# The opioid crisis and Canadian public libraries:

# Before and during COVID-19

by

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## Dedication

To the people of the Dartmouth North Public Library who taught me what a community library is and sparked a passion in me to learn more.

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## Abstract

This pilot study examines the impact of COVID-19 and the opioid crisis on Canadian public libraries. Views on these issues were gathered using a mixed methods process including a survey of Canadian library workers and interviews with library management. Survey data was tabulated, interviews were manually transcribed, and open-ended survey questions and interview responses were manually coded to identify general themes related to topics such as naloxone, training, programming, staff resiliency and the impact of COVID-19. This research brings attention to the impact of external forces such as government and insurance providers in responding to a health crisis. Communication between frontline staff and management, relationship building between library staff and vulnerable library users, and changes in training and hiring practices may enable libraries to better serve community members. Further research will need to be done to draw direct correlations between the responses of frontline staff and management about this topic.

## List of abbreviations used

AA- Alcoholics Anonymous

ARF- adjusted relative frequency

FDA- United States Food and Drug Administration

NA- Narcotics Anonymous

OUD- opioid use disorder

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## Chapter I: Introduction

I practically squealed with delight when I saw Paul[1] outside the library last July. During lockdown there was a homicide in the neighbourhood of the library I worked at, and the victim matched his description. Even though I couldn't find his name when I scrolled through the obituaries, I was incredibly sad. I wondered, was he so far gone that his family didn't want to acknowledge his loss? Although Paul is not always his best at the library, I like him a lot. He is always polite (unless he isn't feeling well), nice to chat with and has a wicked sense of humour. That evening when I saw Paul, I told him I was thrilled to see him, and he started crying. Things weren't going so well for him. Since I have known Paul, he's struggled with drug misuse, making so many missteps. On that hot summer day, he was homeless. My shift was done for the day, but I couldn't leave him in that state. We dropped off my stuff to my car, and then we went back to the library to see if we could get him some food and figure out his next steps.

When I first started working in public libraries in 2016, I did not realize I would be serving all sectors of society, including those experiencing addictions. I did not fully comprehend the weight of serving community members from all walks of life. Some of the community members I met professed to me their struggles to stay clean and sober; others were more private about these matters. One mom, with whom I felt a strong connection— we would talk politics, breastfeeding and

[1] This is not his real name.

cooking— is particularly memorable for me because she changed so much during COVID-19. The summer of 2020, when we emerged out of lockdown, she came out a different person. I expressed concern about her to my colleagues. No longer bright-eyed, she slept in the library stacks, getting smaller and smaller, her child playing absently on the computer. Sometimes she would disappear and come back quiet, with wrap-around shades hiding her eyes. She barely spoke to me anymore, and, homeless, she eventually lost custody of her child. It became very apparent she was using drugs again when her family called my colleague, looking for her because she had disappeared. I began dreaming of her, finding her unconscious in the stacks—I'd run through the branch, crying because I couldn't help her. This was not the first time I'd dreamed of community members who use our library, and it would not be the last. The dreams come in waves—like the losses.

My work at public libraries offers me an intimate perspective of the realities of public librarianship. This thesis project began for me when I realized my MLIS degree would not always dig deep into the personal experiences of a library worker[2]. In the fall of 2018, I became very emotional in one of my courses when my professor gave my class a scenario about a patron asking for information related to suicide; this hypothetical situation had been a reality for me and my colleagues. Just two months earlier we had lost a library community member to suicide. I regretted not doing more for this person; my last conversation with them was about where to find a fax machine to send government forms—in hindsight I wished I'd given them

[2] Please note, Dalhousie University offers courses that are very practical such as "Community-Led Services" which explores some of the complex issues librarians may encounter.

more options. These experiences led me to take a self-directed reading course that focused on drugs and libraries. It may seem like the two do not belong together, but it became apparent to me there was a connection when I found myself answering questions from some community members about where to go for help when they confessed to me that they were trying to "stay clean".

In conducting a literature review for my self-directed reading course in the Fall of 2019, I found the opioid crisis was dominating the literature. I was not surprised by this because at the time the opioid crisis was becoming a pressing topic for my colleagues. Specifically, my employer, Halifax Public Libraries, in partnership with the Nova Scotia Health Authority, was rolling out staff training on naloxone, an opioid overdose antidote. I noticed some of my colleagues were uncomfortable with the idea of having to administer naloxone, but they became less apprehensive after they got the training. In my literature review I found that current research about the opioid crisis and libraries focused on institutions situated in the United States; peer-reviewed research about how libraries are responding to the opioid crisis in Canada was absent in the academic literature.

Coinciding with the opioid crisis is the global COVID-19 pandemic. In March 2020, during the first wave of COVID-19, in a collective effort to 'flatten the curve' of rising cases, many libraries from across Canada closed their doors to the public. During COVID-19 closures, many public libraries continued to reach community members through virtual programming; however, as a library worker, I wanted to

understand how libraries could connect with vulnerable[3] community members who may not have internet access, such as those experiencing homelessness and addictions. I also wanted to know how libraries would continue to serve these community members when libraries physically reopened.

COVID-19 forced me to pause and rethink how I wanted to approach this thesis. Specifically, the initial purpose of my project was to examine how libraries responded to the opioid crisis. However, COVID-19 changed the paradigm I was working within and made me reframe my project to examine how libraries responded to the opioid crisis leading up to COVID-19, and how COVID-19 has changed and shifted their approach to this issue. To understand what has happened, I surveyed library workers from across Canada and interviewed four staff members in leadership positions at three institutions. In Chapter II of my thesis, I provide a brief background of the opioid crisis in North America, how libraries in the United States are responding to the crisis and we will also position Canadian libraries in this conversation. Chapter III discusses the methods I used, including the study population, inclusion criteria, participation numbers and data analysis. In Chapters IV and V, I share the survey and interview results respectively. Chapter VI offers a

[3] Evidently, near the end of my thesis I realized that identifying people as "vulnerable" may be problematic simply because it attaches a negative connotation or label. Perhaps it would be better to phrase this as "community members who experience vulnerabilities", however, for the clarity of my writing I will continue to use the term "vulnerable community members". Have no doubt, though, if an individual is experiencing homelessness, unemployment, health challenges, etc., they are vulnerable—and potentially at a great risk for experiencing further adversity. However, they are also resilient, brave, strong, humorous, and kind—and these are the words I use when interacting with them. In conversation, when I explain to others the work I do, I have also adopted the phrase "community members with complex lives"; I've taken this wording from a colleague, and it perfectly captures some of the community members I have had the privilege of meeting.

discussion related to the data collected, and Chapter VII presents the conclusion along with study limitations and next steps.

Thanks to the participation of library workers from across Canada, this project provides a glimpse at some of the challenges they experience. It also presents some solutions that have been implemented in response to the opioid crisis and COVID-19. This information offers insights into how libraries can connect with vulnerable communities when library spaces are physically closed and how to respond to a health crisis in general. Finally, the stories that are shared in this project illustrate that public library workers are not just information providers, but they are also people who build relationships with community members in complex situations.

This project is deeply personal for me. I work at a public library and meet with community members daily who are on their own journeys through addiction and recovery. For many of my community members, libraries are sanctuaries that support sobriety. For others who are struggling and have burned bridges with family members and friends, libraries may be one of the few places left that provide them with a positive connection to other people; we may be the only ones who still accept them as they are in their current circumstances, and who welcome them back, day after day. However, as libraries meet the needs of community members, there is also an underlying tension between those who are experiencing drug dependency and other community members who are using the space. Sometimes library staff must enforce the rules to ensure the health and safety of everyone, and this can be extremely challenging for all those involved: from the enforcer (the

library worker) to the community member who is experiencing drug dependency, to the other library patrons who are witnessing these difficult situations. As a library worker, I have witnessed the toll addiction and the opioid crisis have had on the lives of community members. Combined with COVID-19, the opioid crisis has been devastating for many. My hope is that through this research, I can do better at serving *all* community members.

### 1.1 A note about person-centred language

It is important to acknowledge the stigma surrounding addiction. As such, wherever possible, person-centred language will be used in my thesis to ensure community members are recognized as individuals (Badalamenti & Hardy, 2019). For example, instead of labeling a community member as a "drug addict", they will be identified as "a person experiencing drug addiction" or a "a community member experiencing opioid use disorder (OUD)". This helps ensure they are recognized as a human being, and acknowledges addiction is a medical condition that should not solely define an individual's worth.

## Chapter II: Literature review

The numbers are telling—deaths due to opioid use are growing, and Canada is in the midst of a health epidemic. A public health emergency was declared by British Columbia's provincial health officer Dr. Perry Kendall in April 2016, due to a dramatic rise in drug overdoses and an increase in the illicit drug fentanyl (Ministry of Health, 2016). That year on average there were more opioid-related deaths than car accidents the year before (Belzak & Halverson, 2018, p. 224). This health epidemic prompted the "Opioid Summit" in November 2016, organized by Health Canada and the Ontario government, which resulted in the report, "Joint Statement of Action to Address the Opioid Crisis: A Collective Response" (Canadian Centre on Substance Use and Addiction, 2017). A list of 202 commitments in response to the crisis were developed, with input from stakeholders including professional health associations, government and policymakers. The commitments include knowledge sharing and communications initiatives.

However, due to the complexity of the issue, the numbers of those affected by opioid misuse continues to grow. From 2016 to 2018 there was a nearly 52% increase in opioid-related deaths in Canada (Government of Canada, 2019, as cited in Weigand et al., 2022). In 2019, numbers for total apparent opioid toxicity deaths[4]

[4] Canada's Public Health Agency defines an apparent opioid toxicity death as "A death caused by intoxication/toxicity (poisoning) resulting from substance use, where one or more of the substances is an opioid, regardless of how it was obtained (e.g. illegally or through personal prescription). Other substances may also be involved. Data on apparent opioid toxicity deaths and stimulant toxicity deaths are not mutually exclusive. A high proportion of deaths involving a stimulant also involved an opioid. Adding up those numbers would result in an overestimation of the burden of opioids and stimulants" (Special Advisory Committee on the Epidemic of Opioid Overdoses, March 2022, para. 6)

were 3668, and in 2020 these numbers nearly doubled at 6306 deaths; data collected from January to June 2021 is holding steady with 3515 total apparent opioid toxicity deaths (Special Advisory Committee on the Epidemic of Opioid Overdoses, December 2021). “British Columbia reported an 132% increase in illicit drug overdose fatalities in June 2020 compared to those one-year prior” (BC Coroners Services, 2020, as cited in Wiegand et al., 2022).

Canada is not alone in this health crisis. The United States declared a national public health emergency under the Public Health Services Act in October 2017 (Coleman & Connaway, 2019, p. 43). “In the first half of 2020, deaths from drug overdose in the U.S. increased by 13% compared to 2019, with some states even seeing a 30% increase” (Katz et al., 2020, as cited in Weigand et al., 2022).

As institutions that strive to serve vulnerable community members, including individuals suffering from addictions and drug dependencies, libraries have had to navigate this situation. This literature review focuses on some of the factors that contributed to the opioid crisis in North America and how libraries are responding to it today. It also discusses the impact of COVID-19 on community members who are experiencing opioid use disorder (OUD).

### 2.1 A brief background on the opioid crisis in North America

In the 1990s medical professionals began to view pain as the “fifth vital sign” in addition to blood pressure, heart rate, respiratory rate, and temperature (Meier, 2003; Macy, 2018). Suddenly there was a need for physicians to alleviate patient pain, and pharmaceutical companies met this demand by designing opioid-based

pharmaceuticals. This scenario is described by authors Meier and Macy who trace North America's journey towards the present-day opioid crisis; they specifically identify how the drug OxyContin affected rural communities in the United States. Created by Purdue Pharma, a company owned by the Sackler family, the drug was falsely touted as non-addictive for its slow-releasing properties. Through an aggressive marketing campaign aimed at both physicians and the public, the drug quickly brought fortune for the Sackler empire, not only because it was effective but also because it was addictive (Macy, 2018; Meier, 2003, 2018). As a result of Purdue Pharma's marketing campaign and misinformation about OxyContin's addictive qualities, communities from across North America were primed for the current opioid epidemic.

A shift in how people view pharmaceutical drugs may be another cause of the current opioid crisis. Anna Lembke, a medical doctor and author, discusses society's pervasive attitude that drugs offer a "cure" and "normalize" an individual (Lembke, 2016). This may speak to why individuals try opioids without hesitation. Unfortunately, they are highly addictive. For an individual experiencing opioid addiction, "dopesickness" is a common ailment, which includes severe withdrawal symptoms such as nausea and sweats (Macy, 2018). Added to this potent mix is the recent rise of fentanyl, a cheap drug which is twenty to forty times stronger than heroin and one hundred times stronger than morphine; according to Health Canada, "A few grains can be enough to kill you" (Government of Canada, 2021). Drug dealers may mix fentanyl with other drugs such as heroin and cocaine because it is tasteless and odorless. Because it is extremely potent, it can be deadly for an

unsuspecting individual who is trying to fend off "dopesickness" and uses these drugs to alleviate their pain. This scenario further adds to the complexity of the opioid crisis within communities.

Early literature indicates an information gap about the impact of opioids on the lives of individuals. Historically, there has been a lack of awareness in the medical community as well as the public about the addictiveness of drugs such as OxyContin (Lembke, 2016; Macy, 2018; Meier, 2003, 2018). This myth was perpetuated by Purdue Pharma which falsified studies and used their influence to have the drug passed by the FDA (Meier, 2003, 2018). By the time health care providers realized how problematic opioids were, a health crisis had hit communities across North America.

Besides mortality, Morin et al. (2017) outline some of the costs of OUD in Ontario. For example, they cite a report from the Kingston Frontenac and Addington Public Health Unit which indicated "emergency department visits increased from 9.42 per 100,000 population in 2003 to 19.55 per 100,000 population in 2015" (2017, p. 4). They continue,

> "Social costs in the form of loss of productivity, violence, and links with crime can also be associated with substance use, and these factors can result in overwhelming economic burden, as described in the World Health Organization. Additionally, OUD and substance use is often associated with poverty and social exclusion, and can lead to acute and chronic health problems. OUD is often correlated with injection drug use (IDU), which is

closely related to communicable diseases such as HIV, Hepatitis B, and Hepatitis C through the sharing of needles and high-risk sexual behaviors." In Canada, of those affected by OUD, males (65%) and individuals aged 20 to 49 years (58%) have been most hit by the crisis according to Canada's Special Advisory Committee on the Epidemic of Opioid Overdoses.

### 2.2 Libraries and the opioid crisis

Drugs have always been a part of society; however, the opioid crisis may be the first time in history when libraries have had to confront drugs head on. The opioid crisis has permeated all aspects of society in North America, including rural and urban communities, and adults and children (whose caregivers may be experiencing OUD). Libraries in North America are in the midst of responding to the opioid crisis and as a result, there has been little time for academic research about how libraries are responding to the crisis. Some librarians are beginning to share their experiences with the opioid crisis; however, the voices of many on the frontlines are missing.

It is not surprising libraries and library workers have taken on the opioid crisis. From welcoming newcomers, discussing LGBTQ+ rights, and tackling illiteracy, libraries have always been on the forefront of social issues. This mandate is reflected by the American Library Association, which identifies social responsibility as a core value of librarianship. They state, "The broad social responsibilities of the American Library Association are defined in terms of the contribution that librarianship can make in ameliorating or solving the critical

problems of society" (American Library Association, 2019). Library workers may also be motivated to address the opioid crisis because they have witnessed it firsthand in their communities, and they may wish to support the safety and security of their community members through programming and outreach activities. Finally, the accidental overdose of a community member on library premises may be traumatizing for library staff and users, damage an institution's reputation and cause negative perceptions. It is in the best interest of libraries to mitigate this risk.

Current research available about public libraries' responses to the opioid crisis exclusively addresses the situation in the United States. This includes the project "Public Libraries Respond to the Opioid Crisis with Their Communities", an initiative supported by the Institute of Museum and Library Services, the American library cooperative OCLC, and the Public Library Association (American Library Association, n.d.). The project, which ran from October 2018 to December 2020, aimed to "identify, synthesize, and share knowledge and resources that will help public libraries and their community partners develop effective strategies and community-driven coalitions that work together to address the opioid epidemic in America" (WebJunction, 2019). Two webinars, including "Opioid Crisis Town Hall: Library Needs and Responses" on September 12, 2017 (Christman et al.), and "Public Libraries Partner to Respond to the Opioid Crisis" on October 30, 2019 (Silipigni Connaway et al.), were hosted during the project. The project also shared case studies (Coleman & Connaway, 2019; OCLC, 2019; Allen et al., 2019a, 2019b), and a call-to-action report (Allen et al., 2020) and hosted the Facebook group

"Libraries and the Opioid Crisis", which is still ongoing. This project identified how U.S. libraries were responding to the opioid crisis through programming, partnerships and knowledge sharing. The project also talked about reducing the stigma surrounding the crisis.

"Public Libraries Respond to the Opioid Crisis with Their Communities" prompted research by Real and Bogel, specifically their two-part study published in 2019. Real and Bogel sought librarians who were already vocal about the crisis to gain further insight into how their institutions were responding to it. Common themes related to the opioid crisis and libraries that emerged in these research articles, along with other articles in professional journals and news sources, include:

- Space issues and how to mitigate drug use within a library setting (2.2.1);
- Naloxone training for staff and community members (2.2.2);
- Knowledge gaps and misinformation surrounding the opioid crisis, OUD and opioid overdoses (2.2.3);
- Trauma-informed approach in library settings (2.2.3.1);
- Partnerships and outreach to respond to the opioid crisis within communities (2.2.4); and,
- Programming (2.2.4.1).

I have identified in brackets where these topics are found in the rest of this chapter. The following sections provide a more in-depth exploration of these topics.

### *2.2.1 Space issues*

Public libraries strive to create friendly, welcoming and inclusive spaces for everyone. As a library worker I have observed this first-hand. All community members can use library resources; however, an unintended consequence of this principle is that some community members use library facilities for illicit drug distribution and use. A 2016 news article in the *Calgary Herald* reads, "Police target drug dealers at library; 128 charges laid during sweep of high-profile downtown spots" (Logan, 2016). The article continues to describe drug trafficking that took place outside of Calgary's main downtown branch. Although this article points to social issues happening in Calgary, it also illustrates how libraries may directly encounter these issues in their spaces anywhere in Canada.

Inside a library space, the public may witness drug use by other community members first-hand. This is discussed by columnist Tiffany Paulsen, who is critical of open drug use in bathrooms at a Saskatoon public library in an op-ed piece published in the *Saskatoon Star Phoenix* (2018). Paulsen's article illustrates the challenges libraries experience when serving all community members. At the time of this review, there was no data on how often drug trafficking and illegal drug use takes place within libraries. However, drug trafficking and drug use on library premises was acknowledged in much of the literature. To mitigate drug trafficking some libraries lowered shelves (OCLC, 2019, p. 3), moved furniture, changed sight lines, and turned off the wi-fi at night when the library was closed (Real & Bogel, 2019b, p. 277-280). These low-cost solutions may make spaces less enticing for illicit activities but also may negatively impact community members who are not

involved in the drug trade. For example, some community members use a library's wi-fi at night to access entertainment, seek employment or complete schoolwork[5].

Safe needle disposal and drug use in bathroom facilities was discussed repeatedly in the literature (Allen et al., 2019a; Ford, 2017; Freudenberger, 2019; Real & Bogel, 2019b). Sharps disposal lock boxes can be used by community members to dispose of drug paraphernalia, but also equipment and needles required for the management of common medical conditions such as diabetes (Real & Bogel, 2019b, p. 280). Not all libraries have lock boxes for sharps disposal, but some libraries are planning to have them installed in their public bathrooms because they are necessary for community members to safely dispose of needles (Allen et al., 2019a; Real & Bogel, 2019b). In fact, in a survey of seven U.S. library systems, only one had a public container for sharps disposal; and some institutions only had sharps disposal containers available for staff use because the library trustees did not want them available for public use (Real & Bogel, 2019b, p. 280).

