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Mental health and substance use information you can trust

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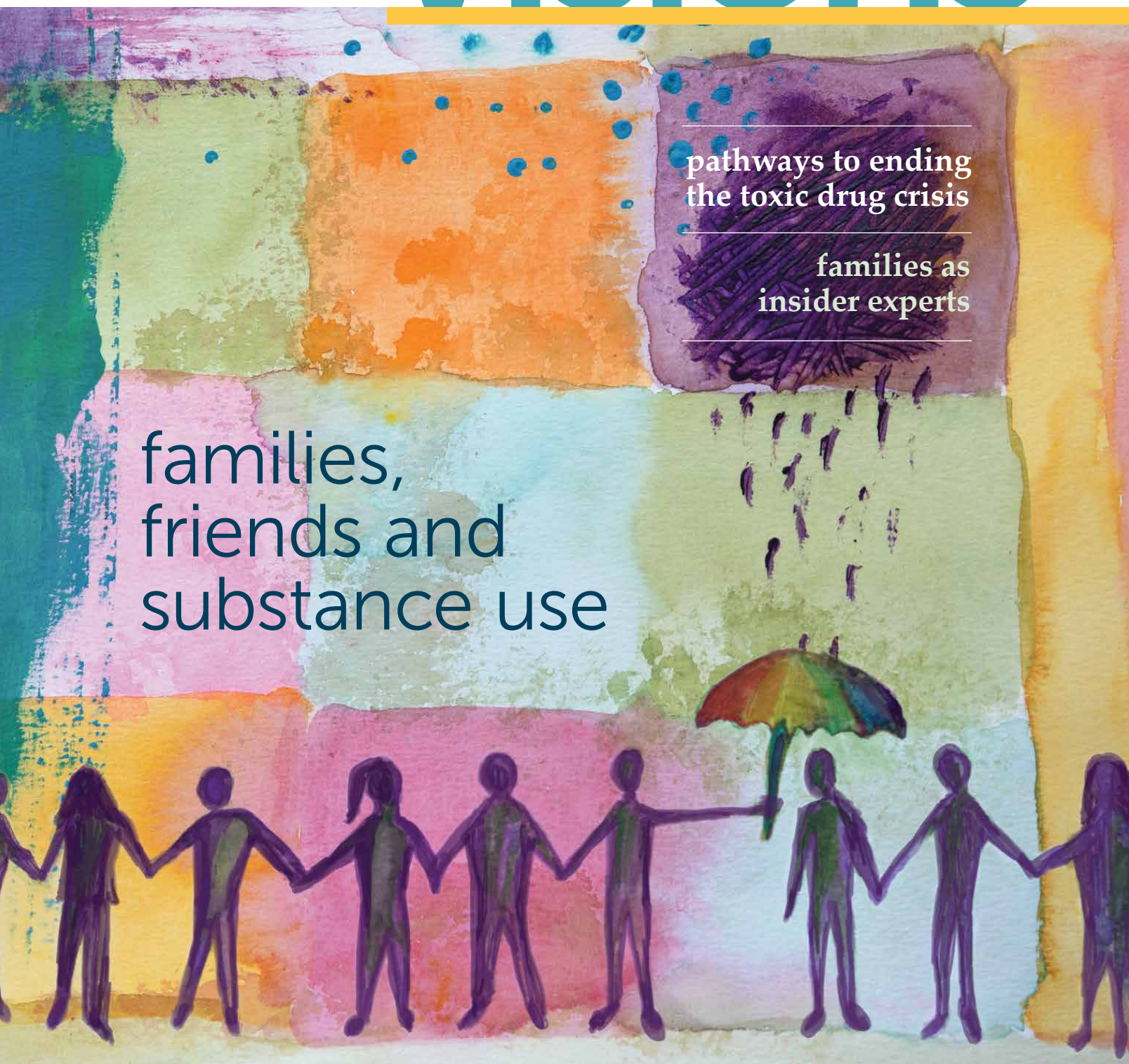
visions



pathways to ending the toxic drug crisis

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visions

Published triannually, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

editorial board	Representatives from each BC Partners member agency, guest editor, and external member Kathy O'Connor
editor	Bakht Anwar
substantive editor	Marguerite Pigeon
layout	Justyna Krol
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bc partners and heretohelp

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Anela Kanealii's artist statement: "This art piece captures the importance of supporting individuals battling mental illness, serving as a reminder to extend care and lend a helping hand to those in need. Kindness, stemming from the heart empowers us to dismantle these barriers and spread love and light throughout the world."

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

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If you have a comment about something you've read in *Visions* that you'd like to share, please email us at **visions@heretohelp.bc.ca**, or you can mail or fax us at the address to the right. Letters should be no longer than 200 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive. For full guidelines, please visit www.heretohelp.bc.ca/visions

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contact us

mail	c/o 905 - 1130 West Pender Street, Vancouver, BC V6E 4A4
phone	1-800-661-2121 or 604-669-7600
fax	604-688-3236
email	bcpartners@heretohelp.bc.ca
X (twitter)	@heretohelpbc

visions


Artist: Anela Kanealii

the big picture

stories + strategies

looking ahead: hidden homelessness

glossary

Drug toxicity crisis: The ongoing public health emergency which sees more and more people dying or harmed by an overdose. Overdoses continue to be caused by toxic drugs sold in the unregulated market. For that reason, many people call this a drug poisoning or drug toxicity crisis rather than an overdose crisis.

Harm reduction: The principle of helping people stay as safe as possible through policies and strategies that respond to the range of harms someone may experience, reduce barriers to care, and recognize the dignity of everyone without the assumption that someone must stop using drugs to receive care.

Safer supply: Providing people who use drugs with pharmaceutical-grade or tested options to replace the toxic, unpredictable and unregulated street drug supply. This allows people who use drugs to consume a drug or medication of known and reliable content. Safer supply reduces harms, including the risk of death by overdose on toxic drugs.

editor's message

Every day a number of stories come across my newsfeed about people who use substances. The stories discuss the need for more and different services and supports, advocate for policy and legal reform, ask for increased law enforcement to make communities 'safer', and often contain a great deal of misinformation about people who use drugs and the supports they receive. Changes are needed at all levels of our health, housing, education and legal systems to reduce stigma and properly address the needs of people who use substances. The voices of those with lived and living experience are crucial in developing, implementing, and sustaining these changes.

Family members also have lived experience, often a lifetime of watching a parent, child, or someone close to them struggle with their substance use in ways that result in a range of life challenges. Sometimes those who struggle are lost. This may mean distance from the family or in the case of the overdose crisis, death.

This issue explores substance use with a focus on the lived and living experiences of the families and friends of people who use substances. Several people share their stories of anguish and hope around their substance use or that of a loved one including mental health challenges, and the role that family and friends can play in that journey. Though the road can be long and arduous, love, in all its forms, remains at the forefront of contributors' minds and hearts as they describe their life experiences. The bond of family is strong here, no matter how it is defined and very often, no matter the circumstance. The remaining articles aim to assist readers in considering current and in some cases, controversial topics in substance use service provision along with essential family supports.

The Looking Ahead section introduces you to our next issue on hidden homelessness, a less understood aspect of not having a place to call home. Some great reading and food for thought is coming your way!

It has been my pleasure to act as Guest Managing Editor for a second issue of Visions. You never know, you just might see my name here again in the not-too-distant future!

Trudy Norman, PhD
Guest Managing Editor
Trudy is a knowledge mobilization specialist with the Canadian Institute for Substance Use Research (CISUR) at the University of Victoria. CISUR is a member of the BC Partners for Mental Health and Substance Use Information

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Pathways to Ending the Toxic Drug Crisis

LESLIE MCBAIN

I lost my only child—my beautiful, funny, intelligent 25-year-old son Jordan—to a drug overdose in February of 2014. Losing a child is the most catastrophic event a parent can experience. It kept me in an altered state for a year. It is difficult to walk that thin veil between life and death, but that is what we do. Most families and friends are able to find their new place in life after two or three years, but that's a long time. Life goes on but is never the same. Grief is always in our hearts.

Photo credit: mheim3011 at ©iStockphoto.com

Leslie is the co-founder of Moms Stop the Harm, a non-profit organization created in 2016 dedicated to supporting the lives of people who use drugs and their families. Leslie lost her 25-year-old son Jordan in 2014 to a drug overdose. Since that time she has strongly advocated for drug policies that actually work

When I was able to raise my head again, I felt not only the sadness—a cavernous grief—but also a deep curiosity about a system that would not encompass and support the lives of people who use drugs.

By serendipity I met two other women who had similarly lost their sons to drug harms. We shared a burning need to not let this happen to other families. We created an organization, named it Moms Stop the Harm and secured a Facebook page, email addresses and a website. Within these eight years we have grown from three of us to well over 3,000 members across Canada. Most of our members have lost sons, daughters or loved children, and many members have loved ones who are still struggling.

Destigmatizing substance use

Over the years we have become political because of the need to advocate for a sea change in drug policies across the country. We have also started free support groups with trained facilitators: Holding Hope, for families or friends whose loved one is with them or is still struggling with substance use; and Healing Hearts, for those who have lost a loved one to substance use. We work hard to help the public lose

their stigma over drug use. People who use drugs are someone's loved one!

Please bear with me while I go on a bit of a rant. When we take a critical look at both the federal and provincial ministries of health from the viewpoint of the extremely contaminated street drug supply, a drug supply created by organized crime, it's a head-scratcher. The toxic street supply, which kills about 22 people every day in Canada—about seven people per day in BC—is the only way people who are addicted can access the drugs they need to avoid the pain of withdrawal. Withdrawal is an agonizing and dangerous process.

Also, those individuals who wish to either experiment or recreate with a substance are accessing this illicit supply. They are dying too. This is not a crisis of addiction, but a crisis of a toxic drug supply. We at Moms Stop the Harm have been advocating for the implementation of pharmaceutical-grade substances that would be accessible to people who need it, just so they won't die.

People who are either addicted to, or occasionally using, stimulants like methamphetamine or cocaine are also dying or being injured by illicit drugs because, unfortunately, sometimes these include fentanyl and other contaminants. There are really no safe drugs out on the street. People end up in great numbers in our emergency departments or morgues across the land.

Photo credit: Sneksy at ©iStockphoto.com

Parents must educate themselves on the world of drugs, on the reason kids take drugs and on how to talk to their kids about the risks. Openness, respect and non-judgment are the keys to having a successful parent-to-kid discussion or chat.

Just because the drugs are illegal and just because the drugs are dangerous does not stop the use. I suspect and sincerely hope there are many individuals out there who know the dangers and therefore may use other substances, such as alcohol, if they need to experience a kind of altered state. Because the number of deaths is rising across the country, we know that knowledge of the toxicity is not translating into less drug use.

Multi-level solutions

Some politicians have weaponized the term harm reduction by saying that, since the drug death toll is rising, harm reduction doesn't work. The truth is if we didn't have harm reduction services, such as naloxone, safe consumption services, overdose prevention sites, excellent emergency medical services and so many amazing people working on the front lines with vulnerable people, there would be hundreds and perhaps thousands more deaths every year.

