participants on a journey through the lives of three fictional characters who were impacted by opioid misuse. Exhibit participants were able to walk the paths of Max, David and Natasha, whose stories were based on the real-life experiences of people living in the opioid crisis. Through vignettes posted on panels, models of environments such as a car accident, a teenager’s bedroom and an emergency room, and the use of prop objects like hockey skates and drink cans, the stories of these three characters came to life and left lasting impressions on visitors. Pre and post-exhibit surveys indicate participants left the experience with a better understanding of the crisis and empathy for those living with addiction.

This Do-it-Yourself Kit is intended to explain the approaches, concepts, tools and learnings. It is a way to share key aspects of the exhibit for those who might want to do something similar where they live. This kit is our way of enabling future action to support those affected by the opioids crisis. We hope the kit will help you and your community.





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Introduction: Do more than educate



A NATIONAL AND LOCAL CRISIS

In 2017, in response to a growing national opioid addiction crisis, municipalities in the Edmonton region were encouraged to develop local responses. In Strathcona County startling local statistics, including a dramatic increase in the number of emergency department visits for opioid use, spoke to the need for local action.

ADDICTION IS MORE THAN OPIOIDS

This led to the creation of the Strathcona County Community Drug Strategy Committee made up of local organizations committed to addressing the crisis. Although initially formed to address the opioid crisis, deeper examination made it clear that all addiction is serious and does not discriminate. The opioid response was an opportunity to create a broader, county specific, drug strategy that would take a different approach to addiction by focusing on risk reduction, open conversations and an effort to reduce social stigma.

A SHARED LOCAL RESPONSE

The committee developed a Community Drug Strategy for Strathcona County based on a four-pillar approach first implemented in some European countries in the 1990s. The four pillars are prevention, treatment, harm reduction and community inclusion and safety. The pillars are closely related and inter-connected. Organizations work on them together to have system-wide impacts.

HOW TO SHARE THE MESSAGE?

The Community Drug Strategy includes a series of actions under each pillar. Under the prevention pillar one goal is to increase community understanding and reduce community stigma through broad-based education campaigns. What kind of actions could be taken? Can we do more than share information?

So we came to a question:

HOW CAN WE SUPPORT OUR COMMUNITY TO

- LEARN ABOUT ADDICTION,
- INCREASE EMPATHY, AND
- BE INSPIRED TO ACT

# Three innovations

OUR APPROACH CAN BE SUMMED UP IN THREE QUESTIONS.

**WHAT IF WE...**

Think differently about addiction?

Listen to people who are living it?

Walk together?

**THEN WE COULD...**

Focus on connection, empathy and the science of addiction.

Learn from current research, local data and local people with lived experience.

Design an interactive exhibit that would provide information, build empathy, reduce stigma and inspire people to act.

# THINK

**What if we think differently about addiction? Then we could focus on connection, empathy and the science of addiction.**

The Opioids Don't Discriminate exhibit is grounded in a shift in thinking that the Strathcona County Drug Strategy Committee took to understand and address the opioid crisis in the County. Together we examined underlying structures and existing mental models that perpetuate substance use issues in our community. These include fear and stigma, an attitude that some people are worth more than others, and that abstinence is the only solution. Challenges such as difficulty navigating systems, short-term solutions, siloed responses, and new treatments not being embraced contribute to substance use issues. Culture, criminalization of drug use and widely held worldviews such as moral assumptions, assumptions that substance use is a result of socioeconomic status or homelessness and more likely to exist in the inner city also contribute. Substance use exists within a complex setting that features multiple systems such as health and social services, jurisdictions, population characteristics and treatment approaches. This complexity and the repeated misalignment of policies and efforts often results in barriers for those trying to access supports as well as those working within these systems. Our traditional ways of thinking and working are insufficient.

We worked to reconsider the fundamental worldviews and assumptions that have driven our theories of addiction and subsequent actions for decades. What surfaced was a shift in thinking, recognizing that while existing systems and interventions are necessary, a new recipe for change is required. Our new mental model is based on collective ownership of the issue. It is a journey-based approach to address root causes and recognizes that recovery is at the individual, family and community levels. It is based on the understanding that addictions do not discriminate. Progress involves moving from addictions to connection, from isolation to inclusion, from stigma to compassion and from shame to acceptance. This new mental model, thinking differently, was a key innovation to inform and inspire the development of our exhibit.

# A New Mental Model



# LISTEN

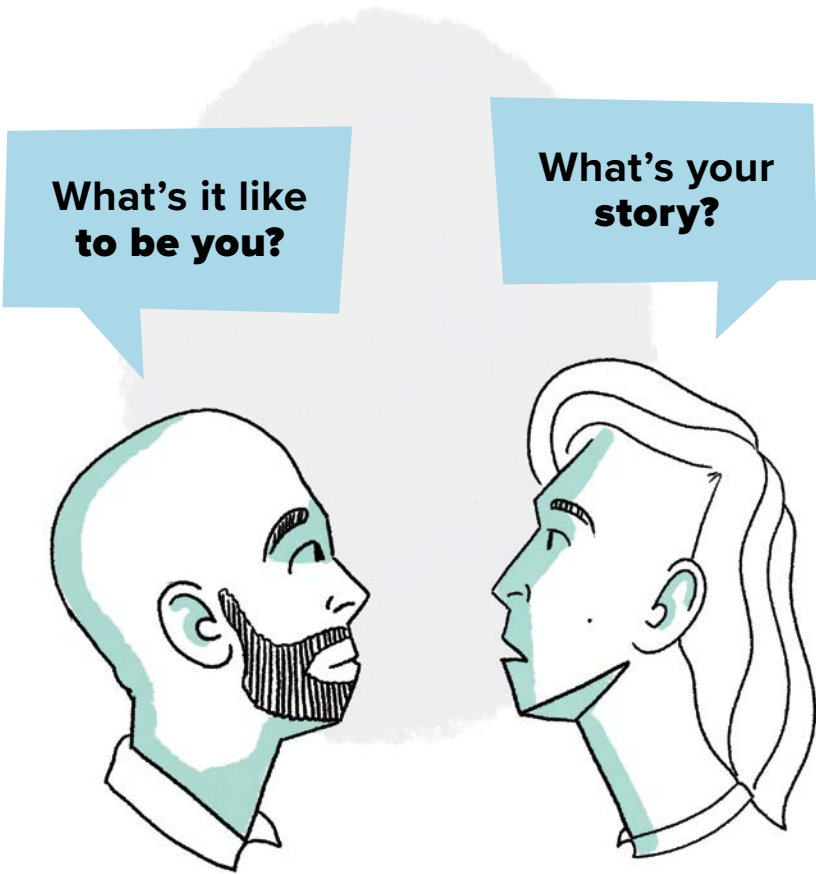
**What if we listen to people who are living it?**  
**Then we could learn from current research, local data and local people with lived experience.**

Conversations about the opioid crisis often start with the numbers. How many people have been to the emergency department? How many people have died? But if we are thinking differently about addiction it's clear that prevention and recovery happen through people's daily lives. What is it like to live with addiction every moment of every day? The numbers and research tell us only a small part of the story.