Bathrooms are one area of public libraries that are heavily scrutinized in terms of drug use. Libraries have tried many approaches to deter drug use in bathroom facilities including bathroom monitoring. The Denver Public Library closed some bathrooms to make it easier to supervise their use (Freudenberger, 2019, p. 26). The McPherson Square Branch of the Philadelphia Free Library attempted to have community members provide identification to staff to access

[5] Anecdotally, I have observed this at the end of evening library shifts. Community members hover around my library's exterior, their faces aglow in the dark as they watch their screens for entertainment. I have also encountered youth outside my library at 8:30 AM before the doors open at 9 AM, accessing the free wi-fi so they could attend online school.

bathrooms, but this was not a sustainable practice. Now the Philadelphia Free Library works with a local non-profit that provides volunteer bathroom monitors who identify and time bathroom users (Ford, 2017, p. 47). However, this surveillance seems very intrusive. Steve Albrecht, a library security consultant, recommends installing cameras outside of bathroom doors to deter drug use (Ford, 2017, p. 48). These strategies highlight the conflict between giving library community members freedom and autonomy while mitigating risk and ensuring safety.

Although there are many ways to modify bathroom spaces, the literature indicated libraries rarely alter bathrooms physically, perhaps because of financial constraints. However, some institutions made physical modifications to bathroom facilities. The Everett Public Library in Washington state lowered stall doors and added windows to the main doors of bathrooms (Allen et al., 2019b, p. 22). Two articles in professional journals discussed the option of installing blue lights in bathroom facilities. Blue lighting makes it harder for individuals who use drugs intravenously to locate a vein on themselves for injection. However, these articles did not recommend this strategy because an individual experiencing drug dependency will likely still use, regardless of any alterations to a physical space. As well, while using drugs in blue light there is the risk an individual may damage their veins, spread infection, or hit an artery (Ford, 2017; Freudenberger, 2019). The literature also recommends having multi-stall bathrooms instead of single stall bathrooms to ensure an individual is never alone and thus putting the onus on other community members to keep an eye on bathroom users (Real & Bogel, 2019b, p.

278). It is also recommended to have bathroom doors open outward rather than inward (Ford, 2017, p. 49). This will ensure library staff can easily enter if an individual is experiencing an overdose and passes out in a bathroom.

These space issues identify the tension between surveillance and safety, information access and limitations, and assumptions about how community will respond to drug use in public spaces. It also illustrates how the role of library workers has changed; they are no longer confined to the stacks, but expected to patrol spaces, including bathrooms, to ensure the safety of community members. It also shares an assumption that spectators will intervene and get help if there is an incident in a public space such as a communal bathroom. The information shared is specific to U.S. libraries; how Canadian libraries mitigate the risk of drug use in library spaces is yet to be determined.

### *2.2.2 Naloxone and staff training*

In Canada, government agencies have implemented a four-pillar approach to addressing drug addictions: law enforcement, prevention, treatment and harm reduction (Lupick, 2018). Of the four strategies, libraries are most involved with providing information and services related to prevention and harm reduction. Harm reduction strategies acknowledge how challenging it is for an individual to stop using drugs; rather than implementing a zero-tolerance policy, harm reduction tries to make drug use safer. Examples of harm reduction initiatives include safe injection sites, needle exchanges, and the administration of naloxone. Naloxone, which is also known by its brand name Narcan, is a temporary antidote that reverses an opioid

overdose until paramedics arrive on the scene. Depending on the type of naloxone, it can be sprayed into the nostril or injected in the arm or upper thigh. The antidote will only work if an individual is experiencing an overdose, and is otherwise harmless (Nova Scotia Health Authority, 2019).

Although never passed in the United States, the Life-Saving Libraries Act, a bill introduced in 2017 by Congressman Sean Patrick Maloney of Middleton, New York, would have provided librarians with federal-level protections to administer naloxone, and funding for libraries to pay for the drug and staff training (Real & Bogel, 2019a, p. 262). The Good Samaritan Act, a law consistent in Canada and the United States, has been included in communication strategies to encourage community members to use naloxone (Ontario Library Association, 2018; Real & Bogel, 2019a). In Canada this law offers "some legal protection for individuals who seek emergency help during an overdose" (Health Canada, 2019). For example, if an individual administered naloxone and called 911, they may be exempt from charges if illicit drugs are at the scene of the incident.

Providing library staff with naloxone to administer to the public has not been a universal approach. The location of a library branch and its proximity to emergency services as well as the response time of emergency services are factors that determine if a library would stock naloxone (Christman et al., 2017; Real & Bogel, 2019a). For example, Ohio's Public Library of Cincinnati and Hamilton[6] chose not to train its staff in naloxone administration because of the close location of their

[6] This is one library system located in Ohio.

branches to emergency services. In Calgary's public library system, the administration decided to equip security guards instead of library staff with naloxone at a downtown location; however, staff at smaller branches in the system were not, even though they requested naloxone training and access (Galt, 2019).

Some libraries are making naloxone training mandatory for staff whereas others are making it optional (Allen et al., 2019a, p. 13). A few libraries are implementing naloxone training for staff into existing education initiatives, such as the New Orleans Public Library's Bystander Response Training (Allen et al., 2019b, p. 40). This strategy ensures participation by library staff and provides information to individuals who may otherwise avoid this training because they have negative perceptions and fears about naloxone and individuals experiencing drug addictions.

Financial implications for naloxone administration at libraries include staff training and naloxone drug purchases. In the United States, libraries are partnering with the biopharmaceutical company Emergent Biosolutions, manufacturers of Narcan. Emergent Biosolutions are providing two doses of naloxone nasal spray to 16,568 public libraries across the country (Real & Bogel, 2019a, p. 266). There is no information available at this time whether Canadian libraries are or will be provided with free doses of naloxone by pharmaceutical companies to administer to community members.

Some libraries offered naloxone training to the public in partnership with community health agencies including the Barrington Public Library, Everett Public Library, New Orleans Public Library, and Salt Lake City Public Library (Allen et al., 2019b). The New Orleans Public Library worked with the local health department

and volunteers through the Medical Reserve Corps to offer naloxone training. The training was tied into Stop the Bleed and CPR training, programs which garner strong attendance. Attendees were not required to share their personal information, including names and addresses, in case they were experiencing homelessness (p. 40). Some libraries also worked with community agencies to distribute free naloxone to community members (Allen et al., 2019b; Freudenberger, 2019). Offering these sorts of programs at libraries encourages barrier-free access and reduces stigmas associated with using these services.

Since COVID-19, the opioid crisis has worsened in some communities in the United States, and libraries and health agencies are working together to respond to the crisis. For example, the Lucien E. Blackwell West Philadelphia Regional Library, a branch of the Free Library of Philadelphia, is working with the Philadelphia Department of Public Health to provide a "Narcan Near Me" tower. The tower "acts as a locker, containing 22 overdose prevention kits which can be accessed by tapping the touch screen on the front of the device. In the case of an emergency, the kiosk can connect directly to 911. Each kit contains two doses of Narcan, gloves, face shields, and a visual aid on how to administer the medication" (City of Philadelphia, 2022). Within the Free Library of Philadelphia there have been 54 reported incidents of opioid overdoses on library premises, and 41% of the time, staff administered Narcan.

A similar program is running in Chicago. Specifically, the Chicago Public Library and the Chicago Department of Public Health are working together to distribute Narcan. Community members can access the drug from wall-mounted

boxes which are installed in fourteen different branches. No information is collected, and community members "may take as many kits as they would like" (Chicago Department of Health, 2022, para. 7). The branches were selected based on the impact of the opioid crisis in their neighbourhoods.

The McCracken County Public Library, in Kentucky, partnered with the local District Health Department to distribute Narcan to community members. They explain Narcan is "available at the first-floor information desk–with no stigma and no judgement–to anyone in the community who might be at risk of witnessing an opioid overdose" (The McCracken County Public Library, 2021). Interested recipients must watch a four-minute video on how to administer the drug, and must successfully complete a three-question quiz, which they may complete more than once if they do not score 100%; however, no personal information is collected. This partnership was formed because the library offers "non-judgmental environment," explains Sarah McGowan, adult services manager for the library (Saad, 2021, para. 3).

### *2.2.3 Knowledge gaps, misinformation and lack of communication*

Misinformation, knowledge gaps and lack of communication about OUD and naloxone perpetuated fears amongst community members, library staff, and library administration (Allen et al., 2019a; Real & Bogel, 2019a; & Woo, 2018). For example, there were concerns that a community member would become aggressive if they were revived by naloxone during an opioid overdose, or staff would be liable if something went wrong during an opioid overdose reversal. These concerns

fractured communications between library frontline staff and administration at some institutions, which delayed their ability to respond to the opioid crisis in their communities.

The complexity of the opioid crisis and how communities perceive it was highlighted in Bejarano's analysis of the public Q&As for *Knock Out Opioid Abuse*, a series of town hall meetings hosted by the Partnership for a Drug-Free New Jersey (Bejarano, 2019). Seven over-arching knowledge gaps were identified including local concerns and personal anecdotes, law enforcement and stigma, prevention and education, complications in treatment, navigation, policy, and networking and recruiting opportunities. For example, participants wanted law enforcement to convict individuals dealing drugs; however, they also felt conflicted about this approach because they realized some of these individuals struggle with addiction, which may cause them to take part in criminal activities (Bejarano, 2019). Bejarano's research indicates that although the opioid crisis is a national issue, it affects individuals and communities personally, and community members will have concerns specific to their neighbourhoods.

Evidence of misinformation about the risk of administering naloxone appeared in the literature review. For example, some library staff were worried that if they used naloxone to revive an individual, they would harm themselves or the community member; they also feared that individuals revived with naloxone would become aggressive (Real & Bogel, p. 264). One institution (of eight) studied in "Libraries Respond to the Opioid Crisis with Their Communities", revealed that "false information [was] spreading among the staff about potentially lethal cross-

contamination between the person who overdosed and the naloxone administrator" (Allen et al., 2019a, p. 18). There are no known cases of this happening; however, the myth that tiny particles of fentanyl or "fentanyl dust" can kill first responders is common (O'Neill & Wheeler, n.d.).

Another example of fears about administering naloxone in a library setting made Canadian news headlines. Specifically, staff at the Vancouver Public Library were initially instructed to not administer naloxone but call 911. A news article which ran in the *Globe and Mail* on March 17, 2018, cited an internal memo from administration to staff dated February 27. The memo stated staff were to call 911 because the overdose victim may become aggressive due to opioid withdrawal; staff may be exposed to "opioid dust", infectious bodily fluids and sharp drug paraphernalia; and the library may be a risk for liability claims from overdose victims (Woo, 2018). Staff requested a review of the policy, and those who worked in the Downtown Eastside, a neighbourhood hardest hit by Canada's opioid crisis, were very vocal about wanting to be prepared and able to help community members. However, the messaging from management was that the library's current strategy was working. One week later, perhaps in response to negative press and pressure from the public, the policy was reversed (CBC News, 2018). This example cites a disconnect between library administration and frontline staff—both have very different perspectives about how to meet the needs of their community, as well as what's working.

Lack of communication between front-line staff, library administration and government agencies may delay responses to the opioid crisis. For example, Real

and Bogel's study cites the work of teen and adult librarian Lara Kowalski of the McPherson Square Branch of the Philadelphia Free Library. Kowalski and her colleagues lobbied for access to naloxone, but they were not supported by library administration including its legal department, as well as their local union. Fears around liability caused a delay. Staff felt empowered to carry naloxone when the city administration stated they supported naloxone use at a public meeting. "Since the library is a city agency, Kowalski and other staff interpreted comments at the meeting as a mandate that took precedent over library administrators' concerns and the delays they entailed" (Real & Bogel, 2019a, p. 261). This scenario illustrates the role of government and the importance of communication between various levels of an institution in responding to a crisis.

Research by Carnes indicates local, social, and political interests may determine if an issue is relevant to an institution (2018). In considering this in the context of the opioid crisis, an institution may not respond to it unless local government is also engaged in the issue. Research by Carnes' also identifies barriers which may prevent an institution from accessing information, including staff capacity, a lack of technology, and oversaturation of training**.** When considering staff training within a library context, ensuring there is enough staff on hand to run the library while other staff take part in training is a major issue. As well, staff may need access to a computer to take part in training activities and some libraries may not have workspaces available for staff to take part in training. These challenges may hinder libraries and library staff from accessing information about the opioid crisis and prevent them from providing naloxone training internally.

#### 2.2.3.1 Trauma-informed approach.

The website www.wholepersonlibrarianship.com is a resource for library workers who want to implement social work philosophies and approaches in librarianship. An interactive map on their website shows how social work collaborations are becoming entrenched in librarianship (Whole Person Library, n.d.). Staff social workers are becoming a norm for public libraries, and they are helping deliver services in response to the opioid crisis (Eades, 2019; Freudenberger, 2019; OCLC, 2019). They offer a new paradigm for libraries to operate within, specifically a trauma-informed framework. Library employed social workers Badalamenti and Hardy (2019) make suggestions as to how libraries can implement a trauma-informed framework in their own institutions. They explain that a trauma-informed lens acknowledges that all individuals experience trauma, which may result in behavioural challenges when they use library spaces. The authors suggest behaviour should not define an individual, and libraries and library workers should develop relationships with community members to implement responsive policies and rules[7]. This sentiment is mirrored in other institutions. Staff at the Oak Park Public Library in Illinois are encouraged to engage with vulnerable populations daily rather than just during emergency situations (Real & Bogel, 2019a, p. 265). This strategy mitigates risk; by

[7] We had staff implement this strategy with a community member who was lighting incense in the library. We assumed this community member may not know social norms and was not intentionally causing harm. A staff member had a conversation with this community member that kindly explained the library's scent free policy. Although this story is not related to designing a policy or rule, it speaks to the power of relationship building when enforcing a policy or rule.

developing relationships with community members, librarians are better able to communicate with them, and they, in turn, can come to libraries for support in times of need.

One library administrator acknowledged their greatest institutional challenge was "training staff to engage in an empathetic manner and not escalate any potential problems" (Real & Bogel, 2019b, p. 274). To counter this comment and mitigate this risk, many libraries are offering staff training related to mental health (Allen et al., 2019a; Real & Bogel, 2019b). For example, training for security guards has shifted to include information about "trauma-informed care, mental health and first aid", as well as the sharing of what resources are available for community members (Real & Bogel, 2019b, p. 276).

Another theme that came up in some of the literature is that individuals experiencing drug addiction risk being stigmatized and they may be outcast and blamed for their circumstances. For example, some library staff had "moral objections" to administering naloxone because they viewed drug addiction as "self-inflicted" (Real & Bogel, 2019a, p. 265). These attitudes illustrate a need for institutions to reframe how they view the opioid crisis to ensure their staff respond compassionately. Freudenberger states when the opioid crisis is looked at as a health crisis it changes the narrative to a human centered approach (2019, p. 26). It's easier for library staff to be empathetic about an individual's behavior if it can be seen as a symptom of that individual's medical condition.

### *2.2.4 Community engagement, partnerships and outreach*

Libraries have engaged with communities and fostered partnerships to respond to the opioid crisis. These relationships have been essential, and include financial commitments, program delivery and outreach initiatives. Many of the partnerships described by the project "Public Libraries Respond to the Opioid Crisis with Their Communities" were developed with non-profit community organizations as well as government agencies, such as local health departments. Relationships with non-profit organizations were invaluable because they provided expertise and community connections with community members who may have been marginalized by the opioid crisis. Partners indicated libraries were ideal to work with because they share resources and information and offer a physical space that is "free of stigma, safe and easily accessible to the public" (Allen et al., 2019a, p. 17).

The library was also able to offer access to marketing and communications support, something that community partners may not have. Many libraries involved in responding to the opioid crisis were a part of local task forces and community coalitions responding to the opioid crisis and substance misuse (Allen et al., 2019a, p. 16-17). Partnership and outreach activities that were initiated in response to the opioid crisis include programming such as film screenings, literary events and information sharing activities, as well as direct outreach to community members experiencing addiction.

As well as providing naloxone training and distribution to the public, libraries also took part in harm reduction activities. For example, some libraries formed partnerships to support the safe disposal of unused prescriptions.

Specifically, the Twinsburg Public Library and a community agency provided Deterra®[8] bags to the public for free so community members could dispose of unused prescriptions in the privacy of their own home. Other libraries promoted drop-off boxes in their neighbourhoods to ensure the safe disposal of unused medicine (Allen et al., 2019a, p. 15).

**2.2.4.1 Programming.** There are many examples of libraries using programming activities to explore how the opioid crisis is impacting their community. Since promoting literacy is a core function for libraries, it is natural that many institutions implemented book events into their action plan for responding to the opioid crisis. The Everett Public Library hosted a community-wide reading program with David Sheff, author of *Beautiful boy: A father's journey through his son's addiction* (2008). They also hosted book talks featuring titles related to the opioid crisis such as the 2018 book *American fix: Inside the opioid addiction crisis - and how to end it* by Ryan Hampton, an opioid survivor (Allen et al., 2019b, p. 22). These activities "were well-received and well-attended by the public. Some community members find it easier to attend an informational session at the library than reaching out to different service provider that may have a stigma associated with them" (p. 25).

[8] "Deterra® Drug Deactivation System Pouches provide safe, convenient and permanent disposal of unused, expired or unwanted medications at home or in a clinical setting" (Verde Environmental Technologies, 2022, para. 1).

A community discussion of the book *Dreamland: The true tale of America's opiate epidemic* by Sam Quinones (2015) took place at the Barrington Public Library in Rhode Island with the author in attendance (p. 6). The Peoria Public Library in Illinois hosted Quinones as well and gave out 500 copies of his book to community members in anticipation of his visit. They also provided grade 11 and 12 students at a local high school with 70 copies of *Dreamland*, and nurses and members of the Mayor's Community Coalition Against Heroin came in to speak with students (Allen et al., 2019b, p. 49; Noach & Koscielski, 2018). Several libraries presented film screenings about drug addiction. This included the Peoria Public Library which screened *Chasing the dragon: The life of an opiate addict* (Allen et al., 2019b; Noach & Koscielski, 2018), and Oak Park Library which hosted a documentary and discussion about the opioid crisis (Real & Bogel, 2019b, p. 283). Generally, these initiatives have garnered positive feedback from community members who appreciate learning more about these topics. Specifically, sharing and promoting the story of addiction which is found in a book or film with a wider library community can make community members who have not directly been impacted by addiction more empathetic and understanding.

Providing community members with access to training and information resources is another way libraries have shed light on the opioid crisis. Community engagement and mental health activities at the Barrington Public Library included teen nights, mental health first aid training and film screenings (Allen et al., 2019b, p. 6). The Everett Public Library hosted community resource days where staff from service organizations hosted information tables at the library, and shared with

community members the work they do (p. 22). The Peoria Public Library partnered with a continuing education program for community members aged fifty plus, to offer a course about heroin and opiates (p. 49). The Twinsburg Public Library offers education programs for the public related to mental illness and substance use disorder (p. 68). The Opioid Use Prevention Resource Fair was hosted by the Oak Park Library, which included the distribution of prevention kits (Real & Bogel, 2019b, p. 283). Coinciding with the local health department's public awareness campaign *Use only as directed*, Salt Lake County Public Library displayed a public art installation in the lobby foyer of one of its branches featuring 7000 pill bottles. This was representative of the 7000 opioid prescriptions that are filled in Utah daily (Allen et al., 2019b, p. 58). These examples illustrate how libraries in the U.S. have worked with community partners to bring the opioid crisis to the forefront of community members' minds through programming initiatives; how this is happening in Canada is still to be determined.