What is the solution? There isn't one solution. There are multiple solutions and they are not mutually exclusive. Safer supply is the best and most urgent answer to this crisis. It sounds simple, but in fact, as a solution, it is complex. Government needs to buy in to implement a safe supply for the people who need it. They seem more willing to let people die than to make the sweeping changes to accessibility of a pharmaceutical supply of drugs for people who are dependent. Treatment options must be accessible and evidence based. We need a continuum of care.

Let's go further upstream. We need to ask the basic question: why are people using illicit substances in the

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first place? The reason people use drugs, alcohol or other psychoactive substances is to make themselves feel better. People just want to feel better, whether because they want to relax or escape psychic or physical pain, or due to mental health issues, poverty, racism, lack of housing and so on. With many drugs and alcohol, addiction happens. It is an unintended consequence; no one wants to be addicted!

So if we go further upstream, we can better understand and be aware of the mental health of children. For instance, is a child displaying symptoms of ADHD, extreme anxiety, fear or depression? Has the child experienced trauma in their life? If so, is that child able to be helped by a counsellor, by parents, by a family doctor? Can adaptations be made to help children be more resilient and balanced, given these challenges? Kids with untreated mental health issues are at greater risk of substance use later on.

Connecting with kids

In addition, there must be education in the classroom on the subject of substance use. This doesn't mean using the "just say no" doctrine, which didn't work in the past. Education must be fact based, reasonable, interactive and realistic. Some of our members and I have spoken in high schools and in middle schools on this subject. What we've found is that kids know much more than we think. They are very open to knowing more, and, if they feel safe in that room, they ask excellent questions. It's really one of the greatest joys and gifts of my work to talk to kids.

Parents must also educate themselves on the world of drugs, on the reason kids take drugs and on how to talk to their kids about the risks. Openness, respect and non-judgment are the keys to having a successful parent-to-kid discussion or chat.

If you happen to be a parent, family member or friend close to a loved one who is struggling with substance use, there are pathways you can take to support that person. Compassion, deep understanding, non-judgment and willingness to just be there are the pillars of supporting someone in their struggle with substances. Harm reduction, such as naloxone, can be a gift to them, too.

Please check out the Moms Stop the Harm Stronger Together support groups. They're free and there is no commitment. The groups have been so beneficial to so many people! Visit momsstoptheharm.com to find a support group near you. V

related resources

The British Columbia Centre on Substance Use offers many resources for families and caregivers.

Visit: **bccsu.ca/families-and-caregivers**

Families as Insider Experts

STEPHANIE MCCUNE, RCC, PHD

Many families have described the experience of loving a family member involved with substances as being like a roller coaster ride.[1] Family members grip with each bend, curve, dip and peak, often impacted by uncertainty, afraid for what might come and holding on to hope for where it might go.

Stephanie is a professor at Vancouver Island University teaching child, youth and family counselling. Through her small private counselling practice, she works with families impacted by substance use and people involved with substances. In 2017, Stephanie lost her younger brother to stigma and drug poisoning. She fulfills her role as his big sister through research advocacy and social justice work

Stephanie McCune

Families are an integral support system for a loved one involved with substances. I have learned from my research and practice that families often hold important understandings of past and present, essential insider expertise and deep investments in the long-term well-being of their loved ones. Within the enduring and escalating drug poisoning catastrophe, families have become first responders, social justice advocates and critical links to harm reduction resources, treatment pathways and care.

Despite their importance, family members are not always recognized and engaged as core team members in a loved one's care. Nor do they always have access to the resources they need to support their own health and longevity as carers.

Hitting walls

Families often describe encountering walls and barriers when accessing resources for, and alongside, a loved one involved with substances. Through my research and conversations with families, I have come to understand these walls as structures of stigma built on a complex foundation that includes:

- politically-informed drug legislation, including criminalization of people who use drugs
- individualistic biomedical treatment approaches

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- inaccessible and expensive resource pathways, including privatized treatment programs

Walls can feel immovable when society narrowly defines who is family and highlights treatment approaches that centre the individual using substances but ignore the richer context around the person (including family). The result? Family well-being suffers. When walls feel impenetrable, families are at increased risk of distress affecting mental and physical well-being, financial hardship, isolation and secrecy.

A way through for families

To begin dismantling these walls, we need a broader, relational definition of family. This definition is shaped by social, cultural and political norms and lenses. Such lenses influence ideas about who:

- who is family
- who might help a loved one
- who is recognized as impacted by substance use
- who might hold needed resources or could benefit from services in their own right, regardless of whether their loved one is accessing these

A narrow lens based solely on biological relations overlooks the influence of others who play caring roles in an individual's daily—and pivotal—life experiences.[2]

We must understand family as a wide circle that includes both biological and chosen family. Family can be the people in a loved one's circle of care who contribute love, connection and closeness. To name a few, families can include loved ones in parenting roles, siblings, aunties, uncles, Elders, children, street sisters/brothers/parents and even pets.

By advocating for recognition of broader circles of support, those named as family can be more easily identified as important contributors to care. They can then play a role in service provision. Finally, they can be supported as essential experts in their loved one's lives, engaged in treatment efforts and acknowledged for the impacts of caring for a loved one involved with substances.

Updating standard practice

Family inclusion in substance use systems of care must become standard practice. Involving families in substance use services can contribute to positive outcomes for the individual using substances and the family system as a whole. Including families in early treatment interventions can impact loved ones by increasing engagement in substance use programming, contributing to higher program completion rates and reducing rates of relapse.[3,4]

However, the term family inclusion is highly nuanced. For it to become standard practice requires organizational commitments to broad cultural shifts. Such shifts would mean expanding from individualistic practices to a wider "relationship-centred" and "withness" lens that sees and seeks families as their loved ones access care.[4] Through a withness and relationship-centred lens, families are upheld as insider experts with strengths, knowledge, needs and hopes. In the Sidebar, I describe ways we can put this approach into practice.

Family inclusion is a necessary means to foster wellness for loved ones accessing services. Inclusion helps with resourcing authentic sources of support and safety (e.g., making interventions more accessible, available and culturally meaningful, with therapeutic, family-specific support groups). Family inclusion also proactively addresses the intergenerational impacts of substance use (e.g., exposure to fatal and non-fatal drug poisoning).

Help for carers

Enduring the roller coaster of loving a person involved with substances can have a significant impact on families. Families must have access to services in their own right. They are a distinct population that needs acknowledgement, resources and assistance.

In my work I have learned from families the invaluable impact of

Including families in early treatment interventions can impact loved ones by increasing engagement in substance use programming, contributing to higher program completion rates and reducing rates of relapse.

connecting with others, including formal helping professionals and people with living experience. When families engage with others who "get it," accept and authentically care, a pathway opens to substantial emotional release. Family members experience a safe, meaningful way to receive non-judgment, encouragement and recognition. Holding Hope Canada (holdinghopecanada.org) offers family-centred group resources that foster connection and allow for sharing at any point in a family's experience of caring for a loved one involved with substances.

Families often need to be heard in their experiences of stress, fear and anxiety. They need to tell their stories and be received with compassion and non-judgment. Efforts to engage families are critical in disrupting stigma and enduring effects from isolation. When family members are heard, without directives or advice, families can be valued for their unique ideas, wishes, beliefs and responses to substance use. Spaces, places, offices and offerings for families to address the impacts of substance use are a necessary component of a robust system of care that positively enhances capacity, ability and resilience.

Bringing families in

For many families, the reality of the roller coaster can be ongoing. However, with family-informed, relevant and accessible support, families can get help to hold on—and hang on to hopefulness. They sense they will have the capacity to react and respond at each point. For me, this has often come through powerful moments of connection and care held by people with shared experiences, To be seen, heard and recognized as mattering is the medicine to the suffering that all too often comes from isolation.

I cannot overstate the importance of a broad cultural shift towards family inclusion. Organizations, programs and direct service experiences should centre relational, strengths-based and capacity-focused ways of working with, and alongside, those in family roles. Families affected by substance use must be viewed as insider experts, invaluable carers and voices to be heard. V

supporting a change

The shift towards making families "insider experts" and adopting a relationship-centred approach to drug treatment and support could include the following concrete steps:

- publicly-funded access to family and couples counselling
- publicly-funded and supported outreach to family homes
- programs for children affected by substance use, including fatal and non-fatal drug poisonings
- publicly-funded, family-informed treatment programs, including aftercare and post-treatment support
- individual and group counselling for family members impacted by substance use
- follow-up with people and loved ones after non-fatal drug poisoning events, including hospitalizations
- access to culturally-informed, harm reduction–based and trauma-informed programs that centre diverse perspectives on substance use
- family-centred policies that address barriers in the areas of funding, consent, confidentiality, transportation, childcare, hours of operation and program philosophies, to name a few

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Curiosity, Connection and Care

THE KEYS TO SUPPORTING LOVED ONES STRUGGLING WITH SUBSTANCE USE

BRITTANY LANK, BSC. PSYCH., MA COUNSELLING PSYCHOLOGY

If you've ever seen a loved one struggle with a mental health or substance use problem, you've likely felt that pang in your chest pulling you to do something, anything, to help them make a change or make their problems go away. It can be a helpless feeling, and it's hard to know where to start to offer support. So, how can you help—and take care of yourself through that process? I have come to see support as boiling down to three key concepts: engaging your curiosity, connecting with what matters and taking care of yourself.

Photo credit: eclipse_images at ©iStockphoto.com

Brittany is a child and youth mental health therapist with lived experience navigating mental health struggles and over 10 years of experience working with young people in social service or mental health settings, including as a concurrent disorders clinician with Foundry Prince George

To be perfectly clear, I'm not saying it's your responsibility to heal a loved one who is facing difficulties with substance use. It's not! I am saying you have the power to respond compassionately to your loved one's suffering and to choose how you care for yourself. As with many things, this is much easier said than done.

As a mental health therapist, I've seen how struggles with mental health and substance use impact individuals. It took longer for me to fully grasp the larger-scale effects these challenges have on families, friends and communities. Once my eyes were open to these ripple effects, I recognized the strength and healing power of those relationships. If we hurt so deeply when our loved ones hurt, don't we also feel warmth, love and support when our loved ones show us the same? What if we used the power of our relationships as the starting point for supporting them?

Below, I describe three approaches, based on curiosity, connection and care, that I think build on this idea of offering support through relationships.

Adopt a lens of curiosity

It's natural and so very human for us to judge others, whether it's conscious or not. Biases and judgments can be sneaky, such as believing your loved one should or shouldn't do certain things, or monitoring the line between "problematic" and "responsible" substance use. If biases take centre stage in a relationship, they can create walls between you and genuine acceptance of your loved one.

Genuine acceptance is key in maintaining open and supportive relationships, and curiosity can be a strong ally in practising acceptance and limiting judgments. Be curious about everything: your automatic beliefs, what kind of resources are out there, your loved one's experiences or substance use in general. You might not feel comfortable talking to your loved one directly about their substance use, but you can read about the issue (see resources below) or think about your own experiences and ideas about substance use.