How can we learn what it's like to live with addiction here, in our community? Where and when do people find hope and help? Where and when do they struggle or face stigma? Where are their experiences similar? How are their journeys different?

The answer, of course, is to ask and then listen. Listening without judgement to the experiences of local people struggling with addiction can help us understand what prevention and recovery look like at the individual, family and community levels.

A second key innovation that informed and inspired the development of the exhibit was to ground the exhibit in research, data and, most importantly, local, lived experience.



# WALK

**What if we walk together?**  
**Then we could design an interactive exhibit that would provide information, build empathy, reduce stigma and inspire people to act.**

Thinking and listening help us understand what addiction, prevention and recovery look like in our community. But how can we share these insights in a way that informs people, promotes empathy, and inspires them to act?

Our innovation was to have participants walk through the journeys of fictional characters, drawing on research, data and the experiences of local people living with addiction.

From that idea, we developed the Opioids Don't Discriminate exhibit as a way to take participants on their own journey from addictions to connection, from isolation to inclusion, from stigma to compassion and from shame to acceptance. The thrid innovation of sharing a journey, of walking together, also informed and inspired the development of our exhibit.





# What we did

**Opioids Don't Discriminate:**  
An interactive exhibit



## FOUR PILLARS



↑166%

### Why now?

- **Opioid misuse is a national crisis**
- **In 2018, there were 672 deaths in Alberta due to Opioid misuse**
- **In Strathcona County, since 2013 the number of emergency department visits for opioid misuse has increased by 166%**

In 2018, the **Community Drug Strategy Committee** for Strathcona County adopted:

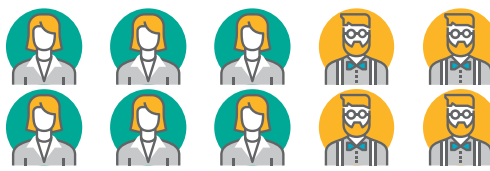
- A new mental model - **the opposite of addiction is not sobriety - it is connection**
- A four pillar approach - **prevention, treatment, harm reduction and community inclusion and safety.**

For two days in 2018 and four days in 2019, the committee ran **Opioids Don't Discriminate: An Interactive Exhibit.**

- The exhibit took participants on a journey through the lives of three fictional characters who were impacted by opioid misuse.
- The goals were to provide education on opioid misuse and reduce stigma, **opioid misuse isn't something that happens to 'others'—it can happen to anyone.**



**60% Female 40% Male**



### Who Came?

- **1,247 participants attended the exhibit, with ages ranging from 12-85+.**
- **55.8% of participants across the two events were 18 years old or under.**
- **19.4% of participants came from the health/social services field, and 23.7% were in other occupations.**
- **18% reported knowing someone who was addicted to opioids.**



**56.9%**  
Identified as students



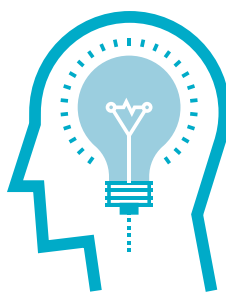
**74%**  
From Strathcona County  
**26%**  
Outside of Strathcona County



**22%**  
Reported knowing someone who was using prescription opioids

# What we heard

**81.5%**



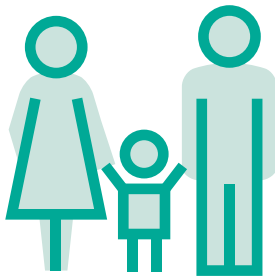
### Knowledge of Opioids:

Participants reported increased knowledge about opioid misuse and resources.

- **81.5%** of participants agreed that **'After this exhibit, I am more knowledgeable about opioid misuse.'**

*"[I will...] be more aware; ask 'tough' questions if I see someone who may be struggling with opioid use, be more compassionate; less judgmental."*  
- Quote from participant

**56%**



### Indications of Empathy:

Many participants attending the exhibit reported feeling a greater understanding that opioids addiction doesn't just happen to "other" people because of bad choices.

- **56%** of participants agreed that **'I feel more compassion towards people struggling with opioid addiction.'**
- **60%** of participants agreed that **'During this exhibit, I shared the character's feelings.'**

*"I've dealt with plenty of pain. I feel lucky that I've never been prescribed opiates."*  
- Quote from participant

**94.8%**



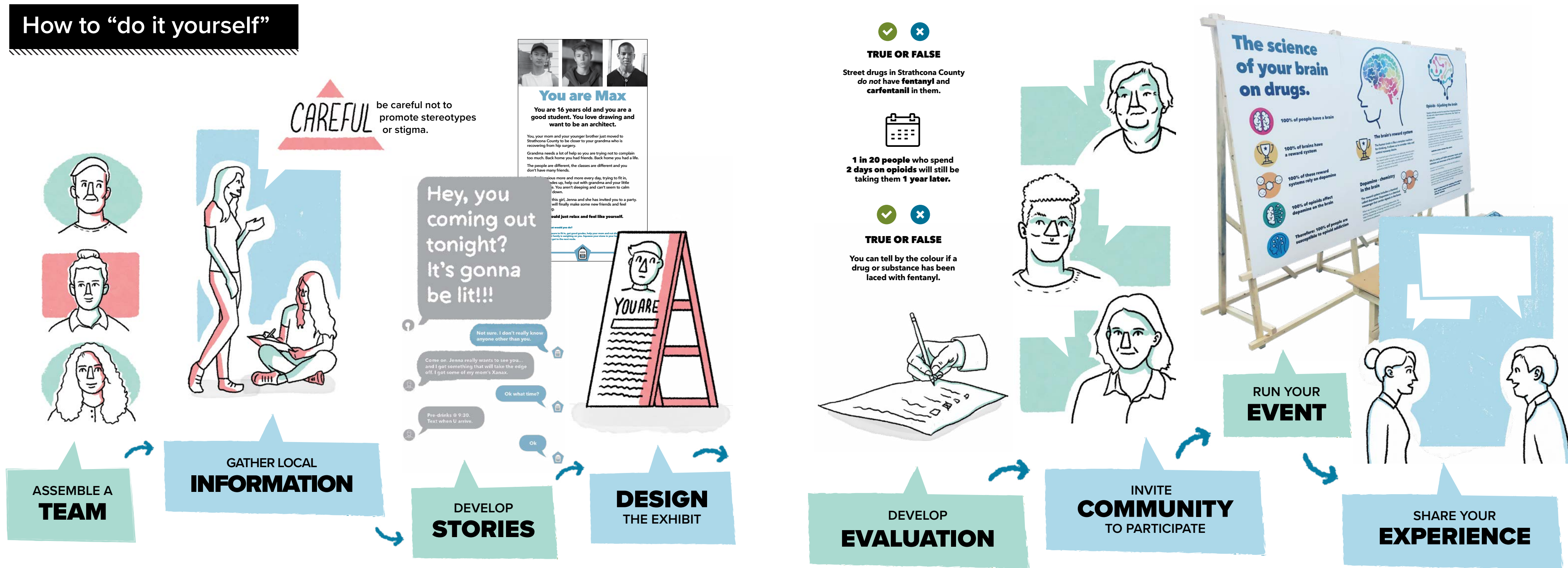
### Community Impact:

Participants shared ways they would take this experience forward - including talking with friends and family, and more actively modeling compassion.