Libraries can also reach out directly to community members experiencing addiction or OUD. The Kalamazoo Public Library of Michigan distributed comfort kits and snacks to community members in need. They also partnered with the Recovery Institute of Southwest Michigan to offer a peer navigator program. The peer navigator program is facilitated by individuals in recovery, who work as navigators on site at the library and assist individuals seeking community resources and information about recovery (Allen et al., 2019b, p. 31). The Kalamazoo Public Library was inspired to implement a peer navigator program because of similar initiatives at public libraries in Denver and San Francisco (Allen et al., 2019b, p. 33;

OCLC, 2019, p. 3). Blount County Public Library in Tennessee worked with community partners to provide Recovery Court community members with the Life Skills Curriculum. The curriculum teaches a range of life skills from health and wellbeing to financial management and employment skills (Coleman & Connaway, 2019, p. 16). The Twinsburg Public Library hosts and facilitates Self-Management and Recovery Training (SMART) meetings for community members experiencing addictions (Allen et al., 2019b, p. 68). These examples illustrate the role U.S. libraries have taken on in supporting vulnerable community members as they transition back into society (after particularly tumultuous times), with the library pointing them towards resources which may support them in their recovery journey.

### *2.3 COVID-19 and Canada's opioid crisis*

Since COVID-19, the opioid crisis has worsened in Canada, for a number of reasons "including the increasingly toxic drug supply, increased feelings of isolation, stress and anxiety and limited availability or accessibility of services for people who use drugs" (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021,"Deaths" section). Living with OUD during a pandemic is challenging because of multiple risk factors. Community members experiencing OUD "may not have consistent housing and healthcare" (Leung et al., 2008, as cited in Weigand et al., 2022). They may not be able to comply with lockdown orders because of a lack of housing; specifically, "social distancing is a privilege" that many community members do not have access to (Yancy, 2020, as cited in Kleinman, 2020, p.1).

Individuals who are experiencing OUD who can socially distance are also vulnerable because there is a strong correlation between indoor drug use and overdosing. A B.C. Coroner's report from 2019 found that 86% of overdoses occurred when individuals were using drugs indoors, often alone (MacKinnon et al., 2020, p. 1). Social distancing hinders safe practices in drug use such as "buddying-up" or using with a peer (Vigo et al., 2020, as cited in Jayasinha et al., 2020, p. 693).

During the pandemic "individuals may seek drugs from an unstable or 'erratic' drug supply, increasing the odds of an overdose" (Dunlop et al., 2020, p. 2, as cited in Weigand et al., 2022). For example, during COVID-19 "rates of emergency medical services (EMS) for suspected opioid overdose increased by 57% and rates of fatal opioid overdose increased by 60% in Ontario. Fentanyl, sedatives, and stimulants are also more commonly found in post-mortem toxicology reports of persons with fatal opioid overdoses, pointing to an increasingly volatile supply (unpredictable potency and composition) of unregulated opioids and other drugs" (Friesen et al., 2021, p. 3). Individuals with OUD, who rely on an "informal economy to fund necessities", may lose regular income sources during lockdown and be further marginalized (Khatri & Perrone, 2020, p. e6). For individuals with OUD seeking sobriety, accessing in-person support in a group setting (e.g. Narcotics Anonymous meetings), may be impossible if public health orders limit in-person gatherings (Dunlop et al., 2020, p. 4).

Perhaps the largest disruption during COVID-19 for individuals experiencing OUD is a lack of routine. Researchers Kleinman et al., 2020, found "idle time and lack of structure as key predictors of poor treatment outcomes" for methadone

maintenance treatment (p. 1). Undergoing recovery without a support circle may also hinder success, though there are indicators that tele-care or tele-medicine may be a positive approach for the care of some individuals. However, tele-care or tele-medicine may exclude vulnerable community members without stable housing, access to private spaces, or internet and telephone access (Greenblat, 2020; Harris, 2020; Kleinman et al., 2020; Leppla, 2020; MacKinnon, 2020).

COVID-19 disrupting routine was something I noticed first-hand for the community members I worked with who are experiencing OUD. At one library I worked at, I noticed the library was an integral (but perhaps unacknowledged) part of some community members' treatment plans. Specifically, community members would stop by the library after their methadone maintenance treatment at the nearby pharmacy to borrow materials and chat with staff. We were part of their routine. This is something I thought about a lot during the first lockdown when in-person services stopped at the library I worked at.

### *2.3.2 Canadian libraries and the opioid crisis*

Noticeably missing from the literature review is information about how *Canadian libraries* are responding to the opioid crisis. There may be many reasons for this omission; the biggest being the fact that Canadian libraries are in the midst of the opioid crisis and they have not had the opportunity to collect, reflect and share what they are experiencing and how they are responding. An information brief from the Ontario Library Association states there are no statistics about opioid overdoses in Canadian libraries; however, libraries need to respond to community

members and “library patrons include those who are struggling with substance abuse” (2018, “The Issue” section, para. 2). Opioid addiction is not restricted to a certain population segment. It affects all members of society, and rural communities and urban centres. Although western Canada may be most hard hit by the opioid crisis at this time, anecdotally frontline workers in the health sector are warning the epidemic is moving east (Standing Committee on Health, Government of Canada, 2017). Added to this is a rise in the impact of the crisis since COVID-19. From April 2020 through to March 2021, there was a 95% increase in apparent opioid toxicity deaths compared to the same time frame the year before (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). Libraries need to be proactive and act so all members of society, including those that experience OUD, may be served. If Canadian libraries are going to respond to the opioid crisis, a shared discussion about how it is affecting them and how they are responding to it must take place. My hope is this research will support this discussion.

## Chapter III: Methods

The objective of this pilot research project was to gain insight into how Canadian public libraries are serving community members experiencing the opioid crisis. It aimed to identify best practices and highlight how COVID-19 may have affected these strategies. Specific research questions guided the inquiry, including:

- How is the opioid crisis affecting Canadian libraries?
- How has COVID-19 shifted the physical spaces and programming activities of public libraries?
- How did Canadian libraries respond to the opioid crisis before COVID-19? How did COVID-19 change response strategies of libraries to the opioid crisis?
- How is information about the opioid crisis shared between frontline staff and senior management in public libraries? Do any information gaps exist and if so, what is the impact of these gaps?

A mixed methods research strategy, with a general survey and targeted interviews, was used. A collective or multi-case study approach (Creswell & Poth, 2018, p. 99) was used to collect data. This strategy enabled me to compare and identify themes among the cases. Creswell and Poth recommend case studies include four to five cases (p. 102). However, although additional library systems participated in the survey, only three institutions agreed to participate in the interviews.

## 3.1 Study population

The study population for the survey was frontline staff from library systems across Canada. The study population for the interviews was staff in management positions who work at urban libraries in central and western Canada. These library systems were selected because they were situated within communities affected by the opioid crisis. They also present unique regional differences, such as different health authorities, variance in populations served, population density, and the impact of COVID-19 on their communities. These regional differences allowed me to compare the responses of each institution to see the breadth of possible responses Canadian libraries have had to the opioid crisis and COVID-19. Qualitative data was collected through interviews, and quantitative and qualitative data was gathered through the survey.

### *3.1.1 Inclusion criteria*

Inclusion criteria for survey participants was as follows:

- Participants must work at a public library in Canada, and;
- They must work directly with library users, and;
- They must read English, which is the language the survey was written in, and;
- They must make decisions which directly affect how community members experience their public library.

Please note, survey participants make decisions which directly affect how community members experience their public library. They may not make decisions

about policies, procedures and programs, but do interact first-hand with community members, which will affect how community members experience the library.

Inclusion criteria for interview participants was as follows:

- Participants must work at a public library in Canada, and;
- They may work directly with library users, and;
- They must speak English, which is the language the interview was conducted in, and;
- They must be in leadership positions, and;
- They must make decisions which directly affect how community members experience their public library.

For the interview participants, although they may be in management positions at their Institution And not work with library users, they will make decisions regarding policies, procedures and programs that are implemented by frontline staff and affect the experience of library users. The interview participants were selected because they were in management or leadership roles.

### 3.2 Part I: Survey

Purposeful sampling took place to gather participants and frontline staff from Canadian public libraries. Library workers from across Canada were invited to participate in an online survey which explored their experience working with community members who are experiencing the opioid crisis, drug dependency or are in vulnerable and complex situations. It also asked them to identify how COVID-19 has affected those interactions. The survey began May 11, 2021, and closed June

20, 2021. I emailed the following library associations with a survey link, and asked them to share and promote the survey to their membership:

- Association of Prince Edward Island Libraries
- Alberta Library Association
- Atlantic Public Library Association
- British Columbia Library Association
- Canadian Federation of Library Associations
- Canadian Urban Libraries Council
- Manitoba Library Association
- Nova Scotia Library Association
- Ontario Library Association
- Que l'Association des bibliothécaires du Québec– Quebec Library Association
- Saskatchewan Library Association
- The Newfoundland and Labrador Library Association
- Nunavut Public Libraries

Because the Yukon and Northwest Territories do not have library associations, I emailed government-run public libraries in Yellowknife and Whitehorse directly. I also posted information about the survey on the following Facebook pages: Atlantic Provinces Library Association, Library Association of Alberta, Manitoba Library Association (MLA), MLA- Prison Libraries Committee, NSUPE Local 14, Saskatchewan Library Association and WebJunction. The following Facebook groups also shared the survey on their pages: Libraries and the Opioid

Crisis, Librarians in the Northwest, Programming Librarian Interest Group, and librarianship.ca. My hope was that snowball sampling would take place, and by posting the link to the survey on social media, online followers would share the link to the survey with their social media connections.

The online survey was created and executed with Opinio, a survey software available through Dalhousie University. The questions were a mixture of close-ended multiple-choice questions and open-ended questions. It was anticipated the online survey would take 20 minutes to complete. The survey generated 123 stored responses, of which 91 were complete.

### 3.3 Part II: Interview

I conducted interviews with managerial staff from three different institutions (hereafter referred to as Institution A, Institution B, Institution C). I selected them based on their geographical location, and my impression of social-economic challenges, including the impact of the opioid crisis, in their communities. I wanted to understand the decision-making processes surrounding the opioid crisis and COVID-19 at their respective institutions. There is no connection between the survey and interview participants, but data collected through the survey offers a pan-Canada glance at libraries' responses to the opioid crisis and COVID-19, whereas the interviews offer a more in-depth look at selected institutions.

Interview participants were asked to take part in a 70-minute interview that discussed how their organization responded to the opioid crisis prior to COVID-19, and how COVID-19 shifted their strategies and approach. The interviews took place

via Microsoft Teams in a period spanning June 4-8, 2021. The interviews were recorded and transcribed afterwards. A transcript of the conversation was sent to each interview participant so they could have the opportunity to member-check our conversation.

To recruit interview participants, I emailed the senior leader of the library (e.g., the CEO), asking them to take part in the study. If they preferred not to be interviewed, they were asked to forward the invitation to someone else in their organization that may be interested in participating. If the email recipient was interested in taking part, they were instructed to contact me directly. The interview questions were information and process-oriented—the intent of the research was to seek information on organizational impacts, not personal opinions. I also wanted to understand how their institutions' response to the opioid crisis and COVID-19 affected community members.

### 3.4 Participation numbers

There are over 600 public library systems in Canada (Jones and Cavannagh, 2012, as cited by Abram, 2013). I aimed for a minimum of one response from a staff member from each province/territory, and a minimum response rate of 10% or 60 surveys. Because this was a pilot study, it was unknown how many people would take part in the survey; however, perspectives from library workers in each province would assist in providing valid study results. If less than 60 participants took part in the survey, this component of the study would have to be qualified, noting the data limitations. The survey exceeded expectations, and generated 123

stored responses, of which 91 were complete. However, the sample size for certain regions was small, therefore it was not possible to make conclusions about what is happening in particular regions of Canada.

This research aimed to include four interview participants representing four institutions; four participants took part in the study, but only three institutions were discussed. In the end I could only secure participation from three institutions, and in one, two staff wanted to participate in the interview.

### 3.5 Analysis

I analyzed the survey and interview responses using descriptive statistics and thematic analysis. Specifically, the survey used descriptive statistics to identify the most common responses as well as the range of possible responses. The survey was sent to professional library organizations from across Canada, with responses from library staff located in eight provinces and two territories, or a response rate of 20.5%. Although some survey participants may be from the same institution, survey responses came from all provinces except Manitoba.

Thematic analysis (Braun & Clarke, 2006) was used to identify themes and generalizations between the library organizations, and responses by the interview participants and the open-ended responses from survey participants. To analyze results from the survey, I tabulated the data collected, and used Microsoft Excel to compare the results of some questions. For example, I compared the setting of the library the survey participant worked at (Q2) to whether they thought their community had an opioid problem (Q5). For the open-ended questions, I read each

survey response, and manually coded what was being discussed. For example, if a survey respondent was discussing bathrooms I coded it 'bathrooms', or if they were discussing wi-fi it was coded 'internet access'. Data was grouped by themes, and correlations between the collected data and publicly available data collected in the literature review were identified. The survey results are shared in Chapter IV.

To analyze data collected through the interviews, I reread each interview script, and manually coded what was being discussed. For example, if the participant was discussing food programming I coded it 'food', or if they were discussing wi-fi it was coded as 'internet access'. Finally, I compared my coding notes for each transcript to see if there were parallel themes. Interview results are synthesized and shared in Chapter V.

Similarities between survey and interview participants are explored further in the discussion (Chapter VI). General themes include space issues; naloxone and training; community engagement, partnerships and outreach; and hiring, training and resiliency. This information provides insight into how the opioid crisis is affecting Canadian libraries and library workers, and if there is a disconnect between frontline staff and management. It also shares how library response strategies to the opioid crisis have been reshaped by COVID-19.

Inevitably, my work in public libraries greatly influenced my approach to this research project, including its data analysis. Specifically, I have a unique perspective as someone who works on the frontline with community members, and I had to constantly remind myself to not let my views and opinions overshadow the voices of the participants of this project.

## Chapter IV: Survey results

*"I see the best examples of community and humanity every day in my branch. There isn't one day that goes by that I don't witness the very best in people. Things get very real here; shit is absolutely raw and intense every day I go to work, and mostly we get through it." (Survey participant)*

### 4.1 About the survey participants

The survey[9] generated 123 stored responses, of which 91 were complete; this was higher than the anticipated response rate of 60 survey participants. 113 respondents completed the first question (Q1), which asked, "What is your role at your public library?" Responses as illustrated in Figure 1 were as follows: 33 worked as librarians, 33 were managers, 24 were library assistants, 5 worked in circulation, 3 worked as programmers, 1 preferred not to say and 14 identified as "other". "Other" categories included director (1), information service (1), library technician (3), page (1), security (1), supervisor (3), and no comment (4).

[9] All survey questions are included in Appendix B, and they are referenced as Q1, Q2, etc. in this section.

**Figure 1:**

**Role of survey participants in public library (Q1)**

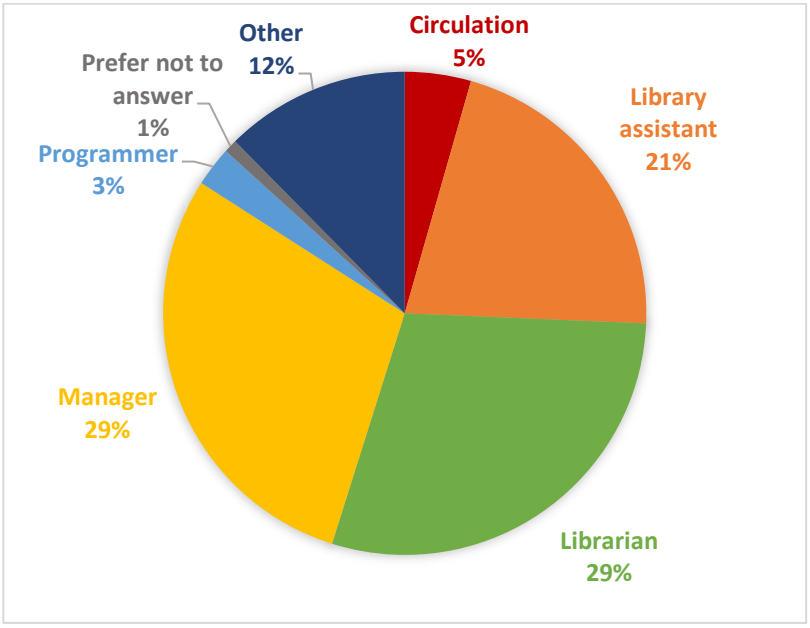


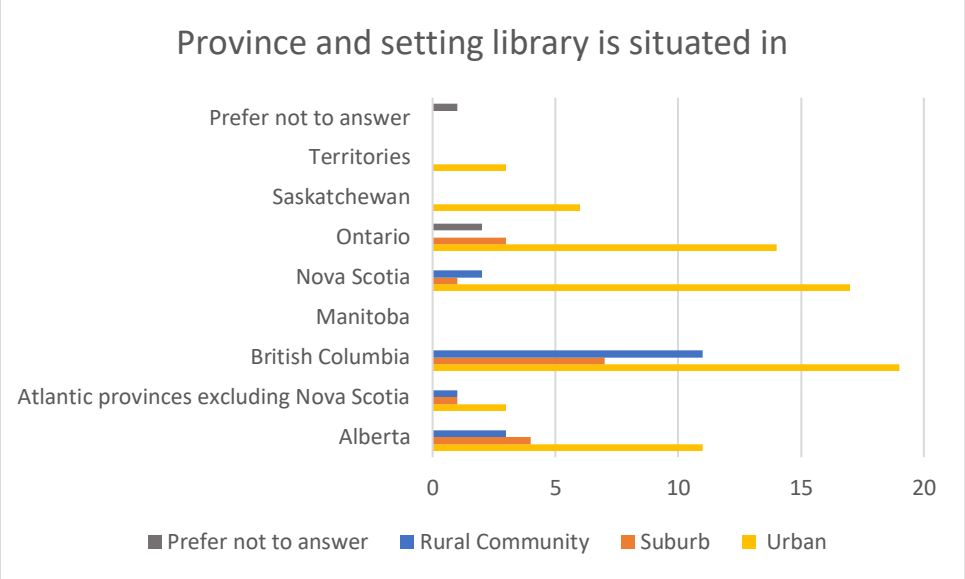

Figure 2 illustrates a majority of survey participants (73) worked in urban centres, or 66.36%[10]. The survey did not define 'urban centre'; therefore it was up to survey participants to interpret what an urban centre was. The split between library workers in suburban and rural communities was nearly equal, with 16 and 17 respondents respectively or 14.55% and 15.45%; 4 participants preferred not to answer or 3.64%. A higher number of participants indicated they were from British Columbia (37 responses or 33.94%); high participation from other provinces included Nova Scotia (20 responses or 18.35 %), Ontario (19 responses or 17.43%),

[10] I calculated the adjusted relative frequency by dividing number of responses by the total number of responses. All percentages discussed in the survey results are calculations of the adjusted relative frequency.

Alberta (18 responses or 16.51%) and Saskatchewan (6 responses or 5.5%). For the remainder of Atlantic Canada, three participants indicated they were from New Brunswick, one participant indicated they were from Newfoundland and Labrador, and one participant indicated they were from Prince Edward Island. For the territories, two participants indicated they were from the Northwest Territories and one participant indicated they were from the Yukon. Responses from library workers located in Nova Scotia were higher than the other Atlantic provinces. To provide a more balanced interpretation, responses from New Brunswick, PEI and Newfoundland and Labrador have been combined, while data for Nova Scotia has been kept separate. Manitoba was not excluded from the data purposely; I just did not have any survey respondents indicate they were from there.