You might already have some openness with your loved one and be able to ask them questions about their hopes or worries, how you can support their goals or what else is happening in their life related to how they use substances. Whichever way you approach it, engaging your curiosity and seeking to understand also shows your loved one you are willing to be unsure (which can be uncomfortable), to learn and to put in time and energy to understand them. This communicates the message that they're not alone.

Here are some resources to indulge your curiosity and learn more about stigma:

- Health Canada's page about stigma around drug use: canada.ca/en/health-canada/services/opioids/stigma
- the Canadian Mental Health Association's information page on substance use and addiction: ontario.cmha.ca/addiction-and-substance-use-and-addiction
- Foundry BC's useful information about substance use, plus self-check tools and harm reduction information: foundrybc.ca/resource/drug-substance-use
- Foundry's fantastic handbook, created by, and made for, parents of youth with a substance use disorder: foundrybc.ca/stories/parents-like-us-have-something-to-say

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When you consider that the experience of people struggling with substance use is often entangled with isolation or disconnection. In practical terms, connecting can mean playing a board game, going for a walk, making a meal together or coordinating and attending a cultural or spiritual ceremony.

Connect with what matters

As much as our health care system can make it seem like the only hope for helping somebody struggling with substance use is through medical or psychological treatment, the scope of what can actually be healing is far broader. There can be healing

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in a warm home on a cold night, in sharing a deep, bellyaching laugh with a good friend or in walking side-by-side through a golden forest of autumn trees. You don't have to be your loved one's doctor, therapist or coach, but you can be their friend, parent or partner.

When I work with young people and families, I often encourage connection to three main things: connection with yourself, with others and with your values. Any way you can encourage your loved one's connection to these things can play an important protective and supportive role. When you consider that the experience of people struggling with substance use is often entangled with isolation or disconnection, each of these is vital. In practical terms, connecting can mean playing a board game, going for a walk, making a meal together or coordinating and attending a cultural or spiritual ceremony.

For more ideas about supporting your loved one by connecting with what matters, you can read Supporting People Who use Substances: A Brief Guide for Friends and Family, by the Canadian Institute for Substance Use Research, available from: heretohelp.bc.ca/infosheet/supporting-people-who-use-substances-a-brief-guide-for-friends-and-family.

Extend the same care to yourself that you offer to others

I know: the term self-care is overused and can ring as hollow. But when it comes to supporting a loved one with substance use struggles, self-care truly is a necessity. Use whichever cliché you'd like—you can't pour from an empty cup. You deserve compassion and care. You also can't control others, including your loved one, or force change or wellness onto them. You can control how you tend to your own garden.

Lean into the same things you might encourage your loved one to connect with—yourself, other people and your values. Try to treat your self-care as an ongoing practice of recognizing and meeting your needs. Occasionally, this might take the form of those self-care clichés, like bubble baths or yoga. More often, effective self-care will come in subtler forms:

- resting when your body needs a break
- setting and maintaining loving boundaries
- sleeping and eating as wholesomely as you can
- asking for help when you need it and accepting it when it's offered

Remember: self-care doesn't mean you have to do this alone. In fact, one of the kindest acts of self-care you can offer yourself is building a community of people who understand and support you so you don't feel like you're carrying the weight of the world on your shoulders.

To find communities near you, try exploring organizations like:

- Families for Addiction Recovery (farcanada.org/family-support/support-yourself)
- SMART Recovery Family & Friends (smartrecovery.org/family)
- local peer support organizations in your area

No matter what your relationship to them is, watching a loved one struggle with substance use is hard. As much as it might be less painful, it's impossible to erase your loved one's struggle. What you can do is embrace the power of curiosity, connection and care to foster genuine, holistic and meaningful support for your loved one. You're not in this alone, and hopefully some of these ideas can help you lend yourself and your loved one some gentleness, compassion and hope. V

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surveymonkey.com/r/visions_subthemes_2024

Harm Reduction is Community Care

HEATHER HOBBS

As a resident of BC, you likely have a personal connection to what people often call the overdose, opioid or fentanyl crisis. In the last 10 years, over 14,000 people have died in this province[1] from overdose. A more accurate way to describe this crisis is to say these deaths are related to unregulated drugs. Overdose and death often happen when we take substances that have an unknown composition and potency.

Heather Hobbs (she/her) has worked in the field of harm reduction for 20 years on lək'ʷəŋən territory

Photo credit: SDI Productions at ©iStockphoto.com

Why do we allow this to happen? Drugs are unregulated because the current laws that make some drugs illegal are not based in science, but rather, in moral judgments and a particular policy history.

Dangerous blame

Moral judgments have long been attached to drugs, but they also extend to the people who use them. If you use a drug that is currently illegal or not prescribed to you by a health care provider, you're likely to be seen by many as irresponsible or criminal. Some people may believe that the only way to be redeemed is to stop using that drug.

People use drugs for many reasons—for relaxation, pain management, mind expansion, fun and to cope with many kinds of physical or mental challenges, to name a few. If you face societal barriers and lack access to adequate income, a safe and healthy place to live or affordable food and health care, your drug use may increase as an understandable way to cope and survive. Sometimes using drugs can cause problems in our lives and we may need support to change how we use them. Unfortunately, we often face barriers in accessing support if we're judged, controlled or punished for our drug use. This can increase our risk for harms such as overdose.

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The judgment, stigma and discrimination from using "bad" drugs adds to the pain and trauma we experience from unregulated drug deaths of our friends, loved ones and community members. This may also fuel increased drug use or riskier drug taking practices as we struggle to cope or manage internalized shame and pain.

Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.

A matter of policy

Currently, there are no quality controls in place to ensure that unregulated drugs come with accurate information about what's in them. Because of this, it is very hard to access safer drugs or make more informed decisions about our drug use. Instead of taking a sensible approach, our drug policy and laws create stigma and punish people who use drugs.

Drug policy and drug laws in Canada were created from some very harmful and racist ideas (you can learn more about Canada's drug laws at drugpolicy.ca/about/history). For example, early lawmakers characterized Indigenous and people of colour as amoral and a threat to the "purity" of white British colonizers. Laws like the Opium and Narcotic Drug Act of 1908 were created to segregate and control Chinese people by punishing their use of opium. The racist roots of our drug laws still have impacts today, as Black, Indigenous and other people of colour are much more likely to be targeted by police and criminalized for their use of substances.

The harm reduction solution

A useful and empathic way to challenge inequities and help build a more caring and just society is through harm reduction. Harm reduction is a grassroots social movement that was started by people fighting for access to information, resources and dignity. They were drug users, people living with HIV/AIDS and other activists who took practical, community-driven action to reduce harms related to social injustice.

Harm reduction includes principles and practices that can be used by individuals and communities to take care of one another, especially as governments and other institutions fail to do so.

"Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support."[2]

These principles are at the heart of services that use a harm reduction approach to work with people who use drugs and their loved ones. Harm reduction services may include, but are not limited to:

- distribution of naloxone kits and overdose response training
- free supplies for safer drug use and safer sex
- peer-to-peer outreach
- overdose prevention and supervised consumption sites
- drug checking to detect contaminants
- safe supply (providing substances that have been checked or regulated in place of unregulated substances)

Not surprisingly, harm reduction is subject to the same stigma, discrimination and dismissal as people who use drugs face. This can make it more challenging for drug users to access appropriate services and for advocates to make sure harm reduction is available in our communities. Despite the evidence[3] that harm reduction keeps people alive and improves their quality of life, the approach often faces criticism and is misunderstood. Abstinence-based recovery is often still shown in the media and by healthcare providers as the only way to conquer addiction and, therefore, be an accepted member of society.

A harm reduction approach does not define drug use or drug users as bad or needing treatment or a cure. Harm reduction strategies exist to support you at any stage of drug use you may be engaged in—from daily use of currently illegal drugs to complete abstinence and anywhere in between. Harm reduction goes along with recovery as you define that for yourself. It supports healing,

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Prescribed Safer Supply

CHALLENGING FEAR WITH FACTS

NANCY HENDERSON

More than 13,000 people have died in BC since 2016, when the province declared the drug toxicity (overdose) crisis a public health emergency.[1] The number of people dying continues to rise, with devastating effects on individuals, families, friends and entire communities.

Nancy is a PhD student with the University of Victoria's School of Nursing and a research associate with the Canadian Institute for Substance Use Research. Drawing on their lived experience as a street entrenched youth and nursing experience with prescribed safer supply programs, Nancy's research focuses on social justice, determinants of health, drug use and equitable access to a safe supply

Nancy Henderson

The main cause of these deaths is the unregulated and contaminated drug supply. Without quality control, people do not know what is in the street drugs they buy. Street drugs are commonly "cut" with additional substances to make the drugs go further and enhance their effects. The additional substances are unexpected and sometimes more potent than the drug itself, making the street supply unpredictable and toxic.

Facing more drug toxicity deaths and given COVID-19 pandemic social distancing orders, BC became the first and only province to offer *prescribed safer supply*.[2] That means prescribers can provide people who use drugs with a combination of medications, including hydromorphone (Dilaudid) and methylphenidate (Ritalin) tablets. People are typically required to pick up their medications daily at a pharmacy. A limited number of programs also offer injectable medications, like diacetylmorphine, that people consume at a clinic.[2] In addition, federally funded prescribed safer supply programs are operating in BC and elsewhere.

for footnotes go to www.heretohelp.bc.ca/visions

Still, misinformation and fear-based ideas about prescribed safer supply have spread through society. Right-wing media sources repeat these ideas, taking the focus away from solutions. We need tools to inform the public and encourage evidence-based conversations. In this article, I introduce some facts about prescribed safer supply that you might hear about less often in the media.

When talking about the drug toxicity crisis, we need to understand that prohibition, the war on drugs, stigma and moral panic are interconnected. We must remember that people who use drugs often face social and structural inequities, such as extreme poverty and systemic racism.

Drugs and youth

The leading cause of death among BC youth aged 10–25 is drug toxicity, which has overtaken both accidents and suicide.[3] Yet evidence tells us that rates of new opioid use disorder diagnoses among youth have not increased since March 2020.[4] Youth are exposed to the same unpredictable and toxic street supply of drugs as adults. This is causing the increase in drug toxicity deaths, not hydromorphone tablets. As we hear every month from BC's Chief Coroner Lisa Lapointe, there is no evidence that prescribed safer supply is contributing to drug toxicity deaths.[3]

Deprescribing

As of March 2023, 5,044 people in BC were receiving safer supply prescriptions[5]; four months later, in July 2023, that number was down 11% to 4,476.[2] This decrease raises a red flag related to *deprescribing* opioids, meaning the loss, by an individual, of their prescription for opioids. When this happens, a person is forced to access the street supply of drugs to replace lost medications.

Evidence shows opioid deprescribing can increase a person's risk of suicide, uncontrolled pain and drug toxicity death.[6, 7] If the prescriber (a physician or nurse practitioner) decides to carry out this high-risk act, it needs to be done slowly and in collaboration with the patient.[6-8] The reasons for the current level of deprescribing are unclear. However, the timing of the decrease coincides with increased fear-based political and media attacks on safer supply prescribing.