- **94.8%** of participants agreed that **'This exhibit is important.'**

*"If I know someone struggling with opioid misuse I will give them the support and help they need. Life gets hard and some people take life threatening measures. It's okay not to be okay. There are ways to get your life back. The life you want, the life you deserve."*  
- Quote from participant

# How to “do it yourself”





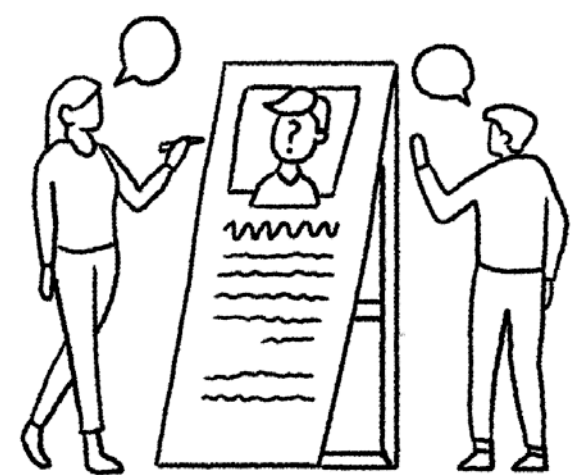
# Assemble a team

Come together with your community partners, identify new ones, and find any experts you might need.

## Adapt our work

The Strathcona County Community Drug Strategy Committee oversaw the project. The Committee has a membership drawn from 16 community partners including Alberta Health Services, the local Primary Care Network, law enforcement staff, the local municipality and grassroots addictions and community organizations.

The design, build and event management was done by staff from the local municipality of Strathcona County working with consultants in industrial design and construction, and exhibit design.



# What happens next is up to you.

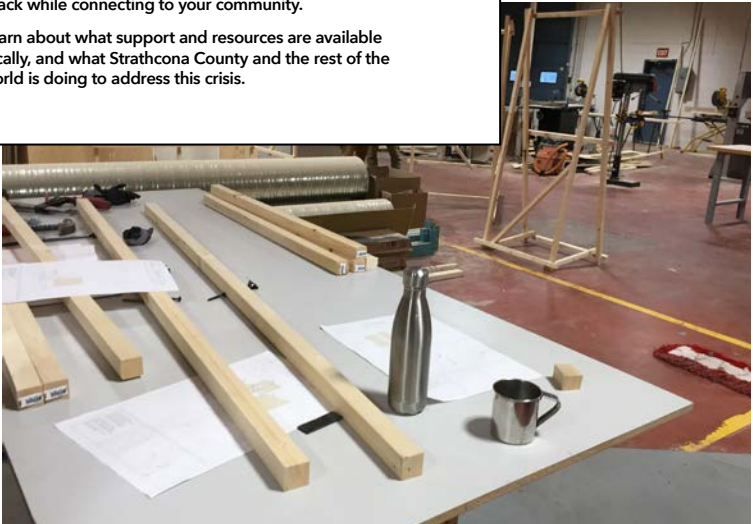


Take a few moments and help write the next chapter for **Max, Natasha or David.**

Thank you for taking the journey with our characters. They are based on lived experiences from people in our community.

Each character's story is different and provides a unique perspective, experience and learning opportunity.

- We encourage you to go through again, and experience a different story.
- Nourish your body and mind with a hot drink and snack while connecting to your community.
- Learn about what support and resources are available locally, and what Strathcona County and the rest of the world is doing to address this crisis.



# Develop your own

Each community will have a different set of partners. You will need a team to oversee your project. For example, you could set up a steering committee. These partners could represent a variety of stakeholder groups. They should bring resources, networks and expertise with them. You will probably need a smaller team to design, build and run your program. You may need experts in topics such as exhibit design, graphic design, industrial design, communications and event management.

## QUESTIONS TO CONSIDER

- Who are the key stakeholders in your organization, community, region and beyond?
- Who might be unlikely collaborators with whom you could extend your reach and inject different perspectives into your project?
- Can you formalize a tribe of champions through a committee and make them active participants in creating your project?

**Note:** In this kit we do not have a section discussing the details of budgets, resources and funding. As with any other project it is critical in the early stages to identify your budget and available resources to allow you to plan appropriately. A fully realized exhibit and event can be a significant investment of time and funds.





# Gather local information

Gather information from current research, reliable statistics, and the experience of local people living with substance misuse. But be careful. It is easy to fall into stereotypes.

# Adapt our work

## Research and statistics

We put a lot of effort into collecting information from recent, reliable research. We looked for the most accurate and reliable statistics we could find. Wherever possible, we used local statistics taken from our local partners, including organizations on our Committee.

High resolution copies of our panels include all the statistics and research references we used. They are available in on request.

## Local experiences

We were lucky to have appropriately qualified staff and partners. They were joined by local people who were willing to share their experience living with substance misuse. Together, the team identified what was common in those local experiences. Their experiences and insights formed the basis for the fictionalized stories of Max, David and Natasha used in the exhibit.



# Develop your own

## Current research

The opioids crisis is an ongoing public health emergency. If you are researching for jurisdictions in Canada, the federal government has several helpful resources a [canada.ca/opioids](https://canada.ca/opioids). In addition, national organizations like the Centre for Addiction and Mental Health ([camh.ca](https://camh.ca)) and the Canadian Centre on Substance Use and Addiction ([ccsa.ca](https://ccsa.ca)) are just two of many organizations in this field with valuable primary and secondary national and provincial statistics.