**Figure 2:**

**Province and library setting survey respondents worked in (Q2&3)**

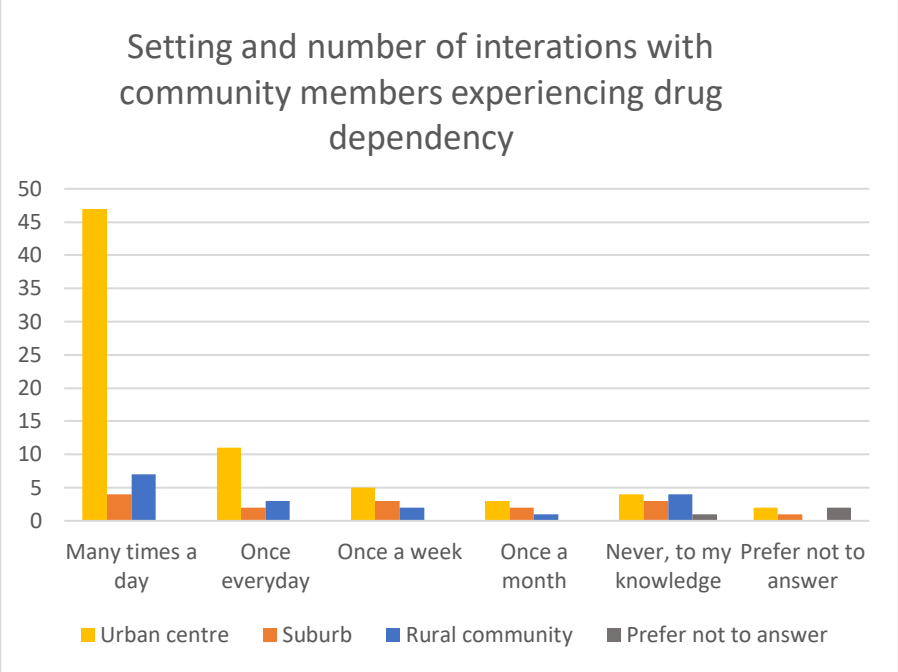



## 4.2 Staff views about the opioid crisis

Figure 3 indicates 54.21% or fifty-eight respondents indicated it was common to serve community members experiencing drug dependency many times a day. Of those responses from library workers in urban centres, this occurrence was higher at a frequency of 65.28%; in suburban locations library workers indicated this occurred 26.67%, and rural libraries library workers indicated this occurred 41.18%.

**Figure 3:**

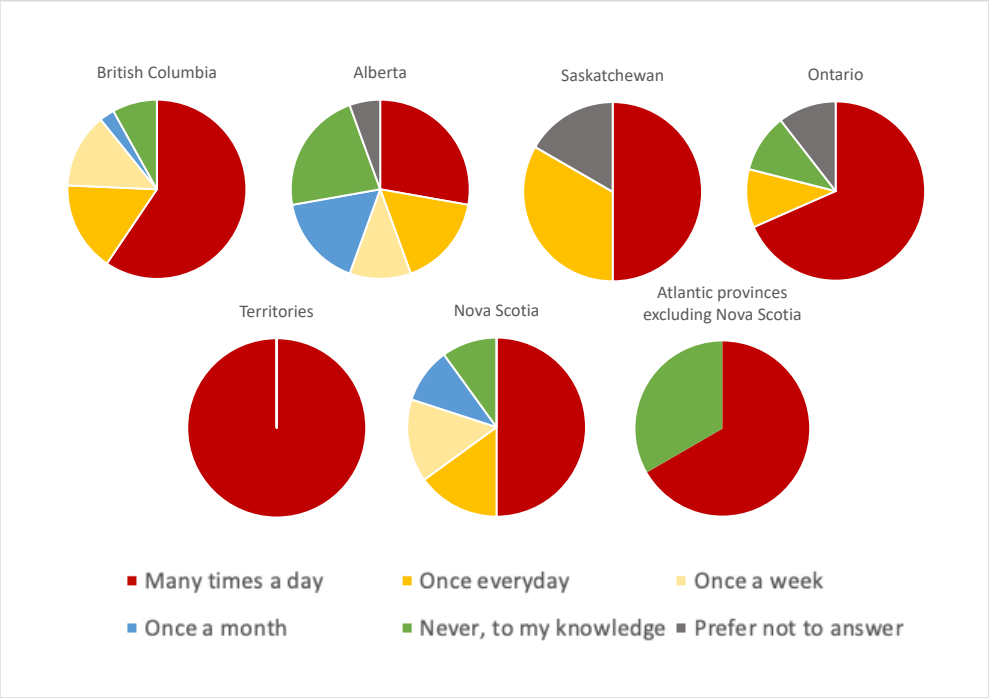
**Setting and number of interactions with community members experiencing drug dependency (Q2&4)**




Examining the data provincially (Figure 4), more workers employed at libraries located in Ontario and British Columbia indicated their library serves community members experiencing drug dependency many times a day. The frequency of this for Ontario is 68.42%, and British Columbia is 59.46%.

**Figure 4:**

**Number of interactions within public library setting of community members experiencing drug dependency (Q3&4)**




As indicated in Table 4 in Appendix D the response rates to survey questions were low for library workers from many provinces. Also notable is Manitoba is excluded from the survey results. However, Figure 4 illustrates all survey respondents indicated they encounter community members who are experiencing drug dependency many times a day.

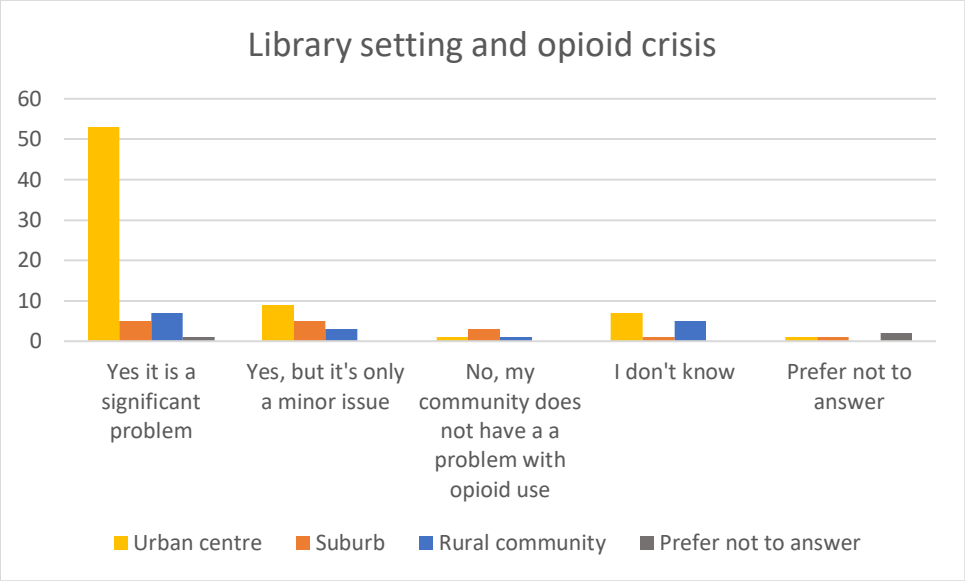
## Serving community members experiencing the opioid crisis

62.86%. or sixty-six respondents indicated their library is situated within a community with a significant opioid problem. As Figure 5 illustrates this

phenomenon is higher in urban settings; 53 respondents who indicated the library they work at is in an urban setting also indicated the community their library serves has a significant opioid problem. For libraries in urban settings the frequency of this is 74.65%; for libraries in rural communities the frequency of this is 43.75% and for libraries situated in suburbs the frequency of this is 33.33%.

**Figure 5:**

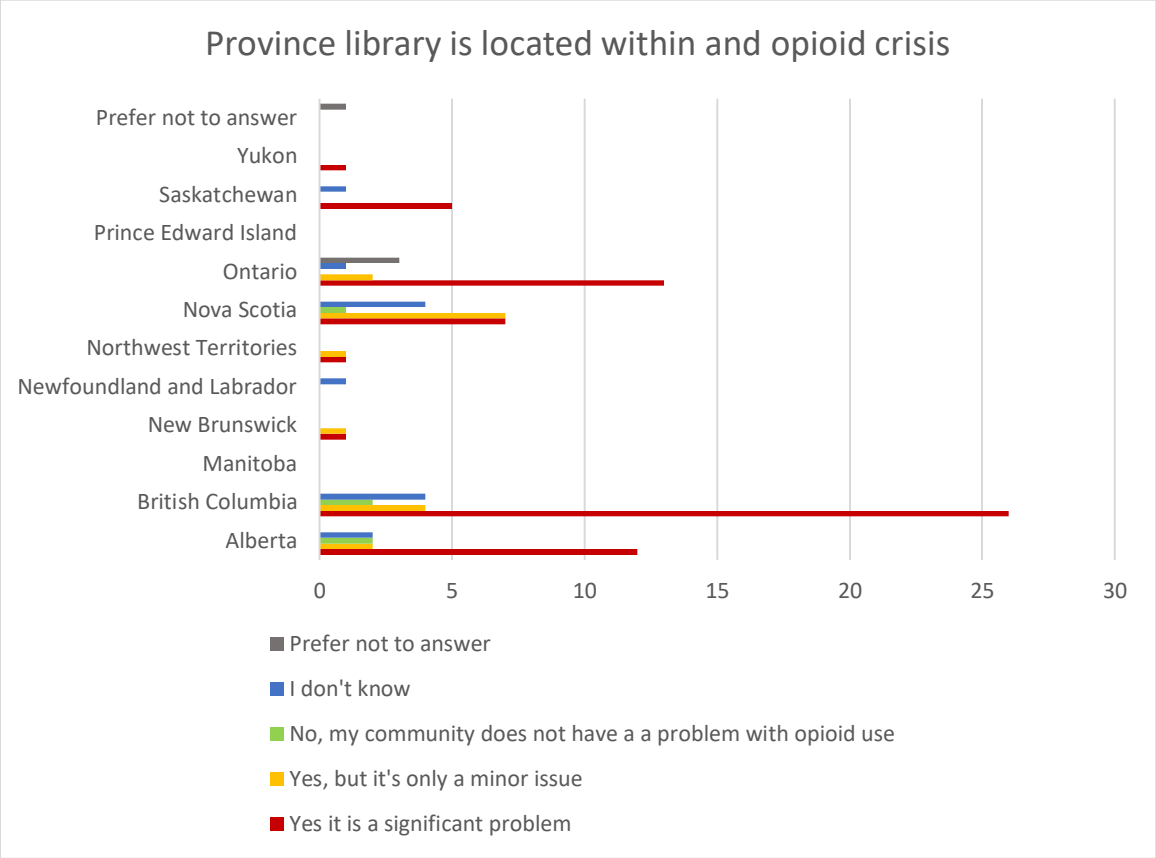
**Location of library and opioid crisis (Q2&5)**




Examining the data provincially (Figure 6), survey respondents from Saskatchewan, British Columbia, Ontario and Alberta had a higher frequency of viewing the opioid crisis as a significant problem in their community. The frequency of this for participants from Saskatchewan is 83.33%, British Columbia is 72.22%, Alberta is 66.67% and Ontario is 68.42%.

**Figure 6:**

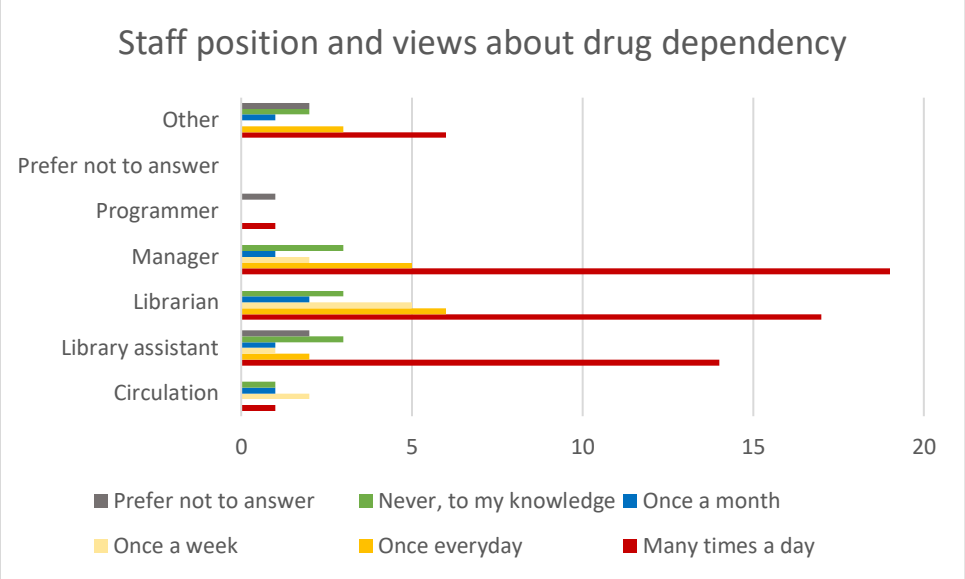
**Province library is located within and impact of opioid crisis (Q3&5)**




In terms of staff perceptions about how frequently their library serves community members experiencing drug dependency (Figure 7), only 20% of circulation workers identified this happening many times a day, compared to 63.33% managers, 60.87% library assistants and 51.52% librarians.

**Figure 7:**

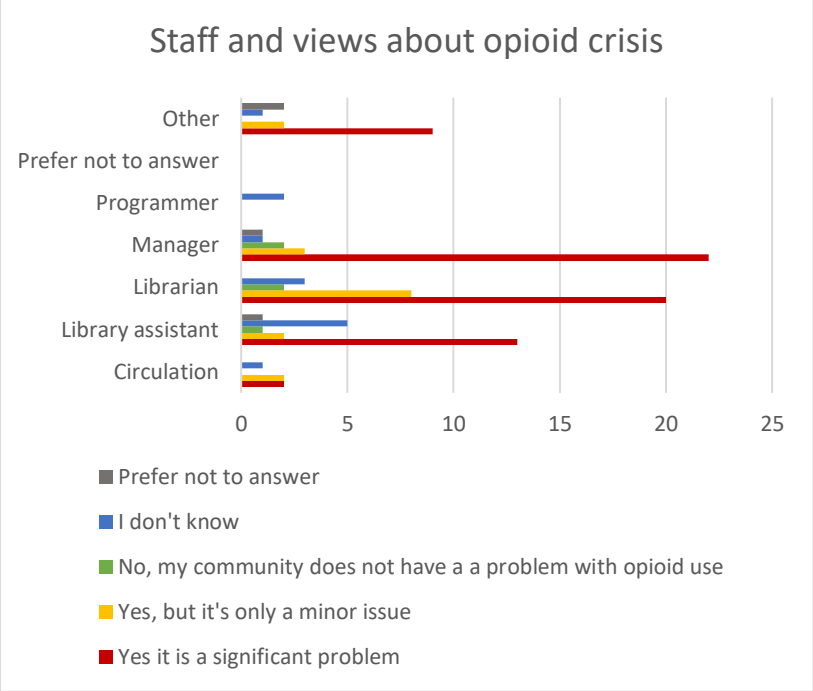
**Staff views about how often their library serves community members experiencing the drug dependency (Q1&4)**




In contrast, when asked for more general comments about the opioid crisis (Figure 8), 40% of circulation workers identified it as a significant problem in the community their library serves. 75.86% managers, 64.29% other workers, 60.61% librarians, and 59.09% library assistants identified the opioid crisis as a significant problem in the community their library is situated within.

**Figure 8:**

**Staff views about how the opioid crisis is affecting the community their library is situated within (Q1&5)**




## 4.3 Naloxone

### *4.3.1 Naloxone training*

Less than half of respondents had received naloxone training; 53.33% of library workers were without naloxone training whereas 44.76% of library workers had naloxone training. Of those with naloxone training, the split of who provided them with training was relatively equal; 48.94% had received it from their institution, and 51.06% had received it elsewhere. Of those survey participants who indicated they did have naloxone training or preferred not to answer, 65.52% of

survey participants indicated they want naloxone training, whereas 25.86% indicated they did not, and 8.62% preferred not to answer.

### *4.3.2 Naloxone access*

31.68% of respondents indicated their institution provided naloxone kits for staff to use on community members (Q10). 57.43% indicated their institution did not provide naloxone kits for staff to use on community members. 7.92% indicated they didn't know, and 2.97% preferred not to answer if their institution provided naloxone kits for staff to use on community members. Only 4.95% of survey respondents indicated their institution provided naloxone training to community members (Q11); 3.96 % of survey respondents indicated that their institution provided naloxone kits for community members to take home and use (Q12). 54.5% of survey participants knew where to send community members for naloxone kits to take home and use (Q13).

In terms of administering naloxone to community members experiencing an opioid overdose during a library visit, 9% of survey participants indicated their colleagues or staff have had to do this just once, 20% indicated their colleagues or staff at their institution have had to do this more than once, and 62% indicated no one has had to do this (Q14). The phenomena of administering naloxone on more than one occasion to community members experiencing an opioid overdose during a library visit happens relatively equally between libraries in urban centres and suburban settings; specifically, 23.19% of libraries located in urban centres and 23.08% libraries in suburbs had to administer naloxone to their community

members on more than one occasion (Q2&14). Only 6% of survey participants indicated they have had to administer naloxone on a community member experiencing an opioid overdose; 3% indicated they have done this more than once (Q15).

Naloxone may not be available for library staff to administer on community members, but in some cases other community members may administer it on peers that are experiencing an opioid overdose in the library space. One survey participant noted (in Q20, an open-ended question),

> *"I certainly have appreciated the help that the community provides to each other—checking on each other in the washrooms to make sure they are being safe, etc. At least three times I have had help from members of the community assisting when someone has been overdosing in the library. We do not administer naloxone here but some of our patrons carry it with them and that has been very helpful—though I recognize that it is not a reliable solution."*

## 4.4 Community engagement, partnerships and outreach

### *4.4.1 Libraries as safe spaces*

> *"We are a community space and as a result the community's living room."*
>
> *(Survey participant)*

A comment that came up repeatedly when survey participants were asked to describe a positive interaction with vulnerable community member (Q20) was that the library provided a safe space for community members who are experiencing

homelessness. "*Often hear that we are their safe space to be warm [or] cool,*" stated one survey participant. One library was used as an "*an emergency overflow shelter in 2019 for 10 months*". In other instances, libraries offer a space for a community member who cannot access the shelter system because of behavioural challenges. A survey respondent explained,

> *"One winter I worked in the library, there was a man who had been recently evicted from his home. Due to the severity of his alcohol dependence, he felt he couldn't stay in a shelter, as they don't allow any substances in the building. He also didn't feel that he could reach out to his family because he was ashamed. We tried multiple times to help connect him to safe places to stay, but it wasn't helping. However, the library was a safe place for him during this time. It kept him warm, until we closed for the evening, and instead of judgement our staff offered help, tolerance, and kindness. He said it was one of the places he felt safe, and I hope this helped him."*

I can relate to the comment that this community member couldn't reach out to his family members for help, as it's something I have heard first-hand from some of the community members I've met through my work at the library who are experiencing drug dependency. Specifically, one community member told me library staff are the only people who seem genuinely happy to see him and treat him with kindness.