Diversion

Diversion means sharing or selling medication with someone for whom it was not originally intended. We see diversion happen with all different kinds of people, all the time. My friend once told me their mother gave them half of their hydromorphone tablet so they could both relax after a long and difficult day. Neither of these adults is considered to be a person who uses drugs. Nor do they have opioid use disorder. They simply knew they would find relief from the tablet originally prescribed for the mother's chronic pain. This is an example of compassionate care that happens with people in many communities, not just among people who use drugs.

Only 14% of all hydromorphone prescriptions in BC are going to safer supply participants.[1] The vast majority are going to people who have chronic pain—totally unrelated to safer supply.[1] Think of all the people in your life with chronic illnesses or who have had surgery. There is a good chance they still have a bottle of hydromorphone tablets. Leftover tablets are often saved just in case, and they are just as likely as tablets from safer supply prescriptions to end up mixed into the street supply of drugs.

Returning to people accessing prescribed safer supply, medication sharing and selling tells us not all people who use drugs can access the medications they need, and people who use drugs are required to help individuals in their community because the government is failing to do so. In the context of the drug toxicity crisis, political and media attacks directed at prescribed safer supply are more about fear and hate than diversion. The resulting stigma and shame pushes people who use drugs further away from the services and treatment they need.

Prohibition and the war on drugs

The drug toxicity crisis is being fuelled by the war on drugs, which is, in fact, a war on people who use drugs. There cannot be a war against a thing—war is

always directed at people. ***Prohibition***, or laws that make drugs illegal, is the reason why we have a street supply of drugs that is not regulated by the government.

Because of the war on drugs, people who use drugs are stigmatized. This creates fear of the other within communities. The resulting messaging based on stigma and fear then leads to moral panic (widespread fear of threats to community values). When talking about the drug toxicity crisis, we need to understand that prohibition, the war on drugs, stigma and moral panic are interconnected. We must remember that people who use drugs often face social and structural inequities, such as extreme poverty and systemic racism. These inequities contribute to the criminalization of people who use drugs and to poor health outcomes.

By offering safer supply, the federal and provincial governments are acknowledging that unregulated drugs are toxic and causing people to die. However, that acknowledgment is lost when people who need access cannot get a prescription.

Community-led responses

We need conversations about why people use drugs in the first place. People use drugs to get a benefit—to stay awake, belong, attend to trauma, feel better, manage pain, feel pleasure, etc. People, including youth, do not simply use drugs because they have access to them. There is usually a reason behind their use.

People who use drugs need to guide the direction of safer supply. Drug user groups have proven they are organized and capable. This has been shown through years of organizing community-led syringe distribution programs and overdose prevention sites since the 1980s. Policy limitations related to accessing and distributing drugs need to be lifted so drug user groups can lead and communities can heal.

People need to be able to obtain and use drugs without the threat of violence, criminalization and death. We need policy and legislative changes that include human rights, social justice and reparation for the harms done to communities. This starts with equitable access to a safer supply.

safe supply facts

Prescribed safer supply means prescribing medications to replace toxic street drugs. Some facts about safer supply:

- The street supply of drugs is becoming increasingly unpredictable and toxic, leading to six drug toxicity deaths every day in BC.[1]
- In March 2020, BC started offering prescribed safer supply to people who use drugs.[2]
- Approximately 100,000 people in BC have opioid use disorder.[9] With only about 4,500 people currently receiving prescribed safer supply,[2] less than 5% of people who need safer supply are getting it.

HARM REDUCTION IS COMMUNITY CARE—

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growing and any changes you want to make to minimize problems you think are related to drug use.

The key is that your personal autonomy and dignity as a human being are held in the highest regard. You are supported to make the choices available to you. You define your quality of life and goals for yourself, not external rules or expectations for numbers of days you've abstained from substances.

It can be difficult to give and accept love, compassion and care to yourself or others when your basic human needs are not being met, when you're facing societal injustice and just trying to survive, and when people in your life impose moral expectations on how you use substances. You may face pressure to stick to societal norms around recovery, treatment and abstinence as the only path forward.

A harm reduction approach will always be a place of refuge from this, to support you and your loved ones to take steps towards "any positive change"[4] that you may define for yourself. If we want to make our world safer and more just for everyone, whether through our personal relationships or working for better laws, we need harm reduction more than ever.

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Talking about Substance Use with Your Child

CINDY ANDREW

Parents and caregivers often wonder about the best way to approach talking about substance use with young people. There is no single right way to have these conversations. The goal is to open up communications and set a tone that helps your child feel comfortable and supported.

Photo credit: Milan Markovic at ©iStockphoto.com

Cindy Andrew is a team member of The ABCs of Youth Substance Use, a BC Ministry of Health initiative to enhance substance use prevention supports, education and resources in BC schools. A parent of two, former teacher and long-time health promoter, Cindy is grateful to live, love and work on territories of the Esquimalt and Songhees nations, also known as the west shore of Victoria

It's also wise to avoid "conversation stoppers" that close the door to honest communication, like when adults shame or command young people (see Related Resources for a link to many more "stoppers").

What you say and do is valuable and makes a difference. Here are some tips and resources you might find useful as you help your child(ren) successfully navigate this aspect of life.

Keep connected. Strong relationships with caring adults help promote health and can be helpful in protecting against harmful substance use. Start with making relationships with teens trusting and transparent, and see the Related Resources for a fuller list of strategies to strengthen bonds.

Listen first and get curious together. Be positive and caring, and allow time for reflection. Join your child in getting curious about learning more about substance use. You might say: "I see a lot of vaping happening and wonder why and what are the potential health risks?" Having open, honest conversation about drug use offers a lot more promise and learning than facts, stats and scare tactics.

Be mindful of adolescent development. As youth move from childhood to adulthood, their brains and bodies go through a lot of change. These changes often affect their emotions

and behaviours. Teens often focus on relating to youth peers. Respect that your child may need some time and space to think and feel their way through a new situation.

Build their skills. Help your child to solve their own challenges instead of solving them for them. This helps build their confidence and resilience, and it sets the stage for other skills, such as critical thinking, decision-making and stress management, plus learning how to be ready for difficult conversations in social settings and how to plan ahead.

Have fun. Observe and identify the interests and passions of your child and purposefully make time to recognize, value and celebrate those things.

Be informed. Youth may use substances for many reasons, including wanting to feel good, cope with pain or stress, or have fun. Understanding what's going on in your youth's life and that substance use, if present, might be meeting some needs, can help you support them.

Share clear, consistent expectations. Be clear with your child(ren) about setting boundaries and guidelines related to substance use. The more you discuss these openly with your child, the more likely it is that they will understand your intentions and the reasons for them, and that they will be able to adopt them.

Be aware and available. Pay attention to what's happening in your child's life. Note sudden changes in mood or schoolwork. Respect their need for independence, but let them know you are there for them and ready to help. Make time for conversation. Letting your child know their opinions matter helps set the stage for bigger conversations during more challenging times. Comments like "I noticed you seem pretty stressed lately. Anything I can do for you?" are positive. Listening more than talking helps too.

Expect to be challenged. Be respectful and prepared to negotiate, but clearly communicate your position and your own values.

Learn from mistakes. Life presents many chances to learn, including those times that involve substance use. Use mistakes as an opportunity to learn together.

Be a positive role model. How do you have fun, spend time with friends or deal with stress? From an early age, your child will watch and learn behaviours from you. They see how you manage, limit or turn down chances to use substances. Having conversations with your child about your behaviours or experiences can help spark some helpful learning and demonstrate that parents aren't perfect either.

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related resources

Kelty Mental Health Resource Centre
keltymentalhealth.ca/substance-use-and-youth offers a wide range of resources, including their Substance Use and Youth section, which includes information on substances, why youth use substances, how substance use can become a problem and what you can do to support young people.

Keep having conversations with kids
healthlinkbc.ca/mental-health-substance-use/substance-use/parenting-and-substance-use/keep-having-conversations-0 is a resource prepared by HealthLinkBC to guide communications with young people, including what not to say (e.g., avoid sentences like "You should know better").

7 ways to build authentic connections with teens
kidshelpphone.ca/get-info/7-ways-to-build-authentic-connections-with-teens from KidsHelpPhone has a great list of easy ways to improve adult–teen relationships.

Preparing parents and caregivers for substance use conversations
drive.google.com/file/d/1M07I7P7YfxI_CvqX2FJAB3Vgvlhy-uFf/view?usp=sharing from the ABCs of Youth Substance Use includes resources for adults and youth related to substance use.

Substance use: Talking alcohol, vaping & other drugs with your kids
keltymentalhealth.ca/podcast/substance-use-youth is an episode of the podcast Where you Are, intended for parents and caregivers, produced in partnership with the Kelty Mental Health Resource Centre and the ABCs of Youth Substance Use.

Substance use and young people: A guide for families and their caring communities
heretohelp.bc.ca/sites/default/files/substance-use-and-young-people.pdf is a guide produced by the Canadian Institute for Substance Use Research (CISUR) for HeretoHelp, structured in four vignettes drawn from real-life situations, that includes helpful questions and strategies an adult might use to support a young person.

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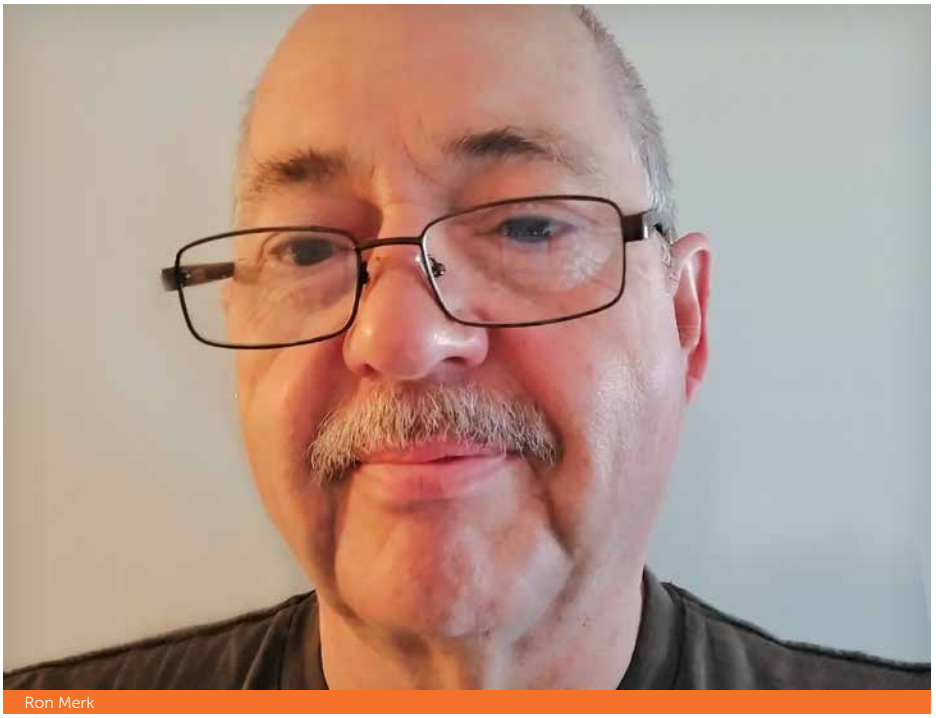
You Don’t Know What You Don’t Know

ACCEPTING A LOVED ONE’S CONCURRENT DISORDERS

RON MERK

Should I or shouldn't I? I wondered, when I was beginning to write about my family’s experience, whether I should be telling people the hard truth about what it's like when you have a family member with concurrent disorders. *Concurrent disorders* are when someone has both substance and mental health disorders.