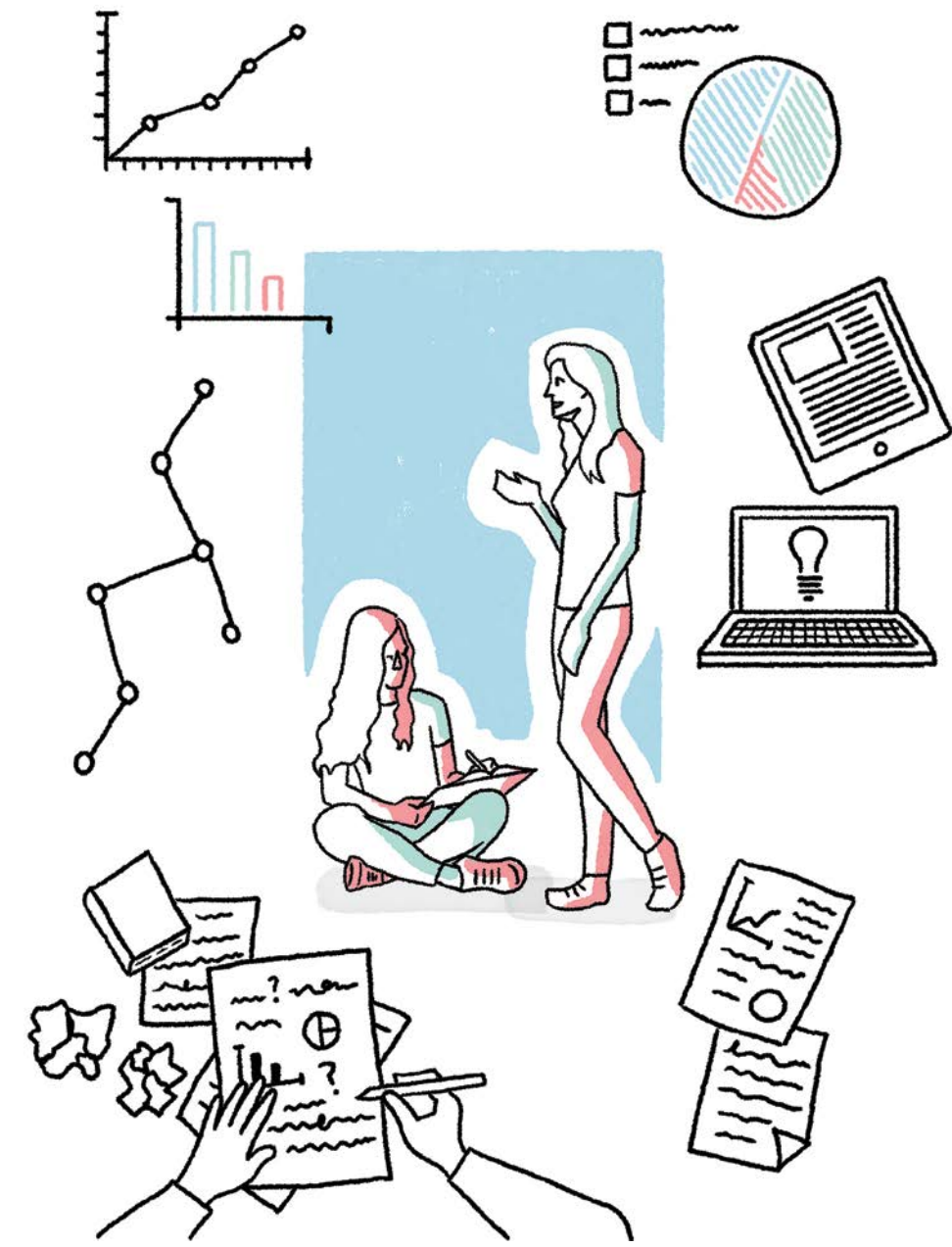
Most provincial governments also have mental health and addictions information publicly available online. In Alberta, smaller municipalities like Strathcona County rely on our provincial Ministry of Health to obtain up to date local statistics. Depending on the size of your community and how your provincial health system is organized, it is good practice to connect with the provincial ministry or department responsible for public health and addictions, to ensure you have accurate data.

## Local experiences

Working with our community partners, we were able to gain access to people living in the opioid crisis and to gain their insight from their personal stories of addiction. Lived experience is the cornerstone of our exhibit and could be helpful to you as well.

## QUESTIONS TO CONSIDER

- How might you determine your data requirements?
- Do you and your community partners have access to the data you will need?
- If you do not have personnel with the credentials to conduct lived experience research, do you have networks with viable access to psychologists, social workers and trained social service administrators?





# BE RESPECTFUL

If you partner with people living with addiction, be sensitive and take precautions to avoid traumatizing or re-traumatizing them.

When you develop stories based on statistics, research or the experiences of people living with addiction be careful not to promote stereotypes or stigma.

## Ethics & stigma

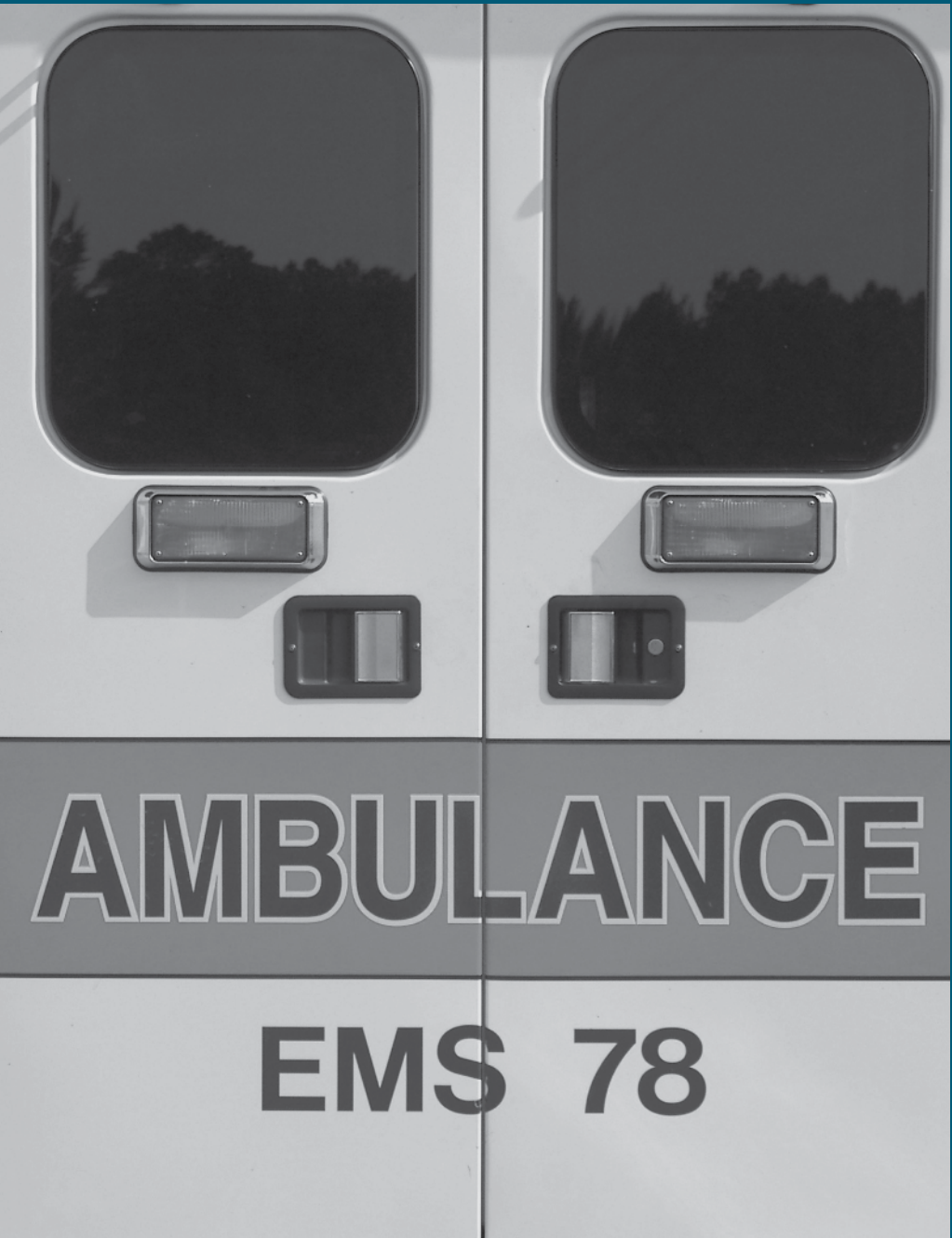
Lived experience is the cornerstone of the stories brought to life through our characters.