An example of kindness shared by a library worker that was described as a positive interaction was as follows,

> *"We had a young man experiencing homelessness who was sleeping on library grounds. We have a cafe on site, so I purchased him breakfast (nagging him to also get a fruit cup :)) and we kept the lines of communication open. He learned to trust us, and we became a safe space for him. There have been many interactions like this."*

Kindness happens in gestures small and big. One library worker explained their branch, "*would save old posters for one patron. He would spend hours drawing on the flip side of them. For another, we would keep a pile of engineering and science discards*." Another example, shared by a survey participant, described the following experience:

> *"One of our patrons, who has addiction issues and spends a lot of time at the library, was suffering with a sore leg from spending the winter outside. The walker he was using was falling apart. Since staff had taken the time to get to know this patron who was always polite, but clearly suffering, they were able to locate another walker for him and gift it to him free of charge. This changed his life as he was able to move more quickly and freely and his leg healed faster."*

Another library worker explained,

> *"Due to our location, we frequently have people sleeping in a few of our outside nooks and crannies as they feel safer there than in our shelters. We need to wake them in the mornings before library members start coming. I do this in a way that keeps their dignity and humanity intact and without judgment."*

### *4.4.2 Programming for vulnerable community members*

The survey identified a vulnerable community member as someone who may be unemployed, homeless, or experiencing mental or physical illness including addiction(s). When asked, "Does your library provide special services and programming activities that serve vulnerable community members?" (Q19), 60.61% of survey respondents indicated yes, their library does provide programming to vulnerable community members. 34.34% indicated their library did not; 2.2% indicated "I don't know", and 3.03% indicated they prefer not to answer.

Survey participants shared a wide range of responses to demonstrate how libraries provide programming and services for vulnerable community members. Many respondents indicated they have social workers, outreach workers, and community resource workers on staff to connect with community members, and that staff have training in mental health first aid. They indicated they have partnerships with external agencies, including health agencies who provide street nurses who come onsite to connect with community members. They talked about providing space for activities that may target vulnerable community members, such as AA meetings.

Survey respondents discussed their role as information providers and providing referrals, handouts and maps to resources within the community. Community resources may include community partners who help with housing, food security and employment services. One survey respondent explained,

> *"I often help vulnerable community members connect with essential community services such as shelters, detox facilities, mental health support workers, places*

*to get a meal, etc. A positive interaction for me is if I can actually connect someone to the services they immediately need, and it has an impact on their day."*

Another explained,

*"I've helped many people who identified themselves as homeless with information about shelters, bylaws/regulations and sleeping in parks, and other relevant information to their situations. People have been very grateful."*

Another shared,

*"I assisted someone find housing and rehab contacts while they were living in the street and using. It was positive and helped them get connected with community resources. My organization does not provide this training. I do this regularly while on the desk."*

And another stated,

*"Late one evening we had a member call our main phone line desperate to find a safe place to sleep for the night. Multiple staff worked together to call and ultimately find a spot in a local shelter for the member to stay that night. The member was grateful. I am unsure if the member experienced opioid dependency as we were only concerned about finding the member a place to stay for the night."*

Survey participants talked about the importance of programs and workshops as well as casual drop-in activities that could be inviting for all community members. One survey respondent shared,

"*A library regular told me once how much he enjoyed all the on-the-floor adult programming (e.g. live music or author talks), and that he liked being able to tuck himself away in the library somewhere warm to enjoy that without having the pressure of signing up for anything. He said that the programs enriched his life, and that he was so grateful for the free, safe access to 'normal people stuff'*"

Several participants discussed the importance of ensuring there are low accessibility barriers to the library and provided examples such as reducing the need for community members to provide ID to get a library card. By eliminating the requirement of ID for a library card, community members had greater access to the collections and resources of libraries. Programs designed for vulnerable community members may focus on arts and culture, computers and technology, financial and legal aid, or celebrate specific marginalized groups such as LGBTQA2+ or BIPOC communities.

Many survey respondents highlighted the role of their institution in ensuring technology access for vulnerable community members, from providing Chromebooks to extending wi-fi beyond the doors of a library. They indicated their libraries provide employment and job seeking support through computer access, or workshops and training. Support was also available for free or low-cost printing of resumes or government forms.

Survey respondents also discussed how libraries provide necessities for community members. This includes bathrooms, a space that is dry and warm with seating, income tax services, access to free menstrual products and food. Food may be available at some libraries through programming, a community fridge, snacks or

lunches. Some libraries indicated they provide community members with winter clothing, emergency shelter kits or blankets and sleeping bags and bus tickets.

### *4.4.3 Programming for community members experiencing opioid dependency*

84.85% of survey participants indicated in response to Q16 that their library did not provide programming targeting community members experiencing opioid dependency; 7.07% indicated their library did through partnerships with other local organizations which focused on harm reduction. These partnerships may include programs or workshops for individuals or groups; support from the library may be provided through meeting spaces and rooms.

## 4.5 COVID-19

### *4.5.1 Impact on library operations*

Public health orders, set provincially, impacted library operations including the open hours of libraries. 86.46% of survey respondents indicated the hours of their library have been reduced due to COVID-19 (Q21). Assuming two or more people from the same library did not respond to the survey, only 10.42% indicated the hours of their library have stayed the same since COVID-19 (Q22+23)[11]. Libraries also were proactive at enforcing social distancing measures. Other common physical changes that occurred in library spaces included installing

[11] The accuracy of this statistic would increase if I created a separate survey that only allowed one response per library system. As well, this question does not speak to the fact that some libraries pivoted to online or telephone services; their hours may have stayed the same, but in-person services were reduced.

plexiglass around points of service, as well as around public access computers. Sitting space was eliminated or reduced and seating, tables and furniture were removed. Furniture and collections were repositioned to ensure social distancing. Toys and video game stations were removed. The furniture itself was changed, and one survey participant indicated the fabric on their library's soft seating furniture was replaced with vinyl upholstery for easier cleaning and sanitizing; another noted an increase in outdoor seating. Still another survey participant noted their library installed an "outreach window", which allowed access to curbside pick-up and other resources.

Participants reported that COVID-19 prompted changes in service delivery. Curbside pickup, and grab and go models were promoted to community members. Onsite programs shifted to online programs. One-on-one in-person tech help was no longer offered.

When libraries eventually did reopen after lockdown measures, participants reported many changes occurred. One frequent response was that there was less public space. Community members were not allowed in certain areas, and library spaces such as meeting, study and program rooms were used to quarantine items or for staff to work in. Additional self-checkouts were installed, and signage such as directions and reminders to socially distance was installed. Mask wearing was enforced and eating and drinking were not permitted. A majority of survey participants indicated hanging out—as in spending time in library spaces reading, talking or relaxing—was discouraged. Participants noted changes in the capacity or number of people allowed in library spaces and some libraries limited the time

community members could spend in library spaces or in general reduced the hours to their facilities. To ensure social distancing, many libraries reduced the number of public access computers in their spaces. Computer services were reduced or limited altogether, and technology one-on-one sessions were not offered. Rules such as no eating or drinking in the library were enforced, and some libraries even had limited access to drinking fountains. In-person programming activities, such as food programs and one-on-one social work meetings were eliminated.

### *4.5.2 Impact on programming for vulnerable community members*

69.47% of survey participants indicated that COVID-19 has changed the way their library serves community members who are vulnerable including those experiencing opioid dependency (Q24). 18.95% of survey participants indicated COVID-19 has not had an effect on how they serve these populations, and 11.58% of survey participants did not know if COVID-19 has had an effect on programming for vulnerable community members.

Many survey participants indicated that during COVID, they could not serve vulnerable community members. "*Since we couldn't let people in to use the computers or printing, we've really had to scramble to meet the needs of our vulnerable populations. It has been frustrating,*" stated one survey respondent. Another explained,

> *"Frankly we have not figured out a good way to serve vulnerable populations during the pandemic. If we see someone in need outside our buildings, we will still ask if they need support services and will call agencies for them as needed.*

*Because we have mostly not been open to the public at all throughout the pandemic it has greatly reduced the amount that we even see vulnerable community members."*

Specifically, survey participants indicated that due to COVID-19 libraries have not been as welcoming, and vulnerable community members are discouraged from spending time in library branches. One participant explained,

*"We use[d] to be able to provide a place for vulnerable members of our community to use for the entire time we were open. This allowed people to find shelter from the weather, have a safe place to spend some time, find relief during hot weather. With the removal of furniture and a 30-minute time limit to visits, this has been very difficult to provide. During the winter, this was challenging, and we would often encourage vulnerable members to use the computers which gave them a short time to warm up. We have also stopped asking for library cards for computer use, which is allowing better access to our computers for vulnerable members of our community."*

Survey participants indicated COVID-19 prompted libraries to limit soft seating, and seating in general. "*This means regulars we had who were experiencing homelessness who would come and use our space for the whole day are not able to now,*" explains one survey participant. In the past, sleeping in the library may have been tolerated, but during COVID this was not permitted.

Survey participants indicated capacity limits within library spaces left vulnerable community members waiting outside. Participants further indicated that, in the evenings when libraries were physically closed to the public, no one was there

to help vulnerable community members who would likely need them most during those hours. Other challenges included limited time of library workers to assist individuals personally and only offering library information services by telephone or online. These changes limited information access for vulnerable community members; specifically, some community members lacked the technology required to access online resources.

Some libraries eliminated or limited bathroom access; one participant indicated bathroom facilities were closed for the day if a needle was found on site. In considering how to serve community members experiencing opioid use disorder, during the first six months of COVID-19, one survey participant indicated staff at their institution were instructed to not administer naloxone. Another participant indicated they were not required to use naloxone if they didn't feel safe touching another person. One participant indicated security guards were hired to remove active drug users from library premises. Another participant indicated, *"Our library has been using security guards as screeners at the door. It has been observed that many of our more vulnerable members are avoiding the library because of the security presence."*

Some survey participants indicated more effort was put into bringing information resources outside of the confines of library facilities. Specifically, the reach of wi-fi was extended beyond library walls, and some libraries even set up outside seating for community members to access wi-fi. Technology loans increased. As mentioned earlier, in section 4.5.2, one survey participant indicated their library installed an outreach window to connect with community members. Another

participant indicated porta-potties and charging stations were set up outside the library.

Some participants indicated that COVID-19 generated positive changes for vulnerable community members, and resources were still available through a grab-and-go curbside model. Resources such as information pamphlets, food and snack packs, STEM bags, and menstrual products were shared. When one library was no longer permitted to loan the newspaper, they created a daily newspaper for distribution. "*Newspaper lending is not possible with COVID so we have created a daily news print out with a copy paste of local COVID news updates."* Booksale materials were now available for free. Library fines were eliminated, as was the need for an address to register for a library card. However, as one survey participant explained,

> *"unfortunately, [we] have not provided much info about what services are or are not available in an accessible way. [For example] so many things [are] available online, but folks can't access that, they can't go online to know that we can still give them the newspaper or snack packs if they knock on the door."*

## Chapter V: Interview results

*"Our staff are amazing and compassionate and do their best for what they can, but it's been really hard here not being able to serve people." (Participant A)*

Scripts from the interviews were thematically analyzed, and the results are summarized in this chapter. Before I share these results, this chapter begins with more information about the institutions and interview participants, and the interviewees' views about the opioid crisis in their communities. The information is then organized in the following sections: space issues; naloxone; community engagement, partnerships and outreach; staff training and hiring; and the impact of COVID-19 on libraries.

### 5.1 About the institutions and interview participants

Four individuals representing three institutions took part in the interview component of the study; the institutions will be identified as Institution A, B and C. Institution A is situated in north central Canada and is made up of four branches; two are in the downtown core and two are on the outskirts of the city and function more as community or neighbourhood branches. The representative from Institution A, henceforth referred to as Participant A, described their role within the Institution As a community librarian and workforce supervisor. They stated, "*I oversee staff training and developing and implementing comprehensive customer service training.*" A large Indigenous population, in the 20% range, lives in the

community. Participant A stated they were supervising Institution A's most inner-city branch, which serves

> "*a much larger Indigenous population through that branch, and we also serve a much larger vulnerable population through that branch. I'm spit balling this here but I would say 60 to 75% of the patrons that we see coming through our doors are probably vulnerable in some way.*"

Institution B is situated in central Canada and is made up of four community libraries, and one central branch, which is in the downtown core. The interviewee stated the central branch has the most diverse population and is located near many social services. The representative from Institution B, henceforth referred to as Participant B, was the CEO. They explained in their role as CEO, they are responsible for high-level planning and strategy, for both the present and the future, of Institution B. They are responsible for everything that happens in the library from the financial health to ensuring they have the right staffing talent today and into the future and the overall well-being of the organization.

Institution C is situated in western Canada. Two members from the senior management team wanted to take part in the interview, the Manager of Communications and Engagement, and the Library Director; henceforth they will be referred to as Participant C1 and Participant C2. Institution C is in an urban centre and has two locations, a main branch which underwent major renovations leading up to and during COVID-19, and a storefront branch located in a rural part of town. The main branch is located by a civic plaza where community members gather on a

regular basis. A large Indigenous population makes up the community, between 15 to 20% of the total population.

### 5.2 Staff views about the opioid crisis

The opioid crisis has impacted all the institutions I spoke with. Participant B explained that, for the community their library is situated within, *"the biggest problem is the opioid crisis, and [since COVID-19] it's become worse, and our numbers are through the roof... It's just heartbreaking."* Institution B strives to provide the community it serves with information and support as much as possible and establish close working relationships with social support services teams.

A symptom of the opioid crisis is homelessness. Participant A explained, *"this is the problem, there's lots of great agencies but if you're looking for a place for somebody to go, there's never enough beds."* Institution B's outreach support team created specific programs to support individuals during the day when shelters were closed so they

> *"weren't just sitting on the floor taking over study rooms. They'd be sleeping on the floors you know— they'd be, just, it wasn't cool— so the programming has helped a lot. There'd be a food element. We had a health drop-in once a week so people if they need to see a doctor or had certain health issues or needed help on certain things they could go in."*

This initiative was run by the outreach team, and *"not by anybody with authority. They wanted it to feel that they could come in at anytime, and talk about anything."*

Participant B talked about the tension that occurs when library spaces are shared with community members who are vulnerable or in crisis, and the general public; specifically, caregivers may not want to bring their children to the library to "*witness*" vulnerable community members who may be not at their best and experiencing dopesickness. Participant B stated,

> *"I heard this more than once that they felt there were so many people experiencing homelessness, more often than not also addiction, and often the addiction was opioids, no question about it, which when people are dopesick it is just awful, and it creates a whole other layer. At times, staff would say, well, we have more vulnerable people in our library than anybody else right now."*

Institution C offers public programming for Overdose Prevention Day every August; however, Participant C1 explains they are striving to provide staff with information year-round. This includes having the local health government agency come in and talk with staff and share with them what resources are available in the community, including a unique mental health response team program. This program, which has a specific hotline for community members to call, provides *"a uniformed RCMP member and clinical nurse, specializing in mental health, work[ing] together offering on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services."* Participant C1 explained sharing information with staff about this program was great because *"it kind of gave staff the confidence they needed to use that resource."* In the past at Institution C, often when staff called the RCMP, it turned incidents into law enforcement issues; however, the mental health response team program provides community members with the supports

they may need. Institution C also does monthly tours for community members who are in recovery. These activities are organized through group homes, and provide community members with library cards, and an invitation back into the community.

## 5.3 Space issues

### *5.3.1 Branch location*

Participants noted the location of a branch, and its proximity to other social services and public spaces, attracts vulnerable community members. For example, Participant A works at a branch located across from a church parking lot where many vulnerable community members gather. Participant A stated the interactions with vulnerable community members in community or neighbourhood branches were fewer, maybe once or twice a day, whereas in the downtown branches, particularly the one they work at, they indicated, *"at any given time half of our building is filled with people who are vulnerable and have drug dependency probably."* Participant A stated, at their location which serves many vulnerable community members the staff spend

> *"a fair amount of time connecting vulnerable patrons to community resources. It's not uncommon for us to find information for shelters like where there might be bed space available. We're calling around for that for people. We're calling around to detox facilities sometimes to see if there's bed space available."*

They also provide information about free meals for community members. Participant B stated that the central branch saw the most vulnerable community members, partially because in the past most social services were located near it.

Institution C is located near three different civic facilities providing services. It was noted by interviewees that a lot of community members congregate in the plaza located near Institution C and use drugs.

### *5.3.2 Bathrooms*

Participants C1 and C2 stated community members did not have access to bathroom facilities in the downtown core, so they relied on Institution C to provide them. Participant C2 explained,

> *"that's an example of both a positive and negative interaction when you provide washroom access for someone who literally can't wash themselves or use the washroom anywhere else in town or nowhere close by. I think that's a really good service [that] we want to provide. But on the other hand, our washrooms are a location where people come to use drugs if they don't feel comfortable using elsewhere and that leads to some unsafe situations and difficult interactions in terms of medical interventions and that can be traumatic for patrons and staff and difficult for the people who go through that".*

Participant B voiced similar challenges. "*We have had more than our fair share of overdoses in our washrooms."* They explained it is very traumatic for everyone involved.

Interviewees shared their concern around staff safety, and staff encountering toxic substances in public bathrooms. Participant C1 explained, *"we find ourselves in this space where people are smoking substances in the washroom and there's not*

*really great information that we can find that tells us how to deal with that."* They explained that staff may inhale smoke from drug use in the bathroom. *"Like there's some information on what you do if there's an overdose if you're an overdose prevention site and you have safe ventilation,"* however, they haven't found many resources on how to handle drug use in public bathrooms.

### 5.4 Naloxone

Two of the three institutions provided staff with naloxone training, and kits to administer in the event of an opioid overdose on library premises. The institutions which provided the kits and training were initiated to act because of what was happening in the communities they serve. Participant A explained a few years ago,

> "*we were noticing obviously more opiate dependencies happening and just more vulnerability with patrons that were accessing the library. It was really stressful for our staff knowing the possibility of overdoses happening was growing and nobody really knew what to do. We figured it was time to get everybody trained so we reached out to the health unit locally.*"

Institution B also reached out to a local community agency for support and began providing staff naloxone kits and training three to four years ago. Participant B explained "*there was quite a bit of resistance from staff and so ultimately we did it on a volunteer basis.*" Staff at Institutions A and B had many fears about administering naloxone on community members, some of which included:

- What happens if someone isn't having an opioid overdose?

- Can I give naloxone to someone who is pregnant?
- Am I liable if I do something wrong?
- What happens if the revived person becomes agitated or angry?

Participant A stated a lot of concerns were alleviated once staff training was complete. For Institution A, they talked about making sure staff are never alone when administering naloxone and calling 911 to mitigate the risk.

> "*I think a lot of the concerns were eased and they realized like there's not really a lot of ways to screw this up. It's much more dangerous to leave somebody without the naloxone than it is for me to harm them by the possibility of administering it wrong or doing something wrong and harming somebody more"*

At both institutions training was voluntary, and staff were provided with nasal spray naloxone. Institution B had approximately twenty staff members[12] who took the training; however, Participant B explained, *"the reality is I think only a few people really feel comfortable doing it."* Participant A stated,

> *"We definitely have some staff who have indicated they would not be willing to administer naloxone so if there was a circumstance where it was you know it would be a good thing to do. We have not had that situation yet where somebody really probably needed to have naloxone administered and staff has refused to do [it]. So we just have a theory that staff say they would probably not be inclined to do it but that's just a minority for sure."*

[12] I do not know the percentage of staff members this represents at Institution B. In hindsight, clarifying questions should have been asked.

Administration at Institution A have made it clear to staff that administering naloxone is not mandatory.