Ron Merk

Ron advocates for people and families who suffer from mental health and substance disorder challenges. He’s a member of the Patient and Family Experience Council of the BC Mental Health and Substance Use Services and co-chair of their literacy committee. Ron edits Learning Moments,1 a magazine for families who need help supporting substance-using family members

I think it was a character played by Jack Nicholson who said, “You can't handle the truth.” Sadly, for some families, there is fact in those words. I’ve run into people who prefer the ostrich-head-in-the-sand way of acknowledging concurrent disorder problems. I get it! For some of us, any acknowledgement is accepting there are problems with someone we love.

Most families do face hard realities. You won’t like it—in fact, you’re going to hate it—but it’s better to know what you’re facing than to stumble through the darkness of this particular journey. The sooner you admit there are problems, the more likely it is you can find help, both for your loved one and your family.

Realizing there’s a problem

For us, there wasn’t a specific moment where we saw a mental health crisis or addictive substance use affecting the person in our family. It came slowly. You put off some of the abnormal behaviours to teenage stuff. Growing pains. We even justified their dabbling in the use of substances as a normal teen curiosity.

Looking back now, I see some specific landmarks that stand out. For example, we noticed some serious anger issues. We certainly recognized depression. We sought counselling, but it wasn't successful. That in itself should have been a major "light bulb" moment. We didn't appreciate that our family member stayed depressed for months, which dragged on into years. That light bulb moment only came when our loved one started talking about things that hadn't happened. For them it was real, but the events they described were impossible.

We had no experience. There was no guiding hand. Not a clue what was or what would be. We didn't know what we didn't know! That made some parts brutal and, in some other ways, more bearable. Today I ask myself: if I'd known certain things, would I have gone screaming off into my own mental health crisis?

When we finally pulled our heads out of the sand, what we recognized first was deeply entrenched substance use. They hid it until it was uncontrollable. But substance use wasn't the cause. It was only a symptom of underlying mental health disorders. It was their way of self-medicating.

Relationship strain

The biggest challenge, bar none, from concurrent disorders, is what happens internally in the family. Mental health and substance disorders cause horrendous changes in the personality of the person you love. In our case, we didn't understand that our loved one's thinking was being driven by their mental health disorder. It often felt like they were just being deliberately difficult. That led to trying to change their behaviour through traditional parent/child correction methods—a complete fail. You can't fix mental illness through correction parenting.

That's how it happens when you don't know: the family doesn't understand what's happening. Behaviour changes often fracture the relationships between the person who is ill and the most important people in their lives. The person who is ill often ends up living on their own or, in the worst cases, homeless. Many families feel they have no other alternative than to break all connections with their loved ones.

Help for concurrent disorders

Having mental health challenges and substance use disorders doesn't double the problems you face. It makes them ten times worse. When you look for help, you run into professionals who will tell you they don't know which one to treat. Some say it's best to handle their substance disorder first; once that's in control we can look at the mental health disorders. We ran into other professionals who told us it didn't matter: we'd need to treat both.

The learning here is that there's not just one way. Even health professionals struggle at times with which to address first. Mental illnesses are not a linear progression. You don't start at depression, work your way to anxiety disorders and then on to bipolar disorder or schizophrenia. Often people have some or all of these conditions to a lesser or greater extent. That makes it incredibly hard for professionals to diagnose and treat. In the beginning, rather than name a diagnosis, the professionals treat to minimize behavioural symptoms. It took us years to finally hear a psychiatrist name our family member's condition—even then it came with caveats.

Probably the biggest stumbling block to getting help, or at least being in the picture with our loved one, were the privacy guarantees in our laws. I can't tell you how many professionals we ran into who told us "we can't share anything with you." There were others, of course—those are the ones I called the bright spots in the system—who got around policy. They found ways to give us enough information so we could effectively advocate for our family member.

One thing we learned and that I like to share with other families is that just because they can't talk to you doesn't mean you can't talk to them. That became our primary standard when we were interfacing with professionals. I would start by saying, "I don't want or need you to tell me anything about our loved one, but I

The biggest challenge from concurrent disorders is what happens internally in the family. Behaviour changes often fracture the relationships between the person who is ill and the most important people in their lives.

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have information that's important to their health and here it is."

Seeing possibilities

Let me say that recovery is possible. Read that again: recovery is POSSIBLE. However, I want to set clear expectations. Recovery isn't measured in days, weeks, months or years. It's more likely measured in decades. So yes, you're in it for the long haul.

You may feel you can't retain any semblance of a relationship. It might take years for you or them to reach out again. The important part is that even the smallest connection can give hope and make all the difference for your family member. A simple text or phone call, with "I love you" begins the healing journey.

I wish I could tell readers all is well for my family. Although there have been times when our loved one made progress, there has been one huge stumbling block: to date, they have never accepted that they have a mental illness. That's called anosognosia (look that up on Google). It's extremely common for people to deny having a mental illness. Every family will have this hurdle to get over before real healing can begin.

We're still working on this with our loved one. I've seen the success of other families, so I know it's possible. What I want desperately is for them to be healthy and happy. I'd give anything for that! V

TALKING ABOUT SUBSTANCE USE WITH YOUR CHILD—CONTINUED FROM PAGE 20

Put their safety first. Prepare your child to be safe in case they choose to use a substance. Help your child learn how to reduce substance-related harms by discussing steps they can take to be safe, including not too much, not too often, never alone and never when dangerous (e.g., when driving).

Worried that your child may be using substances in a problematic way? Supporting a loved one can be stressful and confusing. It's important to find information and support you can trust. Please visit the ABCs of Youth Substance Use website: sites.google.com/bunyaad.ca/the-abcs/home. And check out the Related Resources, where I share other information sources that might be helpful for you. V

Lonely Soul Searching

SHELTER WORK, PARENTING AND SOBRIETY

HILARY L. MARKS

Working in the shelter system is an extremely trying career. Some days clients have breakdowns and overdoses. Other days my own personal triggers come up.

Hilary lives in Victoria, BC, and has worked in the shelter system for seven years as an outreach/support worker. In her spare time, she likes to relax, rejuvenate and connect with nature

Hilary L. Marks

For me, triggers have been perpetuated by the staff at the shelters I've worked at. Once people find out I have severe PTSD, things like gaslighting and bullying have happened. This sets off triggers I'm not in control of; it's hard never knowing when they will implode and interfere with my job or my connections with the homeless. The homeless don't trigger me. They don't use information to harm me. Only staff and management at the shelters have done that.

I've also found that working with an incredible number of people, all with different personalities, different addictions and different aspirations, who all want the same basic thing—a home, a job, a life—can be frustrating when the system isn't prepared for the influx of homeless people. They use substances in order to cope with the everlasting pain of being on the streets. But I've always loved connecting with the homeless. Their stories are about their struggles, goals, dreams and the people they love.

Keeping integrity

In my younger years, I became highly addicted to cocaine. The euphoria of the drug (it was the 80s and it was pure) was an escape from the way I was living. I had a pimp who was violent, yet I was madly in love with him. Those years of street learning are something I cannot forget. The people I met along the way helped create my

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book of knowledge, which I share in my work with homeless people.

I now believe that through all my experience, both personal and work related, I've created a strong woman with high self-respect. I don't allow anyone to beat me down. Even when they think they have, the survival mode of integrity shows through. The survival mode of integrity, for me, means that even while I lived in survival mode on the streets, I had integrity. I was always honest. Even living as a criminal, I had strong moral principles from my upbringing as a Jewish woman. I was living a facade on the streets that was the total opposite of what I truly and authentically was.

Those years of abuse made me build an empowered person who speaks her truth and has become an authentic being. If I'd had this empowerment and self-esteem when I was younger, I do not believe I would have lived the way I did.

Focused on parenting

The birth of my daughter, Sarah, was a catalyst to stop using. Unfortunately, I met someone after she was born, and later in the relationship he "surprised" me with a gift: a line of coke. That started my use all over again, until about 2009.

Losing myself and my authenticity was a more important loss, to me, than the strong addiction. My devotion to being a parent meant the world to me. Everything I did was in the name of my responsibility as a parent. The fear of being caught leading this double life was another catalyst for me to change my behaviour. I never wanted my daughter to find out I was using drugs. I really did not want her stuck in a horrible foster system, and me stuck under their thumb.

My pot use was not an issue for me for many reasons, but the illicit drugs were "criminal." I eventually said enough is enough. I went to the Mental Health and Addictions outpatient client office (now BC Mental Health and Substance Use Services). I got marvellous counsellors who really put the truth to me about my use. I was rationalizing and being inauthentic. But I could not pull the wool over the counsellors' eyes on anything. That's when I started my process of "Do it 2009" to stop using and clean up my act.

Living the life I've lived, I can use my book of knowledge to teach my very smart daughter the dangers of the world. She has chosen to live in an opposite way to me. The main reason she did not turn out like I did is pure and simple: I showered her with love all through her life. I did not get showered with love growing up. This is the reason I left home. I didn't feel loved, respected or part of the family. I was the black sheep. That was the preamble to my life on the streets. Looking for love, looking for acknowledgement, searching my soul for something I knew was better.

Sarah wants me to have a happy, peaceful life. She absolutely respects the work that I do at shelters and in the community. I think Sarah would say I've achieved many things while being a single parent, which is not an easy thing to do. We had a child-friendly house that all her friends would come to and hang out in. There was safety and security, food and movies; fun with no stress.

Life wasn't easy all the time. Once, when I found out Sarah was buying booze from a bootlegger, I immediately stopped that. I would rather she ask me. For safety reasons, that's good parenting. We've learned to get through it together. We've shared tears and laughter, hugs and kisses. We've made it through everything that's been thrown our way.

I am a person of goals and decision-making to create a better life for myself, first and foremost. Then I can care for my Sarah better. Like the airplane mask analogy. I'm a person who perseveres to get my needs met. I do not give in, and I do not quit.

Rethinking substance use

Substance use is an escape from harm, trauma, abuse, being unloved or anything else going on in a person's life. When you get to the point of being sick and tired of being sick and tired, then change will happen. Drugs are not the answer to any problem. They create more problems.

In my work, I support people where they're at. I hope people will analyze their lives and see that drugs are not the way. They cause chaos. Drugs take money and lives. They only make you feel good for a short time. Dealing with trauma is the first big step to freedom from addiction.

I would never think of using again because I'm in recovery every day, and I need to stay strong to live a better life for me and Sarah. Abstinence has given me a good life to share with my daughter, now and forever. V

My Life in a Better Place

DOROTHY

I'm a person with lived experience. A mother of four children, I also have grandchildren. I live in non-profit, transitional housing. I've been here close to four years. My life is better now, better than it was. Things were a lot different.