If you have the resources and scope to work with those who have lived experience, we recommend engaging with specialists trained to work with vulnerable populations and who use a recognized trauma-informed practice. Examples include, counselling psychologists, registered clinical psychologists, social workers, or credentialed community support workers. The importance of ensuring the rights to privacy, safety, security and dignity of those you might engage are paramount.



If you have fewer resources, you may want to look at the public health data for your local area or region and construct stories or modify our stories on that basis. A risk in doing this is that you can unintentionally create stereotypical characters.

We may base a character on stereotypes of what we think somebody with a substance misuse disorder would do, on the reasoning they use to make their choices, and on what the consequences of their actions might be. Another form of stereotype can come from romanticizing the experience of those living with substance misuse. When creating a fictional story based on real experience, it is important not to add tension or drama that makes for a ‘better’ story at the expense of real experiences. To mitigate these risks, when developing stories take care to limit assumptions about your characters’ behaviours and motivations.












# Develop stories

Make your research come to life by building characters whose experiences tell us what living with addiction looks like.

## Adapt our work

As we worked together to explore their experiences, similarities emerged in the stories of the people who were guiding us. One point of similarity was that each of their experiences eventually reached a point of crisis (e.g., David’s car accident). We structured the stories so they could be told in ‘nodes’, or vignettes that followed the arc of each character. We arranged them so that we could blend facts in with the stories.

As you adapt our work, keep in mind the arc of each character, the concept of nodes, and the mix of facts and narrative. Remember the lessons of, Be Respectful, and avoid reinforcing stereotypes or stigma.



### You are Natasha

**You and your sons have moved to be closer to your mom who is recovering from hip surgery.**

You feel guilty the move takes your boys, Max and Robbie, away from the only home they have known. You know how much they love their grandma and are hopeful they'll feel grounded in family life soon.

Your eldest, Max, has been a huge help with his younger brother and your mom.


Max is feeling guilty for asking so much of him.

You transferred your job as a human resources specialist and have been many long days as you transition to your new role, take care of your mom and help the boys settle in.

**Do you think you made the right choice for your family.**

**What would you do?**

- You have doubt and uncertainty facing your new life. Put a stone in a pocket.



# Develop your own

A key fact is that ‘opioids don’t discriminate’ – characters could be anyone – could be you, or someone you know – common or ‘regular’ people in your community.

Design stories drawing on local statistics and lived experience – what components of lived experience were similar, where were they different?

Avoid excessive drama, stigma or stereotypes, Be Careful.

Apply the principle of vignettes or nodes.

Use different media to tell the story (e.g. simulate a text message exchange between a mom and son).

Allow space to include facts and statistics.

In general, stories should demonstrate how characters can make ‘reasonable’ decisions and, under the pressure of addiction, end up in terrible circumstances.


All stories lead towards a ‘crisis’ node – a commonality in the lived experience of those who were guiding us.

Determining how and where you want to present your character stories in real life, will help you figure out what is desirable, feasible and viable within your budget, human resources and timeframe.

Human beings are wired to connect with stories. As people working to present public health information in a way that has beneficial impacts, the more we can combine known quantitative statistics with the qualitative experience of people living in situations such as the opioid epidemic, the more likely it is our messages will resonate with an audience and can influence change.

### QUESTIONS TO CONSIDER

- Who can help you plot out the stories of your characters in 3D space?
- Where are the individualized and shared key moments in the storylines of each of your characters?
- Based on the stories of each of your characters, what objects need to be sourced to increase the tangibility and interactivity of your participants’ journeys through the exhibit?



Hey, you coming out tonight? It's gonna be lit!!!

Not sure. I don't really know anyone other than you.

Come on. Jenna really wants to see you... and I got something that will take the edge off. I got some of my mom's Xanax.

Ok what time?

Pre-drinks @ 9:30. Text when U arrive.

Ok

Oh thank God, Mom, I have been calling everyone. Have you heard from Max?

Natasha, I need you to stay calm... okay?

What happened? Wrong?

Come home as here. Ambulance.



# Design the exhibit

Design an exhibit that takes participants on a journey, delivers key information, suits your needs and fits your resources.

## Adapt our work

A key innovation of the exhibit is the idea of ‘Walking together’. Can we take participants on a journey from information, through empathy to action? With this in mind, the exhibit can be grouped into six areas.

### Information

Participants were greeted by event staff and invited to complete a pre-event survey. Participants were also given a small glass pebble, to carry with them through the exhibit. With the pebble in their shoe or squeezed in their hand participants were reminded that addiction is a constant presence in the lives of those affected by it. Participants then had an opportunity to review several panels of introductory information about the exhibit and the sScience of addiction. This is a common approach to sharing information about addictions and the opioid crisis.

### Stories

Participants then proceeded to follow the stories of one of three fictional characters. They were invited to assume the identity of the characters. “You are Natasha”. The stories draw participants in to understand that addiction can grow in anyone’s life. The stories help build empathy and reduce stigma.

Through vignettes posted on panels, models of environments such as a car accident or a teenager’s bedroom, and the use of prop objects like hockey skates and drink cans, we brought the stories of these three characters to life.



### Crisis

All stories lead to the crisis node. The node portrays the internal monologues of the characters on hanging strips of paper with quotes, as well as with recorded audio. The node was intentionally designed to be jarring. The crisis node is an emotional component that attempts to share the feelings of those struggling with addiction. Facts and stories are left behind and participants are invited to empathize with the shame, isolation and inner struggle that substance misuse can bring.

### Hope

The exhibit then transitions into a hopeful emotional space with messages of hope and inclusion, as well as welcoming, empathetic volunteers. Participants were given an opportunity to share written messages of hope on a poster board and were invited to fill out a post-exhibit survey.

### Nourishment

The nourishment area provides space for reflection and allows participants to process the experience. We used sofas and tables to make welcoming areas for quiet conversations. We provided warm soup and buns. Volunteers were available to talk to participants. Drawing on a trauma-informed approach we had protocols in place to provide additional, individual supports to anyone who might need them.