At the time of the research interview, Institution A has only had to administer naloxone once since staff have done the training. For Institution B,

> *"unfortunately, staff have had to use it [naloxone], but what we also found is that a lot of their peers and friends also have kits now so often it's community supporting community but still it's pretty terrifying when you're witnessing it."*

Participant B noted when experiencing traumatic events, it's important for staff to debrief. They stated,

> *"I think it's good to talk it out. And that's the other thing, I think it's really important, and staff probably feel they don't get enough of it, but that ability to … just take time to talk about it, to make sure that they are feeling OK too, just don't internalize these things because this is very, you know, it's battling."*

Institution C does not provide staff with naloxone kits and training; however, it was something they identified as a need for their community in 2018. Insurance, which they get through their municipality, was the specific barrier which prevented them from providing kits and training to staff. There were *"concerns for the risk to health and safety of the staff administering naloxone,"* stated Participant C2. Between the insurance broker and Institution C, *"we had this real back and forth where we were like each side was throwing up different studies suggesting that you know there either is or isn't a risk to the health and safety of the people who provide medical assistance by administering naloxone."* Coincidentally shortly after these conversations, an overdose took place in a public bathroom at Institution C.

Fortunately, a community member who had a naloxone kit was able to assist and reverse it. It was a *"frustrating process"* for both staff and management shared Participant C1.

Participant C2 continued, *"it's [naloxone kits and training for staff] something where we've started to look into again and we're looking at ways to go our own way and not use the city's insurance in the same way."* This has been prompted by an increase in opioid use in their community; January 2021 saw seven opioid related deaths.

> *"It just seems silly to not have that available if staff want the training and we don't want to be in a situation where staff feel like they are required to provide medical assistance like that but if they do want to do it and we can make the tools available, that seems like something we should do."*

Institution C is hopeful new research will get their current insurers on board for naloxone.

Institution C felt that many staff would be keen to get naloxone training but not all as there is a stigma surrounding OUD or community members who use opioids. As well, there is a fear about administering naloxone. Participant C1 explains, *"I think people kind of build it up in their mind and once you get the training it's so simple right like 'oh OK it's not that big of a deal.'"*

## 5.5 Community engagement, partnerships and outreach

### *5.5.1 Food programs*

None of the institutional representatives I spoke with offered regular food programs targeting vulnerable community members although some attempts were made prior to COVID-19. Institution A regularly connected community members with other agencies that offered food programs. Lack of kitchen space was an issue for some of the participants I spoke with. Participant B explains food programming *"wasn't consistent 'cause we don't have the space."* Institution B sometimes offers vulnerable community members water and "grab and go snacks" such as granola bars or cookies, as well as leftovers from youth programs, which are packaged up and handed out. At Institution C, in the summer, snacks for kids and teens are available. Occasionally coffee socials are offered in the plaza complex. Participants C1 and C2 stated they would like to offer food at programs and service points.

### *5.5.2 Waiving library fines and providing library cards*

Two of the three institutions had recently waived all fines for patrons, giving everyone a clean slate. Institution A explained they hoped this would impact vulnerable community members the most and bring them back to the library so they can be connected with valuable library services. For Institution A, there is a very low threshold for getting a card and access to library resources. Participant A explains, *"it's been a very clear message from management and librarians to staff that we always want them to err on the side of empathy and compassion as opposed to erring on the side of following policy and procedure."* Patrons without ID can still get a card

and if they are staying at a shelter, they'll put that location as their address and start them with a limit of three items; computer access to computers, digital resources and free materials are always accessible. Institution B tries to *"provide access regardless of what their situation is, whether [or not] they have ID."* Outreach staff work with community members to *"make that connection with somebody so that they can have a successful experience, whether it's … through computer time or borrowing items or musical instruments."*

Institution C noted, *"we have an approach to try to like get them the most service for that person and that we can manage at the point in time and then build it up from there as we can."* They offer an internet only card which provides access even if a community member has lost materials in the past. They also offer a temporary card if someone doesn't have a full ID.

### *5.5.4 Asking community members to leave*

Inevitably, some community members do not have good days in the library and are asked to leave library premises. A common theme that was shared by all interview participants was the opportunity for relationship building when asking people to go. Participant B noted that staff have recently changed their approach when they ask patrons to leave the library. *"What we say is, 'You're not having a good day. We're not having a good experience here. You have to leave today. Tomorrow is a new day. Come back tomorrow.' So, there's always a refresh the next day."*
Participant C1 explains,

> *"I think something positive that happens sometimes is when we have a good interaction with somebody who you know is under the influence of drugs or alcohol and the staff are like 'you know when it seems like you might be, you know, under the influence, and you can't come in today but like do you need any help?' I've read a couple of incident reports like that and I think it's positive because in that case we're still trying to build a relationship but also like set the standards of what goes against the code of conduct and what's acceptable in the library. There's certainly a lot of examples of negative interactions and I think part of it stems from just the intervention itself."*

Participant C2 continues,

> *"We want to continue to build a way of dealing with issues that rely on relationship building and trying to de-escalate things instead of treating things as just violations of your code of conduct that must be met with like suspensions and other punitive actions."*

They continue, *"there's a concern that we disproportionately punish people who are already marginalized and struggling in the way we deal with incidents and difficult interactions with patrons."*

Participant B described a shift in how staff work with community members who are vulnerable and experiencing homelessness, addiction, mental health challenges, or housing issues. They explained that in the past authorities were called when there was an issue with community members, and they were often removed from the library. *"I believe strongly that libraries are for everybody in the community and realiz[ed] that there really wasn't enough support for individuals who have*

*different needs and life experiences".* Participant B stated the central branch saw the most vulnerable community members, and prior to three years ago these interactions were very tense. Before their change in approach, which focused on relationship building, staff would call security detail for the city and,

> "*nine times out of 10, the person was just asked to leave and so there was probably a scene because that person was being asked to leave and they don't want to leave. So there really wasn't any kind of relationship at all with our most vulnerable individuals. By hiring outreach staff, and we've been doing this with two people for the most part so far, we've been able to train de-escalation techniques and humanized individuals."*

At Institution B, food and drinks are available for community members who are having a difficult time. Participant B noted, *"Pre-COVID we were making great grounds and gained a lot of trust from that community as well as from trust from the staff that they could do it."*

### *5.5.5 Partnerships*

All three institutions rely on community partnerships to connect with vulnerable community members. Institution A stated they had a close partnership with the local health unit. Pre-COVID, a street nursing program came and worked out of their downtown library location once a week for half a day. During their visit, they provided onsite medical attention to vulnerable patrons. They've also hosted AIDS screening clinics in their space for vulnerable community members. Pre-COVID, they also had a partnership with an agency in town, which provided a social

worker in their downtown location for one afternoon a week. Institution A would like to expand this service once they get past COVID; however, this service did have its challenges.

> *"I think the feeling was that it was not particularly effective the way that it was working. Obviously social workers have requirements for confidentiality and so it wasn't really a situation where the social worker ever walked around the branch and chatted with people and got to know them and build relationships and then was able to kind of fill the need for providing services. She tended to kind of sit in the backroom where we had space for her to provide her service. We had a sign out and we would often make an announcement on the intercom that the social worker was in, but people had to go and find her."*

Staff at Institution A would see vulnerable community members daily, who were *"more comfortable with our staff" than "seeking out a social worker in the back corner."* However, having a social worker on site was helpful for staff to refer community members to.

Institution B was running a restorative justice program that was starting to ramp up before March 2020. It was also supporting community members and their attorneys with virtual Zoom court appearances by providing private rooms in their facilities, but these programs were quashed due to COVID. Institution C described partnerships with local agencies such as the justice society, the city, and provincial organizations. A librarian sat on a poverty reduction committee which aligned with the province's poverty reduction plan; and Participant C2, the library director, sits on the mayor's task force which looks at social issues impacting the community. In

March 2020, Institution C was set to have service providers come in every Friday for a couple hours and help connect people with services and fill out paperwork; however, this was put on pause because of COVID until October 2021.

### 5.6 Staff training and hiring

Approaches to training and hiring staff varied for each institution. When Participant B first began working at their institution they noticed that

> *"staff weren't used to working with our most vulnerable, marginalized people. They didn't have the skills necessarily. They were afraid. I heard a lot of, 'this isn't what I signed up for in library school' comments. Over the years we've worked really hard to try and provide training and coaching for staff who are on the front line to be able to have more successful interactions and relationships with some of our community members".*

Institution B started hiring outreach staff for the central location. Participant B explains, *"That made a huge difference to have people who have lived experience, have actual experience working with our most vulnerable marginalized citizens and allowing them to have a successful experience [in the library]."* For these roles, this institution is not hiring staff with library backgrounds, but staff with who may have a Bachelor of Social Work, Community Justice degree, or real-life experience working within community: *"[Staff are] quite specialized both in temperament and degrees background".* Participant B explained,

> *"I think through our outreach staff and hiring people who really understand, love their work and have relationships with individuals, has made all the*

*difference in the world. So, without that team I don't think we'd be where we are today."*

At Institution C, specific training on how to work with vulnerable community members was not provided; however, staff received respectful workplaces training and violence prevention training. Staff from an overdose prevention site also came to share a presentation but attendance was not mandatory. At Institution C, some staff are taking training from Brian Dowd, who offers the Librarian's Guide to Homelessness courses online (www.homelesslibrary.com). Institution C is also implementing training for staff that aligns with social issues the Mayor's Task Force has identified as impacting the local community. However, the representatives indicated that more learning needs to take place. Participant C2 stated,

"*it just feels like even though we've done a lot, we know it's still a gap and we know there's still a lot of work to do to make sure staff feel capable and prepared to deal with the situations that come and have tools to respond that are with compassion [and] understanding but also setting boundaries in terms of what the conduct standard is."*

Institution A is providing staff with anti-racism competency development training. In their community, there is a strong connection between experiencing homelessness and being Indigenous, specifically in the last citywide homeless survey they cited that 78% of the homeless population in their community was Indigenous. Participant A explained, "*you can't untangle racism from vulnerable community member issues.*"

### *5.6.1 Systemic racism*

Systematic racism was discussed extensively by Participant A. They explained in their community, the Indigenous experience is fraught with violence and racism.

> *"We have a predominantly white staff which is really problematic and I think there are lots of efforts being made to diversify our workforce which is really important. I think our staff are very well aware of the pretty hard things that are happening in our community and the need to provide really important services to community members, for the library to be safe space for people to go in terms of being culturally safe as well as just being a physically safe space to be. I think that's one of the things that we try and do really well, is for it to be a safe space for patrons."*

They continued, *"there are times that we don't get it right and there's more work to be done and that's why we're doing so much anti-racism work with our staff right now."* From the top down this issue is being looked at;

> *"it's very much a work in progress trying to make sure that we have staff that understand what the issues really are and like what systemic racism means and what it looks like and how we are contributing to it every day, even when we're trying to change some of those things that we do."*

Participants B, C1 and C2 did not comment on the issue of systemic racism in their communities; none of the interviewees were explicitly asked to comment on this issue.

### *5.6.2 Staff burnout*

Concern about staff burnout and morale was shared by all interviewees. In terms of not being able to provide naloxone to community members, Participant C1 stated, *"I think it really impacted some people's morale just to be told that no we couldn't proceed with that or we couldn't pursue that anymore."*

In my interview with Participant B, I shared with them some of the challenges I've experienced as a public library worker. Their response was, *"It's a constant everyday, and some individuals in general are more resilient and can handle that kind of stress better than others… some sort of walk towards it and some run away from it."* For example, Participant A stated,

> *"I'm very comfortable dealing with the incidents that we have, and I feel like my empathy is pretty high in a lot of situations and so I don't find it too stressful, but a lot of our staff do. We deal with a lot of incidents on a daily basis particularly at the branch that I'm at. There are many days when we are calling either the police or the ambulance, sometimes multiple times a day because somebody's in medical distress or somebody is caught, like there's a physical fight breaks out, or a weapon is found and you know any number of things so things definitely don't always go well."*

They continued,

> *"We definitely have issues in terms of burnout with staff because a lot of staff are dealing with issues just constantly through the day and it's really stressful. We have had overdoses, we have had just really upsetting kind of medical*

*situations happen in the building that the staff are having to deal with and so it can be very stressful."*

As an employer, Participant B explained,

*"It's sort of identifying staff who feel A) they want to be part of it and B) can manage that kind of stress, and how to de-escalate it, how to make people feel safe and welcome in managing that tension."*

They state there is a tension

*"when you have street-involved individuals who you know are dealing with all sorts of things in their lives you know having them in in 10 to 20 feet from a children's program going on the library right and those individuals may be acting erratically or you know they're dealing with something."*

Library employees must "*manage that tension between these two worlds so that everyone has a successful experience in the library… you need to be able to find a way for everyone to coexist.*" Participant B stated, *"we have to really rejoice in our successes and even if it's a small success we have to rejoice in that because there's a lot of pain, so much pain and suffering and sorrow."*

### 5.7 COVID-19

When libraries across Canada closed their doors in March 2020, all three institutions quickly pivoted to virtual programs on Zoom. Make-and-take kits, apps., and tour guides for other spaces were also promoted to community members. All three institutions offered curbside pick-up in one mode or another. Institution A moved forward in a slow and safe approach that was staff supported; when COVID

numbers were low, they opened briefly from August until October 2020 and community members could access curbside pickup and borrow materials from displays. Community members could never lounge or sit or just in the library. Institution B offered a similar service in the main atrium of their central branch. Institution C offered curbside pickup from mid-May to July 2020, and then subsequently opened their doors to the public. Community members could pick up holds and use computers; however, seating areas were removed. At the time of our interview (in June 2021), the institution was getting back to normal, with the reintroduction of limited seating areas such as tables and study carrels; however, couches and in-person programs were still on hiatus.

COVID-19 has magnified the important role libraries have in serving vulnerable community members. Participant A explained that their inner-city branch doesn't exactly function as a traditional library because it strives to serve a large vulnerable population. They stated,

> *"COVID has really shown that [role] a lot because the services we offer have really had to be scaled back, like for everybody else, and so our branch was so slow with curbside service because you know checking in and out books is not our bread and butter."*

They continue *"all of these innovative things that were trying to do are still really based around collections and getting our collections out to people or getting programming out to people virtually."* These activities do not meet the needs of vulnerable community members, and since *"so many of the people that we served*

*were vulnerable community members and we just haven't seen them really in the last year."* Participant A explained, *"it's been really hard, like certainly not for the better"*

Library closures and space changes have impacted community members, but especially vulnerable community members. Participant A stated,

> *"it's been you know almost a year and a half where people just haven't been allowed in the library at all just to be. And we have had so many people who used the library as a safe warm place to be, that may be there all day long, and so all of these people we haven't been able to serve."*

At the time of this study's interviews, only Institution C was open to the public. Participant C1 explained, *"We're not seeing the same amount of people that just come in to sit and be and spend time as we used to."* At Institution C, to mitigate the risk of COVID-19, they have limited seating and removed *"spend all day here kind of seating"*. They have discouraged lingering in the library which *"traditionally has been something we've really encouraged for marginalized populations who may not be welcome like in businesses… areas downtown."* Participant C2 stated, *"you know that was difficult to have to like start turning these people away when we weren't allowing visits, or we were closed altogether."* They have also reduced their capacity and are not allowing eating in their library spaces.

Institution C stressed protocols for hand washing and mask wearing and tried not focus on different segments of the population. Plexiglass was installed at Institution C, and mask wearing for Institution C was mandated by government. Prior to the mask mandate, it was recommended but not possible to enforce until there was a public health order. Participant C1 explained once mask wearing was

*"mandatory like compliance is a big thing and people can react in a lot of unpredictable ways, like we've had people spitting and throwing things"*

Participant C1 described the additional apprehension staff may feel about working with vulnerable community members. They explained, *"with COVID there's that added layer, not only just health and safety concerns around substance use and how people's behavior will be, but also like the fear of COVID."* Participant C1 continued,

> *"this idea of humans as like vectors of disease like it plays out in other stigmas. This is why people are so nervous about discarded syringes and other things, but that stigma is just so leveled at marginalized and vulnerable people so often and so yeah it was pretty distressing to see it play out in the library."*

Participant C2 stated,

> *"we had to address an additional stigma around the risk of getting COVID from people who are homeless or who don't have access to resources, that that they are at a higher risk of spreading COVID which was totally a baseless argument. We had to confront that and say you could get COVID from anyone."*

Participant C1 added,

> *"we had a bunch of other staff that you know have real lived experiences of substance abuse and had been impacted by overdose deaths and who are real leaders in that way so you could push back against some of those [fears and misconceptions]".*

### *5.7.1 COVID Winters*

All participants acknowledged their library spaces were used by community members who were experiencing homelessness. Specifically, community members accessed the library when homeless shelters were closed for daily cleaning. They also stated the library was very important for community members in the colder winter months. Participant A explained although

> *"this winter [2021] actually was milder than most but we did have a cold spell you know for a couple weeks where it was consistently minus 40 or minus 45 with the wind chill. It was really scary because all of those patrons usually would spend time in library, and we didn't really have good warming centres set up and the city didn't have really great options where people and of course it was cold and so shelters had to be really careful with how many numbers of people they were allowed to have in. It was really scary."*

They shared some library staff drove around on their time off and handed out blankets to community members.

Participants conveyed their disappointment in not being able to serve vulnerable community members due to COVID-19 restrictions. *"It's been really hard here not being able to serve people,"* stated Participant A. Participant C2 shared a similar sentiment, *"you know that was like difficult to have to like start turning those people away when we weren't allowing visits or we were closed altogether and you know especially when the cold weather months come."*

### *5.7.2 Programs and partnerships*

The sentiment that COVID killed programs was shared by participants. Home delivery service, and deliveries to care homes were cancelled. All three institutions rely on community partnerships to connect with vulnerable community members; however, COVID-19 has impacted these activities. Institution C explained since COVID-19 they haven't been able to do outreach in the community or have face-to-face interactions with organizations they usually partner with.

Institution B did respond innovatively to meet the needs of vulnerable community members. Participant B explained, *"quite early on we realized that having our outreach staff supporting curbside pickup was a waste of their talent, so we've seconded our staff into the community"*. While libraries were closed physically to the public, outreach staff connect with community members through social services partners. Institution B has continued to pay outreach staff salaries; in turn, outreach staff has worked at social service partners and assisted vulnerable community members by taking them to appointments or helping them with government forms. This initiative has

> *"put this library in a different light within the community, that we have staff with knowledge and ability that help in different ways. The library I think has actually been a big winner in this because it's put us on a map in a different way."*

Participant B explained, *"We have the staff in those roles, you know they're real outreach people, that's their love. Their love is to be out there working with their people as they call them."*

### *5.7.3 Wi-fi and technology loans*

Technology loans, wi-fi access and online programming was provided by all institutions interviewed; however, it was noted, by all participants, these services may not be relevant to vulnerable community members. For example, technology loans from the library may not meet the needs of some vulnerable community members. Participant B described the situation for the community members their institution serves:

> *"vulnerable community members, at least in our community, are more connected than one might think. They often have phones, they may not have data, and they have to go somewhere where there's free wi-fi but they often have some sort of device."*

However, Participant B noted virtual programming that was offered during COVID-19 likely did not meet the needs of vulnerable community members. This sentiment was also echoed by Participant A.

The pandemic prompted Institution B to extend its the wi-fi range into an adjacent park, as well as to ramp up a Chromebook loaning program. However, Participant B did not see a lot of community members with complex issues related to opioids and addictions using the Chromebook loaning program; rather this service met the needs of community members who are precariously housed. Institution A didn't extend the wi-fi range but successfully applied for and received a significant grant which enabled them to purchase 50 tablets and 80 Chromebooks, along with rocket hubs for wi-fi access for people to take home. This extended

service to more vulnerable community members who didn't have access to technology at home. They worked with 40 community agencies to identify community members who would need access to these resources; there was no deposit on borrowing these resources so any barriers to access were very low. The wi-fi range of Institution C was expanded upon prior to COVID-19 to the local plaza.