Dorothy is 62 years old. She loves to spend time with her grandchildren, do crafts and help other people

Photo credit: stevecoleimages at ©iStockphoto.com

When I was younger and lived with my grandparents, I did not live with my mom. She left me at the hospital when I was a newborn. My grandparents took me home and raised me until I was about 10. That was in a small town in Ontario.

How did I end up with food addiction? My grandparent would fill my plate, and if I didn't finish my meal, I would be in trouble and sit there all night to eat the food. Grandmother would always tell me there were kids starving in other parts of the world, so I had to clean my plate. Growing up, our family entertained often, so we had lots of big meals. I have been big all my life. I just kept getting bigger and bigger.

Coping with food

My mother insisted that I move back with her when I was about 11. She was a large person. She ate everything. She didn't eat the proper way. When she passed, she weighed 630 lbs. I was basically brought there to raise my siblings. I had to cook and look after them. In the morning, I helped them get ready for school, get the baby up and change the diaper—ready for the day.

I would take them to my mom, then get the lunches ready. We would eat breakfast then catch the bus to school. Coming home from school, I had to cook the supper meal. If I didn't prepare a proper meal, I got beaten for

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it. I had to prepare what they wanted. My stepfather did not like me. He had a terrible hate for me. My mother kept on telling me not to say anything back to him, to shut up or shove some food in my mouth. I kept gaining weight. I used food to cope with the situation, and that was all I knew.

When I did finally get out on my own, at 20, I had my first child. At that time, I did what I knew: made big meals. But with my son, he didn't grow up bad. I didn't forcibly feed him. When he was done eating, he was done. I tried to do that for myself, but it didn't work. I tried to change, but ended up with non-stop eating, as if I could not get enough to eat—when I was stressed out, mainly. The rest of my time there, I just kept on eating and eating. I got up to 350 lbs, then almost 400 lbs before I turned 25.

In my early 30s, I was diagnosed with type 2 diabetes. At first, the diagnosis didn't feel like it impacted my life. My doctor at that time didn't explain things to me, nothing about what could happen.

Years went on and I ended up having three more children. I tried to get them to eat properly. I always had vegetables with low-calorie dips in the fridge ready for them. I taught them to cook. I would eat what I prepared for them, but I also had snacks: cookies, cakes and so on. I felt that I had to eat them. When I had to deal with my mother, she would stress me right out, and all I wanted to do was eat. With my mother and stepfather, who were both drunk, it was like living under a microscope.

Starting again

I wanted to have a fresh start, be who I wanted to be and not what they expected. With my kids, I came to Vancouver about 11 years ago, in my 50s. I had to get away from the crap. There wasn't the stress I had back home. There weren't the problems I'd been having. I started to eat properly. I ate snacks only occasionally.

At this time, I couldn't do the stairs very well. I had been using an electric scooter since my mid-40s. My knees were having issues. I saw a doctor out in Surrey. After doing tests, I found out how bad my diabetes really was, and my knees were to the point they needed replacements. But my diabetes was so bad I would never heal. At that point in time, I could not do much about that. It concerned me greatly that I was having all these health issues. I was getting sicker. I felt scared, literally scared for my life.

I was renting with other people. Everybody flipped off, and I ended up getting evicted. I didn't have anywhere to go. I didn't want to burden my kids with my issues. They were all living independently. I ended up at a shelter in Surrey. I was there for quite some time. Then I moved to another homeless shelter and stayed there about eight months. Dealing with all these stresses, I turned to sweets and junk food: cakes, hamburgers, donuts and so on.

A shelter staff person helped me secure a suite at my current housing. Soon after moving, I was referred to a community clinic and finally got a permanent family doctor. I underwent more medical tests and gained fresh eyes on the situation. I found out that I have high blood pressure, lung issues and thyroid issues. From there, I saw health specialists, psychiatrists and an occupational therapist, among others. I was prescribed proper medications. I also went to a diabetes clinic, and the doctor explained everything to me. I want to tell people, based on the life I've lived: deal with your physical and mental health problems. Don't let them get ahead of you. You need your health or you have nothing.

With all my needs met, I began to pursue other things. I am currently an advocate and board member at Ageing in the Right Place. We fight for the rights of seniors and get them to understand what is out there when they become homeless. We try to help them get the support they need. I talk to people, share my experiences and provide peer support and advice. I participate in community kitchens, arts and crafts workshops. My eating habits are better because I have other things to take the stress away. I've already lost some weight, and my diabetes is under control. I no longer have high blood pressure and lung issues are being dealt with. It is only going to get better. V

Learning to Love Unconditionally

T.E. LETTS

The flashing caller ID "Inmatephonecalls.ca" catches my attention as my smartphone buzzes. Feeling the vibration in my hand, I watch it scroll across the screen. The phone rings three or four times before going to voicemail. Soon enough, it vibrates again: I have a message. One I know I will never listen to. A robotic voice echoing the phrase I have become all too familiar with.

T.E. (she/her) lives in the South Fraser Community of Langley with her partner and youngest daughter. She is a proud mother of three and loves being a grandmother. T.E. is also vice-chair of the national organization Moms Stop The Harm and takes a harm reduction approach to her work. She is passionate about harm reduction and drug policy reform

Photo credit: Lisa5201 at ©iStockphoto.com

"This is a pre-paid call from …"

I don't need to hear it. I'm aware who is on the other end. Not long ago, missing a call like this would have left me devastated. But today is different.

The caller is only calling because he's bored, not realizing that constant calls disrupt the delicate balance between functioning and the impulse to remain hidden under covers. I am not happy my son is behind bars. It isn't a rehabilitative experience for him, but one that invokes an already acute trauma response. His stress reaction can easily trigger mine.

When I know my mental health is most at risk, I've learned I have the agency to consciously decide whether to engage. I'm no longer driven solely by the involuntary impulses of my central nervous system and can make rational choices based on my own capacity.

A difficult trajectory

My son, according to society's standards, carries the label of prolific offender. The courts have stamped this designation on him, an outcome of 37 convictions. As he navigates his way through another stint of pre-trial remand, waiting for his lawyer and the Crown prosecution to decide his fate, it's clear he is not new to this system.

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Sadly, he is comfortable there. Denied bail due to his persistent breaching of conditions, he remains locked up for the foreseeable future.

My son's criminal pursuits are rooted in subsistence, a means of finding the $200-plus dollars a day needed to support his opioid dependence. His preference for opioids, now mixed with high concentrations of benzodiazepines, embodies his desperate need for escape. The recent appearance of xylazine in the street supply only amplifies the risk to his life and well-being. This reality rests heavily on my heart and soul.

His journey into substance use started during his early years. Introduced to oxycontin at age 14, the drug transformed his world. Oxycontin gave him a way to make extra money and access to a community where he'd never felt he belonged. Always a shy and hesitant boy, the drug let him to step out of his shell of caution and reticence and provided new-found confidence. Friendships solidified, interactions with his hockey teammates improved and he finally felt accepted.

Coming to awareness

As a parent I attributed this transformation to natural maturity, oblivious to the role substances played. But around his twentieth birthday the grip of addiction became inescapable. His nods of drowsiness, isolation, missing belongings and withdrawal from family activities became the norm. Yet, it took a pointed text from one of his friends to shatter any denial we clung to. In hindsight, our family had been living in a stress state, waiting for something succinct to happen. We received the message loud and clear: my son was ensnared in the clutches of opioid addiction.

While I thought I had a fair understanding of drug culture, I was unprepared. Generational substance use coursed through my family history, although it was primarily alcohol. My son's father and my own brother both struggled with addiction, but this was different. This was my child, my flesh and blood, whom I promised at birth to protect from all the world's perils.

My response was immediate and intense, plunging my family into chaos. I tackled my son's drug use head-on with single-minded determination. This became my sole focus, to the detriment of my family. My head was telling me I was the only one who could save him, not knowing this strategy was a recipe for failure.

My lack of understanding about addiction and drug use, coupled with my reliance on anecdotal and misleading third-party information, made an already tense household environment worse. I was inundated with conflicting feelings that ran against my instincts, generating guilt and a rapid decline in my mental well-being. As I fixated on my son's predicament, I was losing sight of myself and alienating those around me. I was in a downward spiral that I knew in my gut only I could stop. I realized I was no good to anyone if I wasn't good to myself.

Shifting my focus from control to understanding was pivotal. I stopped the dehumanizing attempts to dictate his life, allowing him to reclaim his dignity and worth. Disengaging from negative interactions, I turned my attention to trying to understand his world. But my most impactful shift was simply listening.

Information brings an opening

Knowledge became my lifeline. Looking beyond sponsored Google ads, I searched for articles and scientific studies that delved into mental health and addictions. Embracing evidence-based teachings, I re-evaluated my own relationship with substances and confronted my own internal biases. I discovered Moms Stop the Harm, a group that advocates for an end to substance use–related stigma, harm and death. The group validated my new ideas. The lens through which I saw my son and his circumstances changed. The overwhelming burden of self-inflicted guilt began to fade.

Shifting my focus from control to understanding was pivotal. I stopped the dehumanizing attempts to dictate his life, allowing him to reclaim his dignity and worth. Disengaging from negative interactions, I turned my

attention to trying to understand his world. But my most impactful shift was simply listening.

Occasionally, darkness sneaks in and tries to hijack my thoughts, the precursor to what's known as anticipatory grief. Accepting that an unidentified blocked ID could deliver life-changing news at any moment is part of my reality. My son's reliance on street drugs with unknown content and potency places him in constant peril. Over the past seven years since BC declared toxic drug deaths a public health emergency, our family has sadly had to accept that this may very well be my son's fate.

My concern extends to my partner and other children, who have also suffered losses among their friends, classmates and co-workers. The weight of possibly losing their brother presses heavily on his siblings, who navigate their own anticipatory grief. This journey, marked by anger, frustration, hurt, as well as time and distance, is gradually leading to acceptance and reconciliation.

Family gatherings are becoming more frequent—lunches, days at the beach and birthday celebrations—though they are tinged with uncertainty. My son's comfort zones have shifted, so we've shifted with him. His world is not ours, but there's a place in his for us, as in ours for him. We hold space for when he's ready.

As a family, we have embraced acceptance. Our decisions are driven by compromise, consent and understanding. We've learned to listen to ourselves and understand our limitations and capacity. The life my son leads is not one we had envisioned, yet our love remains unconditional and unwavering. V

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What We Did

DISCOVERING OUR SON THROUGH THE ELEPHANT IN THE ROOM

PINE SISKIN

It's never over. You just learn to cope. You hear the words: OCD, anxiety, depression. You've felt the depth of it yourself. You can see how he's like you. In his grandmother's day, it was called "a nervous breakdown." He's inherited all that generational trauma. From both of you. Right now, he seems normal, maybe even content.