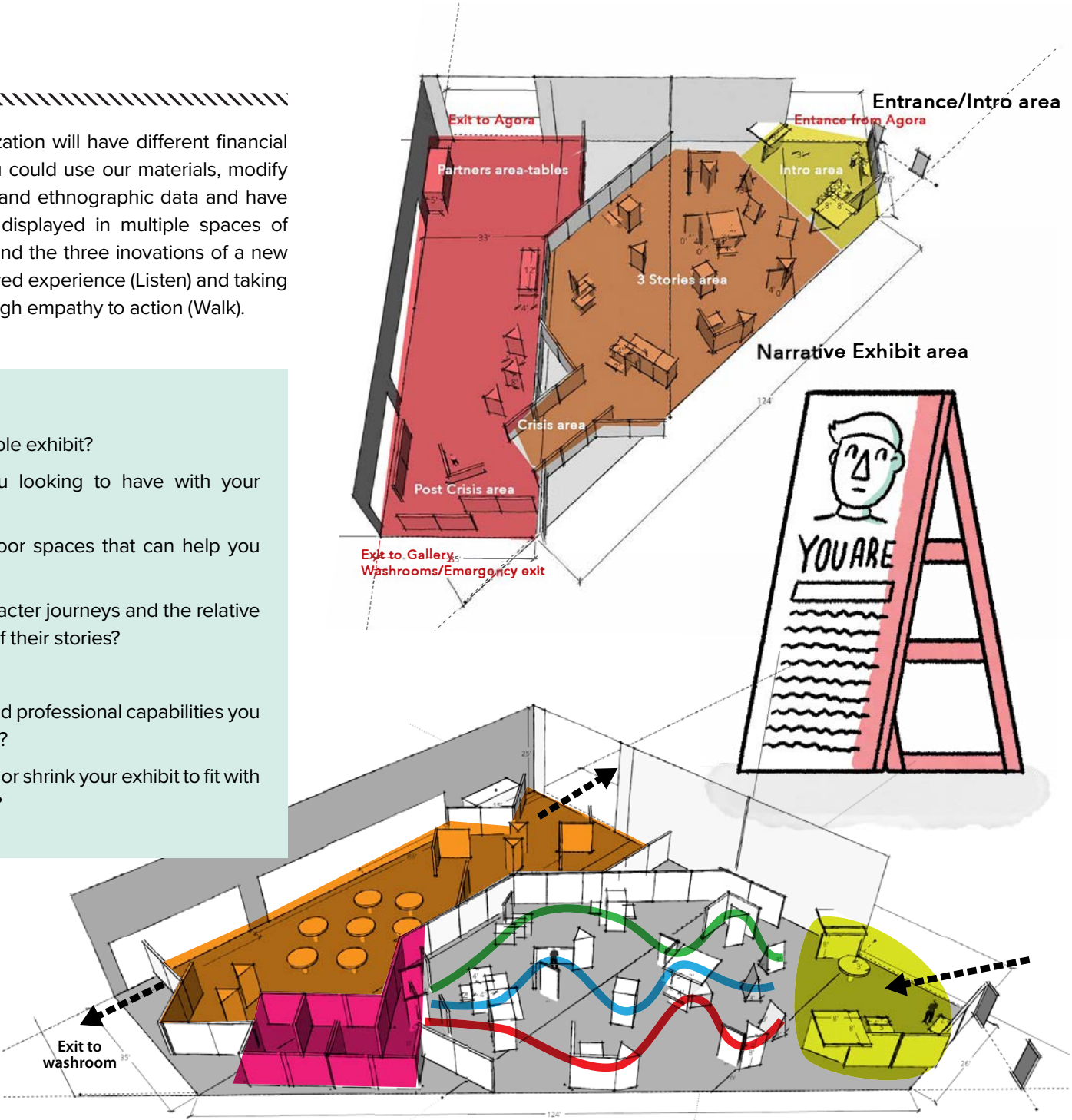
### Action

The final area had information tables from local partners and a Naloxone demonstration station. The area was designed to encourage participants to see actions that are being taken locally, and to be inspired to act themselves.

# Develop your own

Our method is not the only way. Every organization will have different financial and supporting resources and constraints. You could use our materials, modify the information to fit with your local statistical and ethnographic data and have reusable posters created that can be easily displayed in multiple spaces of various sizes. Whatever you design, keep in mind the three inovations of a new mental model (Think), the importance of local lived experience (Listen) and taking participants on a journey from information through empathy to action (Walk).

- QUESTIONS TO CONSIDER
- Are you looking to have a fixed or portable exhibit?
  - How broad of a public reach are you looking to have with your installation?
  - Do you have access to indoor or outdoor spaces that can help you create an exhibit experience?
  - How do you want to lay out of your character journeys and the relative openness/tightness of specific phases of their stories?
  - How much space do you require?
  - Do you know the specialized skill sets and professional capabilities you require to make your exhibit come to life?
  - Is there flexibility in your plans to expand or shrink your exhibit to fit with your access to the necessary resources?





## Walk together

A key innovation of the Opioid's Don't Discriminate: Interactive Exhibit was to take participants on a journey.

### INFORMATION

The exhibit was structured so that as participants entered they were presented with information and facts.

### STORIES

Participants then proceeded to follow the stories of one of three fictional characters. The stories drew participants in to understand that addiction can grow in anyone's life. The stories help build empathy and reduce stigma.

### CRISIS

The crisis node is an emotional component that attempts to share the feelings of those living with addiction. Facts and stories are left behind.

The endings to these stories have not yet been written...

### ACTION

The final section provides opportunities for participants to engage with action through local partners.

### NOURISHMENT

The nourishment area provides space for reflection and allows participants to process the experience.

### HOPE

The exhibit then transitions into a hopeful, emotional space with messages of hope and welcoming, empathetic people, embodying the importance of connection.



# Design evaluation

How did it go? Collect feedback from participants.

## Adapt our work

### Pre-and post-pulse surveys

We asked participants to anonymously fill out impression surveys, before and after their exhibit experience. These captured both quantitative and qualitative data.

We collected basic demographic information then asked a few open-ended and multiple-choice questions to gather impressions about those living with addiction, familiarity with opioids, opioid misuse and attributes that are important to a full and healthy life.

### Interactive emotive responses

In the nourishment area, at the end of the exhibit, the first two things people saw were a smiling volunteer and a large canvas on which participants were encouraged to write words of encouragement and hope, using sticky notes.

We also set up drop polls, where participants could vote for their emotional experience, using small plastic tokens.





**TRUE OR FALSE**

You can tell by the colour if a drug or substance has been laced with fentanyl?



**TRUE OR FALSE**

Opioid overdoses may require more than one dose of naloxone.

## Develop your own

When developing your evaluation methods and the questions you intend to ask participants, think back to the outcomes you are hoping will result from your exhibit.