### *5.7.4 COVID-19 and the opioid crisis*

Since COVID-19, Institution C has noticed more community member members experiencing substance misuse issues. Participant C1 explained,

> *"I think the thing that we've or I've noticed at least is with fewer people around it seems like we're kind of seeing some of these behaviors that are not great in libraries like using substances in the library, and in the stacks, in the bathroom, and that was already happening but now it's very obvious 'cause there's so few people around."*

Downtowns are less busy. Participant C2 explained traffic is a deterrent to unwanted behaviors, but things are quieter, *"so people started to become bolder in the kinds of things they would do just right out in the open."*

Less traffic in the library has also magnified unwanted behaviors in libraries spaces. Participant C1 explained,

> *"We're doing 25 or 50% of our regular interactions so it's just easier to see that [unwanted behaviours] and easier to focus on it and like give it space in your mind, right? Like when you're busy and you're doing your work and there's a thousand people coming through a day, there's stuff that happens, that the*

*interactions are not just like 'oh there was an incident, there was an incident, there was an incident'."*

Participant B expressed concern that staff may lose some of those skills they've acquired over the years during COVID related shutdowns. *"It's a bit of 'use it or lose it' scenario with those skills because we haven't had to really integrate with anybody let alone some of our most challenging street involved community."*

## Chapter VI: Discussion

This research offers a testament to how the opioid crisis and COVID-19 are affecting several Canadian libraries, and showcases the care and compassion library workers offer to their community. It documents the trauma and stress library workers experience daily, especially when they experience loss in their community. It also shows that even though library leaders may not be interacting with the public directly, they possess compassion for the community members they serve, experience the negative consequences of work-related trauma and stress, and they understand the actions of their institutions have a significant impact on the lives of their staff and community members. COVID-19 has magnified that loss for libraries across Canada, specifically because they haven't always been able to respond to the needs of their most vulnerable community members when they were physically closed.

Although the survey featured a large contingency of library workers in management roles, it also featured frontline staff such as library assistants, circulation staff and programmers. These workers have the distinct role of interacting with community members—library patrons—on a regular basis. In contrast, library leaders including staff in management positions may not interact with community members on a regular basis; their contact may be minimal or only deemed necessary when a situation escalates. However, in a moment of crisis, frontline staff may be the first to respond to a situation. In my experience, it is the managers who later debrief with frontline staff and guide them in how to move forward, making policy or procedure changes. Sometimes they may meet directly

with community members and staff to navigate a situation. The value of debriefing with staff was noted by interviewees.

In the following discussion section, I have compiled the main themes that were identified in the thematic analysis and present them here. They include:

- Library setting and space issues(6.1);
- Naloxone and training (6.2);
- Community engagement, partnerships and fostering relationships (6.3); and
- Hiring, training and resiliency (6.4).

The survey and interview results are discussed together because they share common themes—even though the views expressed represent different institutions.

## 6.1 Library setting and space issues

### *6.1.1 Library location to social services and public spaces*

Interview participants noted branches situated in urban and downtown settings, served many more community members who were experiencing OUD and/or drug dependency than branches in rural, neighbourhood or suburban settings. This sentiment was echoed by survey participants; those who indicated they worked in urban libraries encountered community members experiencing drug dependency many times a day at a higher frequency than those that worked in other types of communities. Specifically, 65.28% workers at urban libraries indicated they encountered community members experiencing drug dependency many times a day

whereas this phenomenon was only reported by 26.67% suburban library workers and 41.18% rural library workers.

This tendency is also paralleled when talking about the opioid crisis. 74.65% of survey participants who work at libraries in urban settings indicated the community their library is situated within has a significant opioid problem, whereas only 43.75% rural library workers and 33.33% suburban library workers indicated this was the case. Interview participants also noted their urban libraries were located near social services and public spaces, where community members congregate; they also explained libraries provide toilet access, which is essential for these community members.

It may be tempting to conclude that the opioid crisis and drug dependency is an urban problem; however, perhaps those libraries situated in urban settings attract more community members who are experiencing these challenges because of their proximity to social services. In contrast libraries located in rural communities may be unable to attract community members experiencing drug dependency or the opioid crisis because they are not situated near social services. Transportation may also be a barrier for patrons of rural libraries; libraries in urban centres are often located near transit systems.

There may also be an underlying stigma related to the drug misuse and OUD, which may keep things hidden in rural communities and under-represented in the research. For example, Canada's data about the opioid crisis only breaks the crisis down provincially, not regionally (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). As well, data analysed from the 2018 Canadian

Community Health Survey hints that isolated rural communities may experience the opioid crisis just as much as the urban counterparts, specifically on-reserve First Nations communities (Carrière et al., 2022). More research needs to be conducted to understand how rural libraries serve vulnerable community members and how the opioid crisis is impacting them.

### *6.1.2 Space to be*

Study participants also talked about the role of the library in providing space— whether it's for a court proceeding or for an AA or NA meeting— to vulnerable community members. They also indicated libraries provide resources for information access such as books and computers, but also provide basic needs such as bathrooms.

### *6.1.3 Bathrooms*

Study participants indicated libraries provide necessities for community members including bathroom access. However, great concern about drug use in bathrooms was expressed, specifically safety concerns for staff and community members. Special consideration needs to occur when designing and managing bathrooms in library settings. This includes addressing issues related to drug use such as needle disposal (Allen et al., 2019a; Ford, 2017; Freudenberger, 2019; Real & Bogel, 2019b); as well one stall bathrooms may put community members at risk for using drugs alone (MacKinnon et al., 2020). Closing bathrooms (Freudenberger, 2019) may be a strategy to mitigate the risk of drug use, and as study participants

indicated this was done due to COVID-19 because of social distancing measures—but this was not in the best interest of community members. Where do community members go if they can't use the bathroom at their neighbourhood library? This is speculative, but if library bathrooms are unavailable and an individual is experiencing homelessness, they will use the washroom in locations they should not (such as outside, without privacy). This scenario may lead to behavioural issues as well as other maintenance issues (specifically the clean-up of human waste).

Recently I was reminded of this when I was determining staffing levels for a branch where I work; closing on a Saturday was not an option because we were the only neighbourhood bathroom. Much like how collections and programming must be developed in response to what community members want and need, libraries may want to examine how they can physically meet the needs of their vulnerable community members. From aligning their opening and closing hours to that of the neighborhood shelter to incorporating public showers in new builds, libraries can make changes that can have a big impact on the lives of vulnerable community members. These examples point to the changing role of libraries; they are essential for communities to meet basic needs.

### 6.2 Naloxone and training

Like the library workers referenced in the literature review (Real & Bogel, 2019a; Woo, 2018), data collected through survey and interview participants indicates library workers want training in how to administer naloxone on a community member experiencing an opioid overdose. Of those survey participants

who indicated they did have naloxone training, over half of them (51.06%) got the training independently, outside of work. Of those without the training, over half of them (65.52%) indicated they wanted the naloxone training. I anticipate this number would increase if staff were given more information about naloxone—and access to training. Specifically, if 65.52% of the 53.33% of library workforce who doesn't have naloxone training got the training, that would lead to 34.94% increase in staff with the training—or a total of 79.70% of library workers with naloxone training[13]. Of course, there are external factors to consider such as staff capacity and resources (Carnes, 2018)— but both the literature and data collected from study participants indicates library workers want to be able to have naloxone readily available for community members.

### *6.2.1 Insurance*

The literature review cited several examples of misinformation about administering naloxone—from cross-contamination, fentanyl dust and the myth revived individuals would be aggressive—which prevented library boards and senior management from granting permission for frontline staff to administer naloxone on library patrons. (Woo, 2018; O'Neill & Wheeler, n.d.). The survey participants did not indicate misinformation was preventing them from administering naloxone, but the interview participants discussed the role of

[13] Calculation is as follows:
(65.52% X 53.33%) +44.76% (of survey respondents with naloxone training)

external partners, and how misinformation may prevent them from supporting a library in administering naloxone on patrons. Participants C1 and C2 revealed insurance was the reason Institution C did not allow their staff to administer naloxone on community members experiencing an opioid overdose on library premises. The insurance company would not provide them with adequate coverage, and Institution C cited misinformation as one of the forces behind this. Perhaps this is a challenge that other libraries in Canada have encountered.

Staff training and naloxone drug purchases were identified as the only financial costs for administering naloxone in a library setting in the literature review (Carnes, 2018; Real & Bogel, 2019a); however, participants C1 and C2 identify other factors that need to be considered when making institutional decisions. Specifically, besides getting buy-in from insurance brokers, insurance is a cost that needs to be taken into consideration.

## 6.3 Computer and internet access, programming and partnerships, and fostering relationships

Study participants indicated keeping community members engaged through computer and internet access, programming, and partnerships went a long way in helping library staff foster positive relationships.

### *6.3.1 Computer and internet access*

Participants noted computer and internet access is a key library service that vulnerable community members accessed, and these services were limited when

libraries reopened physically after COVID-19 closures. Survey participants noted information resources were available online during the pandemic, but difficult for vulnerable community members to access. Survey and interview participants noted COVID-19 forced them to pivot to online programming, but that these initiatives did not necessarily serve vulnerable community members who may not have housing with internet access or a laptop or smartphone. Specifically, one may argue vulnerable community members were left out when library programming pivoted online. During lockdowns this may have made them feel less connected to community—and caused feelings of isolation which may have caused them to turn to drugs (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021.) It's tempting to make a direct correlation between access to online library programs and drug use; however, noticeably missing from this research are the voices of vulnerable community members. It would be valuable to hear what library resources they rely on, and why they did not access online programs during the pandemic. Are in-person connections what vulnerable community members need and want as opposed to online interactions? Did vulnerable community members not access online programming and resources because they did not have access to technology? What is the best way to promote library resources when vulnerable community members can't visit the library physically? Future research needs to explore these questions in depth.

### *6.3.2 Programming and partnerships*

Survey and interview participants both indicated partnering with health agencies to serve for vulnerable community members including those experiencing OUD was essential. This could include drop-in health clinics, providing information resources, or library staff making referrals on behalf of community members. It also seems essential to provide programs that are low barrier (e.g. signing up in advance is not necessary) to ensure accessibility for everyone. Low-barrier programs help community members experiencing homelessness and addiction because they offer the opportunity to engage positively in a community and reduces social isolation. Another potential program topic that would be helpful in the age of COVID is food programming. None of the institutions I spoke with offered regular food programs, but it is something they all seemed interested in exploring. Survey participants indicated food may be available at some libraries through programming, a community fridge, snacks, or lunches.

These two elements (food programming and low-barrier programs) are particularly important to consider in today's context, as communities move into the living with COVID phase of the pandemic. Specifically, some community members are struggling, and it may be hard for them to make a commitment to a program, even if it's just a week away. As well, communities are rapidly changing, and in a living with COVID world, some community members are getting squeezed out as housing and food costs rise. Finally, for the past two years libraries in Canada were not always able to provide consistent services, including hours open to the public.

Now is the time for libraries to rebuild their membership and this can be done by creating programming that meets their current needs.

### *6.3.3 Fostering relationships*

Survey participants noted the relationship building that comes with community members coming into the library day-after-day to use computer resources. They emphasized staffing cuts and reductions to library services may have reduced opportunities for library staff to develop positive connections with vulnerable community members when libraries reopened midway through the pandemic.

Something I took away from the interviews was in-person programming may alleviate behavioral challenges for community members who are experiencing OUD or drug dependency. Specifically, Institution B highlighted how programming that targeted vulnerable community members helped their staff foster positive relationships with these individuals and meet their needs. Also, relationships were instrumental in deescalating challenging situations.

## 6.4 Hiring, training and resiliency

An interview quote that stuck with me from Participant A is "*checking in and out books is not our bread and butter.*" To me, this quote speaks to what library workers do—quite often the day-to-day is beyond information management but involves working with people. These skills may be taught in a social work or healthcare degree but may not be focused on in an information management or

library training program. Besides, it's very difficult teach these skills—specifically soft skills required to engage with community members—and strategies are theoretical at best because issues related to vulnerable community members including poverty, mental health challenges and food insecurity are complex and multifaceted. It may be possible in an academic setting to provide some context about the social issues that may be encountered in public librarianship; however, it takes practice and experience to learn how to work with *all* community members.

An approach, as suggested by Participant B, that may alleviate some of this tension is to hire staff from within a community who have lived experience or training in social work. However, a practical consideration related to this strategy is these hires will likely need training in information management. Specifically, if institutions hire staff without library training, they need to have a comprehensive onboarding plan; space and time need to be taken into consideration. However, as mentioned by Carnes (2018) staff capacity, a lack of technology, and oversaturation of training may hinder onboarding. This is something I have had to contend with as a staff supervisor at the branch I work at—finding time, a space to work in and as well determining ideal learning conditions for individuals (for example, does a staff member learn better in the morning? Are they more successful learning in short or large amounts of off-desk time?).

The interviewees identified that some library workers are more resilient than others and easily bounced back from challenging interactions with community members. They also talked about how some staff are better at managing stress than others—and that burnout is a risk for everyone. Speaking from my own experience,

it does take a certain self-awareness to recognize that a community member who is disrespectful is not necessarily directing their attack towards you, although you can certainly do or say things to exacerbate a challenging situation. The following days after a shift at work that involved a call to 911 because a community member was unresponsive, I had to be very mindful to not think of worst-case scenarios or "what ifs". Specifically, every time my mind wandered to those potential eventualities I had to say to myself "this is a thought, and that did not happen—you did the right thing"[14]. I am not sure if this is resiliency as much as having the supports in place—including personal training in the practice of mindfulness, stable relationships and an employer who checked in on me after the 911 call. These supports enabled me to successfully cope with this stress. Relating this to working in other library settings, an infrastructure must be in place to ensure library workers can develop the aptitude to navigate trauma in the workplace, as well as ensure supports are in place to personally check in on staff well-being.

The interviewees also talked about how some staff can handle the stress that comes with working with vulnerable community members; and how training—whether it is how to administer naloxone, to Ryan Dowd training, to anti-racism competency training— may help others gain some confidence and understanding in how to navigate these relationships.

[14] Essentially, I was practicing mindfulness—which identifies a thought as a thought, or pain as a thought that will pass. I had learned this practice from private counselors, on sports teams and in birth preparation classes.

As well, I have realized that my own experiences will influence my response to a situation (or my colleagues). Recently after debriefing with staff after an incident at work, I was reminded of Badalamenti and Hardy's trauma-informed lens (2019). Specifically, all library workers have different experiences which may influence how they respond to a situation, and how quickly they are able to "bounce-back" after a traumatic event. Participant B noted it is very important to ensure staff are debriefed after traumatic events. I would add as well as debriefing, it's important to acknowledge past experiences will influence how staff are affected by traumatic events. Library leadership needs to be aware of this as there may not be a 'one size fits all' approach to recovering after difficult situations.

## 6.5 Recommendations

As libraries navigate the opioid crisis in their communities, I offer the following recommendations based on my research:

### *6.5.1 Space*

**Consider the location of a library.** A library's proximity to social services will influence the community it serves. Consider this when determining staffing levels, hours of operation and programming needs.

**Design or retrofit bathrooms to mitigate the risk of drug use.** Bathrooms which are single used may put community members at risk if they use drugs alone so they should be avoided in new builds. Retrofit doors so they swing out.

### *6.5.2 Naloxone and training*

**Be wary of information surrounding OUD.** There are many myths surrounding this medical condition so find information from reputable sources, including peer-review sources, local health care providers and harm reduction organizations.

**Provide staff with naloxone training, and naloxone to administer.** Implement naloxone training with other first aid training so it is accessible to all staff.

**Provide training to library staff related to social issues such as the opioid crisis.** Teach them how to administer naloxone, offer them Ryan Dowd training, mental health first aid or non-violence intervention training.

**Create staff training opportunities.** Consider technology needs, office space, and the allocation of staff to ensure all staff can participate in training about the opioid crisis and other social issues.

**Engage with stakeholders about the opioid crisis.** Provide information to stakeholders about OUD, the risks of an opioid overdose in a library setting, and the benefits of administering naloxone on community members experiencing an overdose. Learn from harm-reduction organizations about how to mitigate risks related to the opioid crisis and libraries.

### *6.5.3 Community engagement, partnerships and fostering relationships*

**Build relationships with *all* community members including those with complex needs.** Encourage staff to introduce themselves[15] and get to know community members. Obviously respect a community member's privacy and anonymity but if there is a resource available that may positively impact their day offer it them. This may include a book or movie recommendation or other library service.

**Provide computer and internet access to *all* community members.** Community members who may be experiencing OUD may have barriers which prevent regular technology access. Reduce barriers so they can access library computers and positive build relationships with staff. Extend wi-fi beyond the walls of the library to public spaces such as parks and outdoor plazas.

**Create low-barrier programs that engage *all* community members including those experiencing OUD.** If possible, add a food element to support and attract community members to programming.

**Work with community partners and local government to address social issues.** As library workers, we are one the frontlines and we hear first-hand what issues community members are contending with. Share this information with

[15] As a supervisor this is something I encourage staff to do. I've noticed after sharing my name, a community member will often share their name as well. You then can properly acknowledge the community member when they come to the library, which may prevent behaviour challenges—and a foster a positive relationship with them. As well, my library does lots of food related programming, which is a great way to connect with community members.

stakeholders, and work with them to implement solutions in response to social issues.

**Work with community partners to create programming that engages with community members about topical issues such Canada's opioid crisis.** This programming may include naloxone training, book discussions or film screenings.

### *6.5.4 Hiring, training and resiliency*

**Hire staff with diverse experiences**. This may include those with lived-experience, social work degrees or community justice training. Have an onboarding plan so staff coming without library or information backgrounds can navigate library resources.

**Use a trauma informed lens when working with community members and staff.** Past experiences will inform how community members behave in the library and staff respond to challenging situations. Navigate with caution and recognize that everyone comes with their own lived experiences.

**Debrief with staff after a traumatic event.** Have a plan and resources available so library supervisors can communicate effectively with staff after a library incident. Follow-up the day of, and a few days after a traumatic event to ensure staff are okay, feeling supports and able to access the necessary resources.

**Encourage staff to practice self-care.** Offer staff strategies to manage stress and prevent burnout. This may be implemented in other training plans.

**Celebrate small successes.** If someone does something well— whether a library staff member or a community member— acknowledge their success, courage, and resilience.

### 6.6 Limitations

Many voices were missing from this research. Notable gaps include Manitoba's absence from the data, and small sample sizes from some regions in Canada including the territories and Atlantic Canada. There may be several contributing factors that attributed to the absence of Manitoba from the data. At the time the survey was live, Manitoba reported a record number of COVID-19 cases (CBC News, 2021). My survey was not necessarily on the minds of library workers, who may have been working from home and disconnected from their peers and library work. As well, non-participation from Manitoba's library workers may indicate I did not connect with the correct library network to reach out to library workers. The pandemic may have preoccupied the organization, as perusing their website (https://mla.mb.ca/), it appears there were no blog posts between March 18-June 14, 2021. News articles indicate like other public libraries from across Canada they closed their doors to the public and pivoted to curbside pick-up (Gamache, 2021).

In contrast, the survey was heavily weighted in responses from British Columbia, Alberta and Ontario. This may be because Canada's opioid crisis has had a greater impact on their communities (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021), and library workers wanted to have their voices heard.

However, there are simply more library workers in these provinces, which also may explain why there were more responses from these regions. Also notable was that many responses were from Nova Scotia. Although I did not intentionally promote the survey to my community—I shared information about the survey on APLA's Facebook page, just like other Facebook pages for professionals from across Canada— knowing that I was leading this project may have influenced their decision to participate in it. I also spoke at the APLA conference in June 2021 conference which may have generated interest locally.