Photo credit: FG Trade at ©iStockphoto.com

Pine Siskin is a creative whose current work manifests appreciation of the present moment. She has been a writer all her life. Her writing has been produced on the CBC and appeared in the Vancouver Sun, *the* San Francisco Chronicle, *the* Los Angeles Times *and Smashwords, among other publications and venues*

How can I summarize these past three years and what we've learned about our son, our family and mental health? Before, I had these conversations with him, desperate-lifeline moments of despair. I could hear the panic in his voice. He always came to me as a last resort. I sensed the thin line that held us together across the wire. So I dropped everything and held on when he couldn't imagine a way out. When he was boxed in by his own unspeakable fears, I listened.

Then I would grasp for some thread, a string of hope to throw out in his path—how creative he is, how hard working, how determined. Never that anything was, only, or is always, in his head. Listening for what I knew to be the sound of his hope, relief; something to hang onto.

In one of these conversations, when my son was in his early thirties, I agreed with him that to take one particular job would be too much. A prestigious job in his chosen field. Yet the very nature of it would trigger his trauma. So I asked, How are you going to tell them you can't do it? And he surprised me. I heard his listening silence, felt his energy shift and the next thing, he was going to

take the job. He's been at it since then, managing it in spite of the expected minefields that crop up. After all that fear, he did it.

He's works so hard to get it right. Now, he can see that things shift; he's gotten through it before and he'll probably get through it again. He has his necessary rituals. His support groups. Prescription drugs. Sometimes, cannabis. Walks in nature every day. We notice if he's hungry or tired. Things can pile on in a hurry, and you have to take heed. He likes to plan. I realize how alike we are.

In the early days of the COVID pandemic, smarting from the breakup of a six-year intimate relationship, he came to live on the property in his own space. But his issues outnumbered us; we all felt the tension, looked for relief, a cure—something! We found nothing. A frustrating lack of resources. A sense that nobody really cared. Over the years, the lack seemed to have entrenched itself. A friend overdosed. And at his Vancouver job, one of the employees died right there in the bathroom. It was everywhere. But healing was nowhere that we could grasp. He had to lead us to what would help him.

There had been a lot wrong for a long time. Bullying since middle school during seven of his formative years, when his brain was still forming. Constant humiliation, every single day. Even a popular teacher had piled on in front of the class. I knew this after the fact. I suspected it, but my husband, who comes from a time when any kind of mental instability was scorned, told me to step back and let him work it out. I believed him when he said, "He'll come back." But I saw the furtive efforts of my son to hide his shame. When his suffering manifested, I saw his father's fear that, if you coddle it, if you validate the feelings, then "it" will gain a foothold. We stood back when he came home plastered with alcohol, and I knew it was getting entrenched.

Years later, now, at 37 years old, he was still carrying this thing around with him—all of it. And substance use wasn't the cause, it was a symptom, an unreliable force with its own power. Every time we talked, confronting the big ugly bully in the room between us, my son went away relieved. For a moment perhaps. For a day, maybe. But I could see it was better to talk about it than to ignore it.

When he arrived, traumatized, in March of 2020, we put him on any list he qualified for. The wait was three months, minimum. The calls, the emails, the promising-sounding websites—and in the end, only money would do. How do people in crisis cope? There was nothing else. We are a family of artists. Money is not what we have. We had to figure it out for ourselves.

A local counsellor asked us what we felt we could pay for an hour and a half. I knew from my own experience that regular counselling and exercise put a dent in the black hole, could help sweep it into remission. We accepted her safe space, where we were able to address what our son could confront. One day, I observed his fundamental fear: that perhaps he didn't have the capability to concentrate on a given task. Because of the daily bullying as a young teen and how it formed his beliefs about himself, he doubted his ability to keep his mind on the job. Without distraction. Without having to look over his shoulder for someone who might push him around, judge him, make fun of him.

As soon as this was verbalized, we each found examples of how and when he did concentrate on the thing at hand. Moments when he forgot his anxiety in favour of the required task. This discovery was a huge milestone in his healing.

And we couldn't ignore the sidekick, substance abuse. Making the link between how he functions during the week after he drinks. He knows he's vulnerable to alcohol. Now it's all about fizzy water and kombucha and alcohol-free beer. Before he goes out, what is his plan for getting back safely? Just talking about it beforehand makes a difference. Each time he comes home sober, he feels the accomplishment.

This isn't everything. Listening is essential. Patience. Cognitive-behavioural therapy. Counselling. Exercise. Working together in the garden. Family meals. Tea on the deck at sunset. Bocce on the crispy lawn. I'm determined to provide a stable family environment so that he understands viscerally that he is accepted and loved. So that he can come and go with agency to create his one unique and wonderful life. V

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Supporting a Grieving Loved One from Afar

KATHY WAGNER

Your sister just lost her son to toxic street drugs. Or your best friend's daughter died by suicide last month. You can feel their world shattering, even from three provinces away, and you want to wrap them in love to soften their pain. But what can you possibly do that will be helpful?

Photo credit: Amanda Lewis, who sent her friend Tara McGuire this photo to let her know that her son, Holden, was not forgotten

Kathy is the mother of three grown children, including her son, Tristan, who died from drug poisoning in 2017. She is the author of Here With You: A Memoir of Love, Family, and Addiction*, and her personal essays have appeared in* The New York Times *and the* Globe and Mail*. She's been a peer facilitator for the grief support group Healing Hearts Canada*

Of course, nothing will take away their pain. But take it from a mom whose son died from addiction and toxic drugs: feeling the love and support of family and friends can make it so much easier to bear the pain.

You don't need to be geographically close to be supportive in emotional and practical ways. The most important things are not turning away, providing space for them to grieve in their own way and remembering their loved one out loud.

Here are five things you can do from anywhere in the world to support a friend in grief.

Help out in practical ways

Looking after day-to-day tasks feels overwhelming in the early days of acute grief. Gift cards for food delivery services are often appreciated. A prescheduled weekly or monthly delivery of fresh fruit, vegetables and nuts is one way to support a friend who prefers to eat healthfully but may be unable to shop or cook for a while. If your normally energetic friend is having trouble just getting out of bed, you could arrange for someone to come walk the pooch for a few weeks after their loss.

Grieving saps our energy and diminishes our mental capacity. Making

decisions becomes ridiculously difficult. Anything you can do to simplify your friend's life is helpful. Just don't assume you know best—always check in. Instead of asking, "What can I do to help?", which puts the burden on your friend to think of something, say "Could you use a weekly house cleaner for the next two months?" (Bonus points if the cleaner does laundry and changes litter boxes!)

Say their loved one's name

Though our loved one is no longer walking through our front door, rifling through the fridge or calling us on our birthday, they are always right here with us, in every breath we take. It hurts when nobody acknowledges them for fear of upsetting us. Even when we're smiling, we haven't forgotten our grief. If hearing our loved one's name makes us cry, then let us cry, but please, please, please say their name.

Sharing memories of the person they lost is one of the greatest gifts you can give. If you have photos of your friend's loved one, send them copies or have a special one framed. In conversations, mention the person they lost as you would anyone else: "Remember the time when Joey ate a whole tub of cookie dough ice cream and then pretended he was fine, ran outside and got sick?"

Let your friend know when you think about their loved one: if you light a candle for them on a special day, when you tell a neighbour about their strength, when you bring their photo to an advocacy event or write their name in the sand at the beach to connect with their spirit. Call your friend and tell them. Send a photo.

If you were also close to the loved one who passed, you could honour them in special ways on special days. Send a donation in their name on their birthday, volunteer your time to support others who are struggling in similar ways or create your own mourning and celebration rituals. Share them with your friend so they know their loved one is not forgotten.

Stay connected

So few of us know how to respond to grief. Our natural tendency is to disconnect from it. Grief is uncomfortable and painful to witness, especially when we don't know how to help. Please know that it is a rare and wonderful gift to simply bear witness. Check in with your friend now and again, and let them share their grief, anger, guilt, shame and confusion with you. Just listen. Don't offer advice unless asked, and never suggest they "get over it." If your friend doesn't want to talk about their grief, that's OK too. Sometimes a distraction is just what they need. Follow their lead.

Short but consistent messages can be deeply meaningful: a simple text that your friend wakes up to every morning or reads before bed to let them know you care; a weekly phone or video call; a monthly card with a thoughtful message sent through the mail.

Help them to connect with others who grieve

Unless you have also lost someone to similar circumstances, don't presume to know what your friend is feeling. Even if you have, everyone grieves differently. Your friend's grief journey will be different from yours. Don't rush their grief. Don't try to understand it or explain it back to them. Just accept it as it is.

Many people who experience a traumatic loss are more comfortable sharing their grief with others who have similar experiences. You could offer to research some online groups they may find helpful.

Give it time. Stay consistent

Your friend's grief will continue for the rest of their life, especially on holidays and anniversaries of the birth and death of their person. So should your support. It's wonderful to be wrapped in the love for the first few weeks after a loss, and again on the first anniversary of their death. But as joy returns to our lives (and it will) and we stop wearing our grief on our sleeves (as we must), it feels like the world breathes a collective sigh of relief that we're finally "over it" and we can resume our place in the turning of time. People no longer feel an obligation to remember our loved one and their silence is absolutely heartbreaking. The best support anyone can give is to continue to actively remember our person as the beautiful, important and worthy soul they have been, are and always will be to us.

Please remember. *Always* remember. V

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Is Supportive Housing the New Hidden Homelessness?

DOUGLAS KING

We are long overdue for a real conversation about supportive housing and whether or not it can really be counted as housing anymore. In subsidized or "social housing," the government and non-profit societies provide below-market rent to low-income tenants without other services. Supportive housing is different—it was designed to create an environment where some people who need ongoing care can find a home, especially those experiencing chronic or episodic homelessness.

Photo credit: franckreporter at ©iStockphoto.com

Originally from Salt Lake City, Douglas studied law at UBC and worked as a legal advocate for the Downtown Eastside Residents' Association (DERA) before becoming a Pivot Legal Society staff lawyer. He joined Victoria's Together Against Poverty Society (TAPS) as executive director in 2017. Douglas's work focuses on legal advocacy in administrative matters, police and private security accountability, plus housing rights

Over time pressure has increased to maximize the number of supportive housing units in order to quickly place people off the street into housing sites. Operators, meanwhile, get minimal resources to manage these buildings. As a result, the promise of supportive housing no longer matches reality inside the buildings.

A promising start

The first big push to create supportive housing came in the late 2000s when the provincial government announced its intention to buy up SRO (single room occupancy) hotels in Vancouver. This effort to preserve low-income housing stock handed management of the buildings over to non-profit societies like the Portland Hotel Society, Atira Women's Resource Society and Lookout Society.

The province guaranteed that these buildings would remain covered by the Residential Tenancy Act. Residents of supportive housing would have the same rights as they had when their SRO buildings were run by private landlords. This meant people who'd

In a housing market where the average rent is more than someone on income or disability assistance receives in a month, it's no surprise that people desperate to get indoors feel they have no choice but to sign away their rights.

struggled in other forms of housing could move indoors quickly, either from the street or one of the many overcrowded homeless shelters.