Remembering why you are creating your exhibit is just as important as how you plan for it to be presented.

Choose a method that you know will reduce the potential for survey abandonment, potential technical downtime and incomplete results.

Keep surveys anonymous to encourage participation.

Keep your questions short, clear and use open-ended prompts.

### QUESTIONS TO CONSIDER

- Does your network include people with skills and experience in survey design and evaluation?
- Can you articulate what type of impact, impressions, changes and other shifts you want to measure in your exhibit participants?
- What kinds of words, phrases and descriptions would help a participant identify how they feel?
- How might you create surveys that will indicate relative changes in participant beliefs – before and after the exhibit – that will help you tell the social impact story?





# Invite community to participate

Use your networks to reach target audiences.

## Adapt our work

### Find your usual suspects and get them involved

Our committee has close relationships with local and regional school boards, law enforcement and emergency services, community organizations and non-profits.

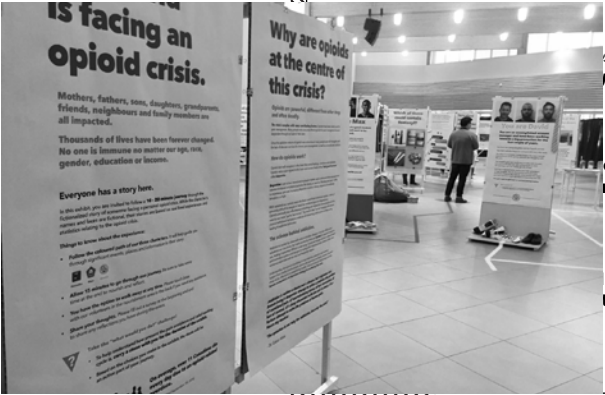
Reach out to your closest stakeholders, to encourage them to bring their students, staff and members to your exhibit and to spread the word through your campaign.

### Campaign to bring in the unusual suspects

Addiction and the opioids crisis do not discriminate in those whose lives they affect. Don't discriminate in who you target in your campaign outreach.

We were able to get on local tv news, magazines, radio, and made use of social media and our networks to cast a broad net.

Regardless of size, your organization has more reach than you might think.



## The science of your brain on drugs.



100% of people have a brain



100% of brains have a reward system

Use reward on dopamine

Opioids affect the brain

100% of people are to opioid addiction

## Develop your own

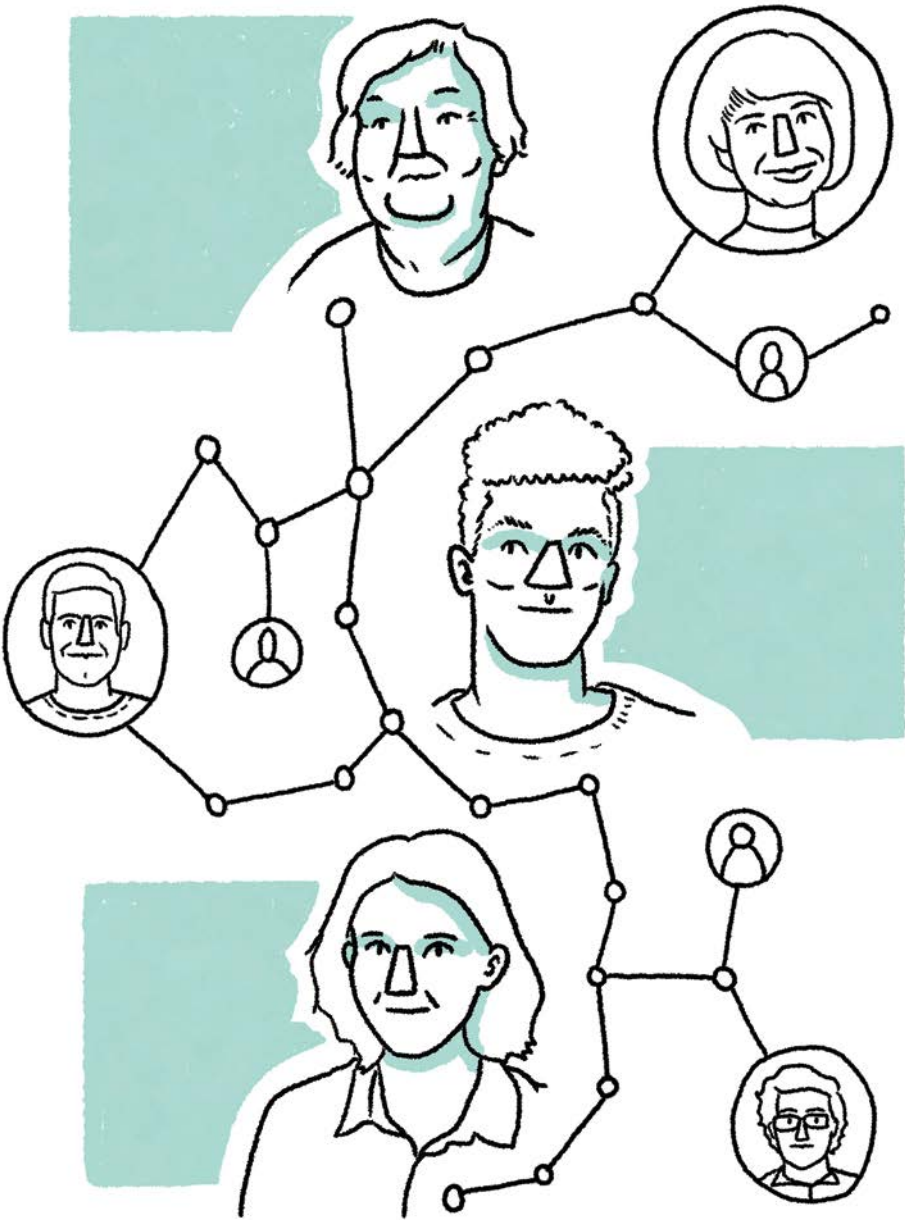
You know the why of your exhibit, now tell people and inspire them attend and tell others they should come too.

Take stock of your immediate, intermediate and distant networks and figure out who and where the best people and nodes exist to help you get your messages out there.

Don't be afraid to appeal to groups who would not appear to be interested or supportive of your exhibit – changing perspectives is the power of this type of project.

### QUESTIONS TO CONSIDER

- What is your message and how do you want to frame it?
- Who is in your immediate network to help you attract your first 100 visitors?
- Who, within that network, will help you get the next 500 participants?
- What are the calls-to-action you want to use to motivate and inspire people to volunteer for, attend and tell their networks about your exhibit?
- What local media – mainstream and online – can you tap to support getting your messages out?





# Run your event

This is it! Plan and run your event.

## Adapt our work

### Define the core elements of your event

We planned a four-day event, beginning with a kick-off ceremony that with notable speakers such as our Mayor, local Member of Legislative Assembly, a leader of a local Indigenous organization (Treaty 6) and speakers from community groups like Moms Stop the Harm.