As noted, Manitoba is missing from the data, as well as a low participation rate of library workers from P.E.I., Newfoundland and Labrador and the territories. Therefore, this project does not provide a holistic picture of how Canadian libraries are responding to the opioid crisis as well as health emergencies such as COVID-19. If the project was designed differently, I may have had different responses. For example, had I interviewed frontline library workers, the narrative provided by them would have been different; even if I executed the survey and interviews a few months later, responses may have been drastically different, as libraries learn more about COVID-19 and how to safely serve community members during the pandemic. It is also tempting to draw connections between interviewees and survey participants; however, both work in different contexts and one cannot draw parallels unless they both work within the same context or library setting.

## Chapter VII: Conclusion

Canadian library workers are on the front line of the opioid crisis. Evidently it appears urban libraries are in the thick of it because they are located in the heart of large communities, near social services. Throughout this thesis I've shared stories of how library workers act with kindness and compassion and develop relationships and connections with community members with complex lives. They've developed these relationships and connections because libraries provide important resources such as computer and wi-fi access, and a space that serves the needs of community members with complex lives—such as homelessness and social isolation— because of OUD.

An underlying theme that resonated in this research was that public librarianship is about relationship building, especially when working with vulnerable community members, including those experiencing OUD. Relationship building will better ensure community members have a positive library experience and help to prevent behavioural challenges—which may exhaust staff and lower their resiliency and tolerance for adversity. As well, when library workers create connections with community members, they may be able to identify what resources the community members may find useful; much like readers' advisory, library workers must listen and respond to the needs of community members.

Canada's opioid crisis prompted some libraries to change their programming activities and hiring practices. For example, programs were developed that targeted community members with complex lives, and some libraries hired staff with social work and community experience. Many Canadian libraries also responded to the

opioid crisis by providing staff with naloxone to administer on community members experiencing an opioid overdose on library premises. Simply providing staff with naloxone to administer on community members who may be experiencing an opioid overdose at the library is complex and multifaceted. Library leadership must work with multiple players including government agencies, local unions, community partners and insurance underwriters. Insurance needs to be acquired, training needs to be provided to staff, and systems need to be in place to debrief staff after an incident. Library workers seem to be keen acquire the necessary knowledge to support community members with OUD.

COVID-19 and the fallout of government enforced social distancing measures forced libraries to quickly change their hours of public access, spaces and programming activities. In many ways libraries have not been able to respond effectively to community members experiencing the opioid crisis during COVID-19; specifically, study participants indicated online programs and collection focused activities did not meet their needs. COVID-19 demonstrated that libraries provide a physical space for community members to just be, as well as basic human needs such as place to use the bathroom. Temporary library closures or reduced hours and services that were brought on by the pandemic showed first-hand value libraries have at providing a space for community members. We have yet to fully comprehend the impact of this on the lives of community members.

In this research, misinformation about OUD and risks associated with naloxone came up repeatedly. From “fentanyl dust” to community members being aggressive after receiving naloxone, decision makers (i.e. library management) must

ensure external partners (i.e. insurance agencies or government partners) are working with the same information—and that the information is accurate and true. The level of control libraries have over external forces is limited, although they may be able advocate for community members by having staff sit on government task forces, whereas libraries do have direct power and control to make changes over internal workings such as staffing and library policies.

Sometimes there is an information gap or lack of clear communication between library frontline staff and management, which may put the two in conflict. To mitigate this risk, there must be a strong connection between frontline staff and management. Specifically, both need to communicate well with each other to ensure library users are being served, staff is being supported, and management is making decisions that positively impact staff and community. This may include changing hiring practices to respond to the needs of community; for example, management may wish to hire staff with training in social work. Alternatively, management may support staff by changing rules so there are minimal barriers for community members to access library resources; for example, if library staff spend less time enforcing fines, they will have more time to interact and build positive relationships with community members. Finally, if there is strong communication between the two parties, this will better ensure that proper training is in place to support staff in serving community members.

The opioid crisis is an ongoing issue that is constantly evolving; how it impacts communities will change depending on responses from government and local health authorities, as well as external factors, such as the introduction of

fentanyl in Canada's illicit drug scene or COVID-19. This research indicates that libraries are constantly evolving as they respond to the needs of communities. Through relationship building with community members, and communication and information sharing between all stakeholders including staff, government and external stakeholders, and careful consideration of the physical space of libraries, Canadian libraries will navigate the opioid crisis and other health crises.

### 7.1 Next steps

This research also calls attention to how libraries can serve community in a public health crisis— but that a blanket or one-size fits all approach will not work for vulnerable community members. For example, pivoting to online programming simply misses vulnerable community members. Alternatively, enforcing social distancing measures may seem nonsensical for community members who are experiencing the perils of poverty including food insecurity, lack of housing or poor health; these community members may operate within different timelines and contexts. Libraries shutting down physically in a moment of crisis marginalizes vulnerable community members.

As this research project is a pilot study it offers a starting point for future research opportunities. My research may be used as a comparison for future responses. Future researchers may wish to target libraries located in specific communities in Canada who are experiencing the opioid crisis or examine how the opioid crisis is affecting libraries serving rural communities. Or they may want to do a case study of one public library system or one public library and hear from both

frontline staff and management so direct correlations can be made. Another research opportunity may include investigating the role of social workers in Canadian public libraries or capturing the experience of vulnerable community members who use public libraries. Finally, my hope is this research can be put into practice, and libraries can try some of the strategies implemented by participants within their own communities.

### 7.2 Last words

I'm talking with a staff member when I hear a loud, “Hey, how's it going?” from the other side of the room. It's Paul. He asks me again, “How's it going? The last time I saw you it was your first day on the new job.” Five months earlier I had started a new position at a new library location, and I ran into Paul in my early days there. As always, I am happy to see him. I ask him, “How’s it going for you?” He tells me, “I’m really good. I am staying away from drugs and not hanging out with other people into that stuff and going to meetings, and I feel really good.” I smile and congratulate him. Sheepishly he says, “I was bad on my birthday and got totally wasted but maybe that’s okay.” I tell Paul that I have not had the same challenges, but I’ve heard it gets easier—that if you fall, you get back up quicker because you are reminded of how good it can be to be sober. He says, “Thanks for always believing in me,” and continues to ask me how I am doing. It’s such a reversal from our usual conversations, and it makes me think he must be doing better as he’s thinking beyond himself, caring for others—as in he’s genuinely interested in my well-being.

In this instance I am happy because Paul is doing the best he can at this moment in time. It may not be perfect, but there's a bright spot shining through. I know in my job there will be other Pauls, and I am going to work hard to build relationships with them so we can enjoy the good times together too.

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## Appendix A: Letters of approval from Dalhousie University's Research Ethics Board

DALHOUSIE UNIVERSITY
Research Services

**Social Sciences & Humanities Research Ethics Board**
**Letter of Approval**

March 01, 2021
Siobhan Wiggans
Management\School of Information Management

Dear Siobhan,

**REB #:** 2020-5365
**Project Title:** Canadian libraries and the opioid crisis: Before and during COVID-19

**Effective Date:** March 01, 2021
**Expiry Date:** March 01, 2022
The Social Sciences & Humanities Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans.* This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

*Effective March 16, 2020: Notwithstanding this approval, any research conducted during the COVID-19 public health emergency must comply with federal and provincial public health advice as well as directives from Dalhousie University (and/or other facilities or jurisdictions where the research will occur) regarding preventing the spread of COVID-19.*
Sincerely,

Dr. Karen Foster, Chair

## Appendix B: Survey questions

**Canadian libraries and the opioid crisis: Before and during COVID-19**

**Survey Questions**

**November 2, 2020**

1) What is your role at your public library? Please click what best describes your position. Multiple choice.

- Circulation
- Library assistant
- Librarian
- Manager
- Programmer
- Other: Open ended response

2) What type of setting is your library situated in?

- Urban centre
- Suburb
- Rural community

3) Which province or territory is your library situated within?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories

- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

4) How often do you serve community members experiencing drug dependency?

- Many times a day
- Once every day
- Once a week
- Once a month
- Never, to my knowledge

5) Does the community your library serves have an opioid problem?

- Yes, it is a significant problem
- Yes, but it's only a minor issue
- No, my community does not have a problem with opioid use
- I don't know

6) Do you have naloxone training?

- Yes
- No

(If yes) Did your institution provide you with naloxone training?

- Yes, I received it from my institution

- No, I received it elsewhere

(If no) Do you want naloxone training?

- Yes
- No

7) Does your Institution Currently provide naloxone training to staff?

- Yes
- No
- I don't know

8) Does your institution provide naloxone kits for staff to use on community members?

- Yes
- No

9) Does your institution provide naloxone training to community members?

- Yes
- No
- I don't know

10) Does your library provide naloxone kits for community members to take home and use?

- Yes
- No
- I don't know

(If no) Do you know where to send community members for naloxone kits to take home and use?

- Yes
- No
- I don't know

11) Has any staff member in your library had to administer naloxone on community members experiencing an opioid overdose during a library visit?

- Yes, just once
- Yes, more than once
- No

12) Have you had to administer naloxone on community members experiencing an opioid overdose?

- Yes, just once
- Yes, more than once
- No

13) Does your library provide programming targeting community members experiencing opioid dependency?

- Yes
- No

(If yes) What programming does your library provide community members experiencing opioid dependency? Please list or describe in the space provided.

- Open-ended response

14) A vulnerable community member may be defined someone who is unemployed, homeless, or experiencing mental or physical illness, including addiction(s). Does

your library provide special services and programming activities that serve vulnerable community members?

- Yes
- No
- I don't know

(If yes) What services or programs does your library offer that target vulnerable community members? Please list or describe in the space provided.

- Open-ended response

15) Can you describe a positive interaction that has taken place between you and a vulnerable community member? Please indicate if this interaction was with someone experiencing opioid dependency.

- I don't know OR
- Open-ended response

16) Has COVID-19 affected the hours your library is open to the public?

- No, our hours are the same
- Yes, our hours have been reduced
- Yes, our hours increased

17) During COVID-19 has your library changed its physical space?

- Yes
- No
- I don't know

(If yes) Can you list two or three ways the physical space of your library has been changed due to COVID-19?

- Open-ended response

18) How has COVID-19 changed the way your library serves vulnerable community members including those experiencing opioid dependency?

- Yes
- No
- I don't know

(If yes) Can you list two or three ways your library has changed services targeting vulnerable members during COVID-19?

- Open-ended response

## Appendix C: Interview questions

**Canadian libraries and the opioid crisis: Before and during COVID-19**

**Interview Questions**

**November 2, 2020**

1) What is your role within your institution? Please describe your role and responsibilities, and decision-making capacity for your institution.
2) Can you describe the community (or communities) in which your library system serves? What type of setting is your library (or libraries) situated within? For example, is your library located within a rural, urban or suburban setting?
3) Can you tell me what a typical interaction with staff and library users looks like? Specifically, can you describe the regular interactions that take place between staff and the public. What are some positive interactions that have taken place?
4) How often does your staff interact with vulnerable community members such as those experiencing drug dependency? Can you describe a positive interaction which has taken place? In contrast, can you describe an interaction that didn't go so well?
5) The opioid crisis can affect individuals in many ways, from individuals experiencing opioid dependency to family members who have a loved one experiencing opioid dependency. How does your library serve community members who may be experiencing the opioid crisis in various ways?
6) One of the ways communities, including libraries, have responded to the opioid crisis is by providing naloxone for administration in the event of an opioid overdose. Has your institution provided staff with naloxone and naloxone

training? Why or why not? How did the decision to provide (or not provide) staff with naloxone and naloxone training take place?

7) How has your institution's approach to serving the wider community changed during COVID-19? Has COVID-19 affected its approach in serving vulnerable communities? If so, how?
8) During COVID 19, how has your library reached out to community members experiencing opioid dependency?
9) What does your library do best in connecting with vulnerable community members including those individuals experiencing opioid dependency?
10) What can your library do better in connecting with vulnerable community members including those individuals experiencing opioid dependency?
11) Is there anything else I should know about how your library has responded to COVID-19 and to the opioid crisis?

## Appendix D: Tables

### Table 1:

### How often library workers serve community members experiencing drug dependency and the setting the library they work at is situated in (Q2+4)

| Geography | Many times a day | Once everyday | Once a week | Once a month | Never, to my knowledge | Prefer not to answer | Total | Many times a day (ARF) |
|---|---|---|---|---|---|---|---|---|
| Urban centre | 47 | 11 | 5 | 3 | 4 | 2 | 72 | 65.28% |
| Suburb | 4 | 2 | 3 | 2 | 3 | 1 | 15 | 26.67% |
| Rural community | 7 | 3 | 2 | 1 | 4 | 0 | 17 | 41.18% |
| Prefer not to answer | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 0.00% |
| ***Total*** | 58 | 16 | 10 | 6 | 12 | 5 | 107 | 54.21% |

### Table 2:

### How often library workers serve community members experiencing drug dependency and province they are from (Q3+4)

| Province | Many times a day | Once ever yday | Once a week | Once a month | Never, to my knowledge | Prefer not to answer | Total | Many times a day (ARF) |
|---|---|---|---|---|---|---|---|---|
| Alberta | 5 | 3 | 2 | 3 | 4 | 1 | 8 | 27.78% |
| Atlantic provinces excluding Nova Scotia | 2 | 0 | 0 | 0 | 1 | 0 | 3 | 66.67% |
| British Columbia | 2 | 6 | 5 | 1 | 3 | 0 | 7 | 59.46% |
| Nova Scotia | 0 | 3 | 3 | 2 | 2 | 0 | 0 | 50.00% |
| Ontario | 13 | 2 | 0 | 0 | 2 | 2 | 19 | 68.42% |
| Saskatchewan | 3 | 2 | 0 | 0 | 0 | 1 | 6 | 50.00% |
| Territories | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 100.00% |
| Prefer not to answer | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.00% |

**Table 3:**

**Library workers' views about if the community their library serves has an opioid problem and library setting (Q2+5)**

| Geography | Yes, it is a significant problem | Yes, but it's only a minor issue | No, my community does not have a problem with opioid use | I don't know | Prefer not to answer | Total responses | Yes, it is a significant problem (ARF) |
|---|---|---|---|---|---|---|---|
| Urban centre | 53 | 9 | 1 | 7 | 1 | 71 | 74.65% |
| Suburb | 5 | 5 | 3 | 1 | 1 | 15 | 33.33% |
| Rural community | 7 | 3 | 1 | 5 | 0 | 16 | 43.75% |
| Prefer not to answer | 1 | 0 | 0 | 0 | 2 | 3 | 33.33% |
| ***Total*** | 66 | 17 | 5 | 13 | 4 | 105 | 62.86% |

**Table 4:**

**Library workers' views about if the community their library serves has an opioid problem and province setting (Q3+5)**

| Province | Yes, it is a significant problem | Yes, but it's only a minor issue | No, my community does not have a problem with opioid use | I don't know | Prefer not to answer | Total responses | Yes, it is a significant problem (ARF) |
|---|---|---|---|---|---|---|---|
| Alberta | 12 | 2 | 2 | 2 | 0 | 18 | 66.67% |
| British Columbia | 26 | 4 | 2 | 4 | 0 | 36 | 72.22% |
| Manitoba | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% |
| New Brunswick | 1 | 1 | 0 | 0 | 0 | 2 | 50.00% |
| Newfoundland and Labrador | 0 | 0 | 0 | 1 | 0 | 1 | 0.00% |
| Northwest Territories | 1 | 1 | 0 | 0 | 0 | 2 | 50.00% |
| Nova Scotia | 7 | 7 | 1 | 4 | 0 | 19 | 36.84% |
| Ontario | 13 | 2 | 0 | 1 | 3 | 19 | 68.42% |
| Prince Edward Island | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Saskatchewan | 5 | 0 | 0 | 1 | 0 | 6 | 83.33% |
| Yukon | 1 | 0 | 0 | 0 | 0 | 1 | 100.00% |
| Prefer not to answer | 0 | 0 | 0 | 0 | 1 | 1 | 0.00% |
| ***Total*** | 66 | 17 | 5 | 13 | 4 | 105 | 62.86% |

**Table 5:**

**Library workers views about how often they serve community members experiencing drug dependency and library setting (Q1+4)**

| Staff role | Many times a day | Once everyday | Once a week | Once a month | Never, to my knowledge | Prefer not to answer | Sum | Many times a day (ARF) |
|---|---|---|---|---|---|---|---|---|
| Circulation | 1 | 0 | 2 | 1 | 1 | 0 | 5 | 20.00% |
| Library assistant | 14 | 2 | 1 | 1 | 3 | 2 | 23 | 60.87% |
| Librarian | 17 | 6 | 5 | 2 | 3 | 0 | 33 | 51.52% |
| Manager | 19 | 5 | 2 | 1 | 3 | 0 | 30 | 63.33% |
| Programmer | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 50.00% |
| Prefer not to answer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| Other | 6 | 3 | 0 | 1 | 2 | 2 | 14 | 42.86% |
| Total | 58 | 16 | 10 | 6 | 12 | 5 | 107 | 54.21% |

**Table 6:**

**Role of library worker and the perception of if the community their library serves has an opioid problem (Q1+5)**

| Staff role | Yes, it is a significant problem | Yes, but it's only a minor issue | No, my community does not have a problem with opioid use | I don't know | Prefer not to answer | Sum | Yes it is a significant problem (ARF) |
|---|---|---|---|---|---|---|---|
| Circulation | 2 | 2 | 0 | 1 | 0 | 5 | 40.00% |
| Library assistant | 13 | 2 | 1 | 5 | 1 | 22 | 59.09% |
| Librarian | 20 | 8 | 2 | 3 | 0 | 33 | 60.61% |
| Manager | 22 | 3 | 2 | 1 | 1 | 29 | 75.86% |
| Programmer | 0 | 0 | 0 | 2 | 0 | 2 | 0.00% |
| Prefer not to answer | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% |
| Other | 9 | 2 | 0 | 1 | 2 | 14 | 64.29% |
| Total | 66 | 17 | 5 | 13 | 4 | 105 | 62.86% |

**Table 7: Role of library worker and if they have naloxone training (Q1+6)**

| Role | Has naloxone Training YES | Yes, I received it from my institution | No, I received it elsewhere |
|---|---|---|---|
| Circulation | 3 | 2 | 1 |
| Library assistant | 10 | 5 | 5 |
| Librarian | 13 | 6 | 7 |
| Manager | 14 | 6 | 8 |
| Programmer | 0 | 0 | 0 |
| Prefer not to answer | 0 | 0 | 0 |
| Other | 7 | 4 | 3 |
| Total | 47 | 23 | 24 |

**Table 8:**

**Role of library worker and desire for naloxone training (Q1+8)**

| Role | Do you want Naloxone training? | | |
|---|---|---|---|
| | Yes | No | Prefer not to answer |
| Circulation | 1 | 1 | 0 |
| Library assistant | 6 | 6 | 0 |
| Librarian | 17 | 2 | 1 |
| Manager | 11 | 2 | 2 |
| Programmer | 2 | 0 | 0 |
| Prefer not to answer | 0 | 0 | 0 |
| Other | 1 | 4 | 2 |
| Total | 38 | 15 | 5 |

**Table 9:**

**Frequency of naloxone administration and library setting (Q2+12)**

| Geography | Yes, just once | Yes, more than once | No | Prefer not to answer | Total | Yes, more than once (ARF) |
|---|---|---|---|---|---|---|
| Urban centre | 7 | 16 | 39 | 7 | 69 | 23.19% |
| Suburb | 1 | 3 | 8 | 1 | 13 | 23.08% |
| Rural community | 1 | 0 | 14 | 0 | 15 | 0.00% |
| Prefer not to answer | 0 | 1 | 1 | 1 | 3 | 33.33% |
| Total | 9 | 20 | 62 | 9 | 100 | 20.00% |