It seemed like a win for everyone. Private landlords could sell buildings at a premium rate. Residents would not only get security in the cost of rent, but receive on-site support to address personal health needs. Optimism in supportive housing was so strong, the province went further. It bought buildings to convert, like the former seniors' care building on Johnson Street in Victoria, and created new supportive housing sites from the ground up for non-profits to manage.

Faltering rights

Over the last two years we at the Together Against Poverty Society (TAPS) have witnessed a disturbing trend. Slowly but surely the non-profit housing providers contracted by BC Housing to run supportive housing buildings all over the province have started to take away the rights of those living in their buildings. These providers don't even refer to the buildings as permanent housing anymore.

Some providers say supportive housing is not actually covered by the Residential Tenancy Act at all and it's actually a form of transitional housing. This reverses the pledge BC Housing made 20 years ago. It also takes away tenants' ability to get help from the Residential Tenancy Branch when they want to dispute an eviction or challenge a landlord's policy.

The results of this change have been significant. Residents now get "program agreements" instead of tenancy agreements to sign when they move in. Program agreements state that their housing will be completely controlled by the non-profit provider, who can remove it for smallest breach of rules. Without protection under the Residential Tenancy Act, residents of supportive housing are barred from having guests, subjected to daily room checks and ordered to sign behavioural agreements.

In a housing market where the average rent is more than someone on income or disability assistance receives in a month, it's no surprise that people desperate to get indoors feel they have no choice but to sign away those rights.

Getting it wrong

Supportive housing providers have voiced legitimate concerns about how the Residential Tenancy Act applies to their buildings. We're told blanket restrictions on guests are necessary to maintain a safe environment and that they introduced wellness checks to combat the rising tide of drug poisoning deaths inside their buildings. But giving housing providers the ability to evict tenants without any chance to challenge the reasons, and with little to no notice, is something entirely different. That change has seriously harmed the trust relationship between residents and providers. It has created the opposite of a supportive environment.

Despite their best intentions, housing providers sometimes get it wrong, even the non-profit kind. We have seen a supportive housing provider in Victoria throw out one of their residents on the spot because they suspected them of lighting a fire in their room, only to sheepishly admit a week later they were incorrect. By then it was too late. That person, who had spent over a year in a homeless shelter waiting for a supportive housing unit, was two steps backwards, sleeping outside on Pandora Avenue.

We've seen a resident summarily locked out of his unit in supportive housing and into street homelessness because, according to the housing provider, he was not using his housing enough and spending too many nights at his girlfriend's place. The fact that his girlfriend wasn't allowed to visit his unit due to building policy didn't make a difference. More and more supportive housing operators are beginning to run their sites like homeless shelters, with strict rules and even stricter forms of punishment.

Counting supportively housed people as homeless

In spring 2023 the province hired a consulting firm to hear from residents,

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housing providers and tenant advocates like TAPS about how supportive housing should be regulated. We made it clear that residents in supportive housing deserve basic rights, like the right to challenge an eviction or have guests in some form. This could happen under the Residential Tenancy Act or some other system that puts a reasonable check on the immense power we've now given their housing providers. For unknown reasons the province has decided not to release the results of that consultation and no changes have been made.

Most troubling are the signs that many residents feel their housing is far from supportive. In a recent survey reported in the BC Medical Journal, 72% of supportive housing residents in two buildings in the Okanagan reported feeling like their health needs had gone unmet.[1] Residents in these supportive housing buildings have been trying to get our attention for a long time. We owe it to them to listen.

Which begs the question: if supportive housing is now a form of transitional housing and residents can be removed without warning or challenge, is it truly any different from a homeless shelter with your own room? In Victoria's most recent point-in-time homeless count, 10.6% of survey respondents who were living on the street said they had been discharged or evicted from a shelter or transitional housing. That number increases to 14.1% when you include people who reported being evicted or discharged from supportive housing sites.[2]

For years we've said those staying in homeless shelters and transitional housing should still be counted as homeless. Perhaps the time has come to say the same for those staying in supportive housing. Including residents of supportive housing sites into our definition of "sheltered homeless" may more accurately describe just how many people in our communities lack permanent, stable housing and bring this form of hidden homelessness into the light. V

I've Made It Through and You Can Too

FLOYD AUSTIN

This narrative comes from an interview between Floyd and Nicole Johnston, from the Mood Disorders Association of BC, a branch of Lookout Housing and Health Society.

Floyd's life has been a turbulent odyssey filled with trials and profound transformations. Born into a mixed-race family in England, his early years were marked by challenges that set the stage for a remarkable journey

Floyd Austin

At age 10, Floyd and his family made a pivotal move to Canada. The transition came with its own set of difficulties. In this new country, he confronted the harsh realities of racial identity, bullying and isolation. His father's disapproval and his mother's inability to shield him left lasting emotional scars that would shape his future.

One defining aspect of Floyd's life was his ongoing battle with a severe sleeping disorder. He could only manage two hours of sleep, leaving him restless and awake throughout the night. This chronic sleeplessness played a big role in some of the choices he would make later on.

As he matured, he started to rebel against his circumstances. He ventured into the late-night streets of Winnipeg, immersing himself in the city's nightlife. This journey led him to the fringes of society, where he looked for connections that often eluded him. He soon realized that, with his unique background and education, finding true acceptance in these circles was a daunting task.

In pursuit of excitement and quick money, he got entangled in drug-related activities. However, he discovered that this lifestyle did not align with his true self. Despite the allure of drugs and easy cash, he felt like an outsider in a world that didn't fully understand him.

His early work experiences were unremarkable. He toiled as a delivery

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person. During this time, he crossed paths with a woman who inspired him to strive for more in life. Unfortunately, their relationship faltered and he found himself on a path of self-destruction. In his relentless quest for self-improvement, he made numerous attempts at treatment and recovery. Yet, he found out that true recovery required a level of personal commitment that he struggled to find within himself.

His journey eventually led him to relocate from Winnipeg to BC. This transition brought its own share of challenges. For about two decades, he experienced the hardships of couch surfing, never truly having a place to call his own. His time was marked by a series of temporary shelters, moving from one place to another and a perpetual feeling of not belonging.

Despite the turmoil, he managed to find stability in his work as a recycling truck worker, enduring a four-hour daily commute to maintain the job. He continues in that role to this day. His determination to remain employed and his resilience in overcoming addiction showcased the inner strength that defined him.

He has also navigated a complex family dynamic in BC after moving in with his traumatized sister, an elderly gentleman and that man's son.

Even with these seemingly insurmountable hardships, he's shown unwavering resilience. He's persevered through the darkest of times, battling addiction and societal expectations. Despite the odds stacked against him, he has strived for a better future, seeking connections and support, even when they've felt elusive. He once went to treatment though the Salvation Army, for example, but still lacked support afterwards.

His story underscores the deeply personal nature of recovery, which is fraught with challenges and setbacks. Yet, through it all, his determination to rebuild his life serves as a powerful reminder that the human spirit can overcome even the most daunting circumstances. His experiences have shaped him, but they haven't defined him. His resilience and enduring hope shine through as a beacon of inspiration to all those who hear his story.

Floyd has also provided some personal insights that might help others.

Here are some words of motivation I want to share with others about how complex homelessness is:

Life ain't simple: My own experiences have shown me homelessness is so much more than just lacking a place to crash for the night. It's a complicated web of challenges we need to unravel to make a difference.

Show some heart: It's high time we looked past the stereotypes to see the people behind the labels. Homelessness doesn't define who we are; it's just a chapter in our lives. A little empathy and understanding can go a long way in making this journey less arduous.

Hope's real: No matter how deep you find yourself in the abyss, there's always a glimmer of hope. My story is a testament to the fact that with determination and the right support, you can turn things around. Believing in yourself is the first step to rewriting your story.

Full-on support: Homelessness isn't a battle that can be won alone. It's not just about providing shelter; it's about addressing the root causes—addiction, mental health, unemployment and unaffordable housing. We need comprehensive support systems to rebuild our lives.

Inner grit matters: When you hit rock bottom, it's your inner strength that can pull you through. My journey was a constant reminder that even in the darkest of times, you possess the power to endure and overcome.

It takes a village: Communities play a pivotal role in shaping the lives of those experiencing homelessness. My story wouldn't be the same without the friends and compassionate souls who offered their support. Being part of a caring community can be the turning point in someone's life.

A challenging reality in BC: Finding support in BC has been an uphill battle for many individuals experiencing homelessness, myself included. The discouraging truth is that without a couch to sleep on at my sister's place, turning my life around would have been next to impossible. It's a stark reminder of the dire need for accessible and effective support systems.

My path through homelessness has taught me that it's a multi-dimensional challenge involving not only the absence of shelter, but also a myriad of intertwined issues. To tackle homelessness effectively, we must provide holistic support. It's about recognizing the resilience and potential within each individual, understanding their unique journey and offering a helping hand to guide them towards a brighter future. V

resources

Moms Stop The Harm
momsstoptheharm.com
Moms Stop The Harm connects families impacted by substance use. They operate support groups for people who love someone struggling with substance use and for people who have lost a loved one, advocate for policy reform, and collaborate with researchers to highlight lived experiences, such as in the Stopping the Harm: Psychosocial outcomes of families of the opioid epidemic study.

Canadian Institute for Substance Use Research
cisur.ca
Canadian Institute for Substance Use Research (CISUR) is a network of researchers and organizations working to improve well-being reduce the risks of harms of substance use. CISUR is a member of the BC Partners for Mental Health and Substance Use information, and you can find their health promotion materials on HeretoHelp, such as:

- *You and Substance Use: Things to think about and ways to make changes* at **heretohelp.bc.ca/workbook/you-and-substance-use**
- *Cannabis Use and Youth: A parent's guide* at **heretohelp.bc.ca/workbook/cannabis-use-and-youth-a-parents-guide**
- *Understanding Substance Use: A health promotion perspective* at **heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective**

Foundry BC's Improving Treatment Together project
foundrybc.ca/ittproject
Improving Treatment Together is a collaborative project between young people who use opioids, families and caregivers, and service providers. Foundry centres in Prince George, Kelowna, Victoria, and Vancouver developed resources to meet needs identified by the community.

Resources include:

- *Parents like us.* The unofficial survival guide to parenting a young person with a substance use disorder
- *Youth Service Assessment Tool*
- *Youth Informed Guide to Opioid Agonist Treatment*

Towards the Heart
towardtheheart.com
Find information about harm reduction in BC, including accessing the Take Home Naloxone program and learning how to response to an overdose/drug poisoning, finding overdose prevention or supervised consumption sites, and reducing risks of drug use.

Crackdown Podcast
crackdownpod.com
Crackdown, hosted by Garth Mullins, shares stories of drug use in BC by people who use drugs

Just Mental Health
justmentalhealth.ca
Just Mental Health envisions community crisis care without the use of police. Find more information about abolitionist care and the research, guides, and tools that effectively decouple police from mental health care.

BC Schizophrenia Society
bcss.org
BCSS Vancouver Coastal Region offers virtual family support groups for family members and close friends who are supporting someone with schizophrenia, psychosis or serious mental illness.

This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.

heretohelp
Mental health and substance use information you can trust

Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada

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