Our team knew in advance when we could expect large scheduled groups of people such as students from local schools and ensured that we had a full complement of staff to welcome, orient, distribute and collect surveys and provide organized visits of the exhibit.

Catering was provided by an on-site restaurant and served by our volunteers in the nourishment area.

### Basic event management is key

Our team planned well-ahead of our event and made sure that budget, A/V, catering, staffing and scheduling were known going into the event.



## Develop your own

End-to-end logistics are vital. If you are new to managing events, there are many resources available through a quick Google search. Our event followed a plan closely resembling the following available from Wild Apricot:

1. Develop your event goal and objectives
2. Organize your team
3. Establish your budget
4. Create an event master plan
5. Set the date
6. Book your venue
7. Brand your event
8. Identify and establish partnerships & sponsors
9. Create a publicity plan
10. Determine day-of processes

Bonus: Post-event review

### QUESTIONS TO CONSIDER

- How closely will you mirror the event planning in your project development documents? (Hint: this can save you lots of time when it gets close to the event itself)
- Where are the gaps in your team? Do you need additional capabilities and skill sets to run a successful event?
- Can you imagine writing your day-of processes like a script that follows the agenda and flow of your exhibit?





# Share your experience

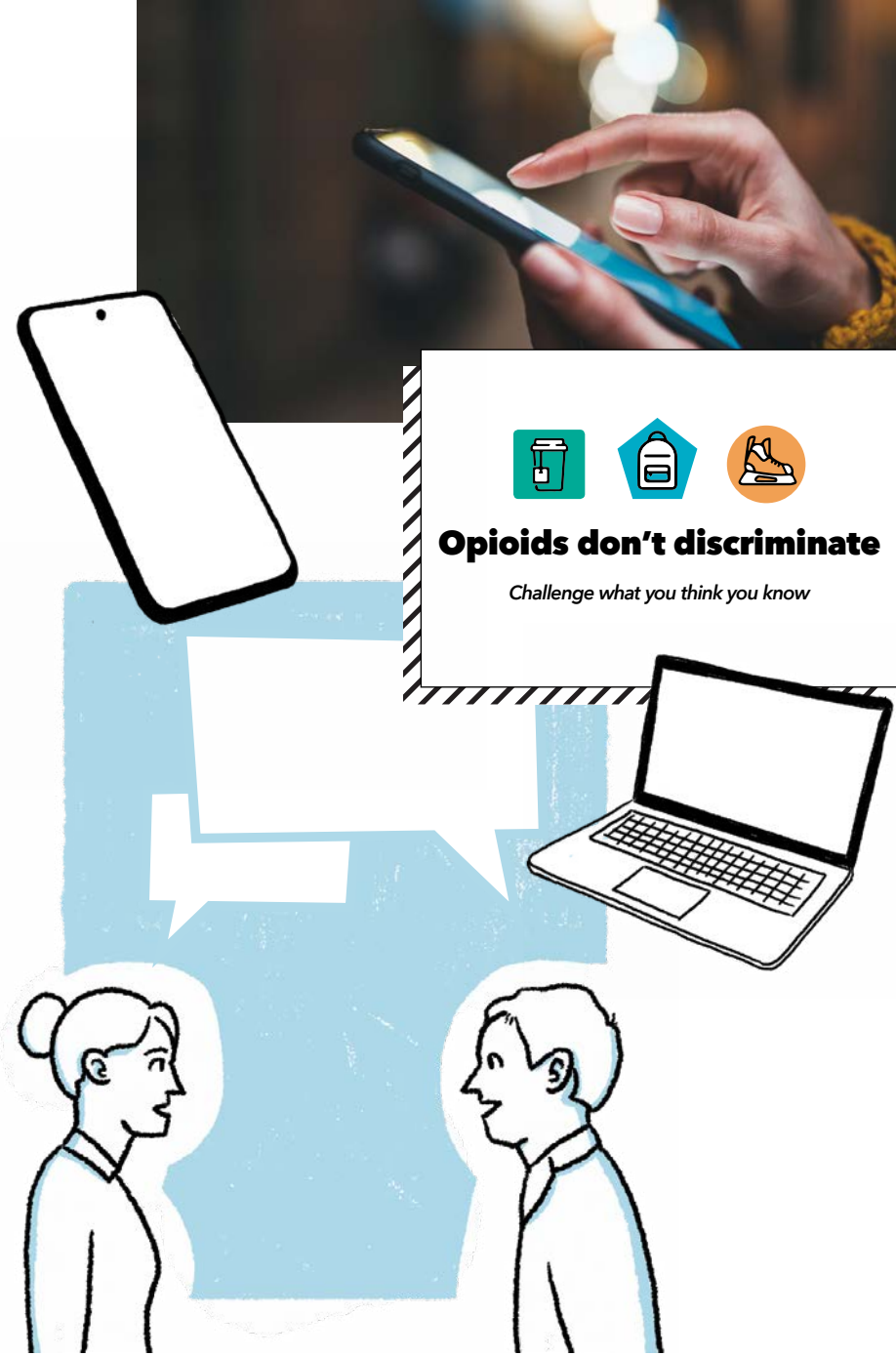
Share your experience with us and others through #DIYKitSC on Twitter and Instagram and email us with your stories at [social.action@strathcona.ca](mailto:social.action@strathcona.ca) to be published on our DIY Kit webpage.

## Show your work

We would love to see how you created a public health information campaign in your community.

It is amazing what we can accomplish when we embrace curiosity, surround ourselves with people keen to make a difference, and share each of our ways of knowing and doing.

So, let's get to it! Tag us on Twitter or Instagram with #DIYKitSC and email us at [social.action@strathcona.ca](mailto:social.action@strathcona.ca) with your stories of how your community looked to increase empathy and reduce stigma.



## Conclusion

The Opioids Don't Discriminate Interactive Exhibit had three goals. First, the exhibit was designed to help participants learn about opioids, substance misuse and the opioids crisis. Second, the exhibit was designed to reduce stigma and encourage empathy for those living with the impacts of substance misuse. Third, the exhibit was designed to inspire participants to act. What steps can I take in my community?

To achieve these goals, we based our exhibit design on three innovations. First, what if we think differently about addictions? With a different mental model can we move from addiction to connection, from stigma to compassion, from isolation to inclusion and from shame to acceptance? Second, what if we listen to those who are living with substance misuse? Can we ground our exhibit in the lived experience of people in our community? Finally, what if we walk together? Can we design an exhibit that takes participants on a journey from facts, through stories and emotion, to hope and action?

This do it yourself kit lays out steps and considerations to guide you as you design a project or exhibit. It is based on our journey and experience as we designed and delivered ours. It describes the approach we took, and the lessons we learned. We hope it will inspire your work to make a difference in your community.

For additional resources and details, or if you use this guide to help you design an exhibit, feel free to connect with us.

