



# STRONGER TOGETHER

COMMUNITY PRIORITIES TO ADDRESS ISSUES RELATED  
TO SUBSTANCE USE AND ADDICTION  
IN VANCOUVER, BC

## FINDINGS FROM FAMILY-LED DIALOGUES IN VANCOUVER, BRITISH COLUMBIA

On the unceded homelands of  
the Musqueam, Squamish, and  
Tsleil-Waututh peoples

NOVEMBER 14 – DECEMBER 7, 2019

## TABLE OF CONTENTS

INTRODUCTION	2
<b>Background</b>	2
<b>Host Agencies</b>	3
<b>A Note on the Definition of “Family”</b>	3
<b>Scope of the Report</b>	3
ACKNOWLEDGEMENTS	4
PROCESS	5
<b>Description of Events</b>	5
<b>Participants</b>	6
<b>Strengths and Limitations</b>	6
FINDINGS	8
<b>What’s Working Well in Vancouver? Summary of Positives</b>	12

**Stronger Together: Navigating the Personal Impacts of Substance Use**  
**COMMUNITY DIALOGUES SUMMARY REPORT**  
**Vancouver, BC | November 14 – December 7, 2019**

***We gratefully acknowledge the Coast Salish Peoples, and in particular the Musqueam, Squamish, and Tsleil-Waututh Nations, on whose unceded homelands these events took place.***

## INTRODUCTION

### Background

In the context of British Columbia's illicit drug overdose crisis over the past three years, too many communities have been personally and tragically affected by drug-related harms. There is an urgent need for stakeholders impacted by a public health crisis of this magnitude to lead and inform overdose response and substance use treatment initiatives. The family members of people who use drugs are an important but undervalued resource for the health system. They hold a wealth of knowledge on how the system can be improved to support their loved ones, particularly those who are at the highest risk of fatal overdose (people using alone due to stigma). Similarly, bereaved families have substantial insights on what systemic improvements could have prevented their loved ones' deaths. However, families have historically been excluded from key decision-making in British Columbia, particularly around substance use services.

*Stronger Together* is a series of family-led dialogue and learning sessions taking place in nine communities across British Columbia in 2018-19, in partnership with local and regional stakeholders. The primary objectives of the project are to:

1. Mobilize family and service provider knowledge to identify local challenges and barriers for people who use drugs, inform service provision, and improve pathways to treatment and care in Vancouver and across British Columbia.
2. Build resilience and increase family members' capacity to support their loved ones by offering tools and resources, as well as by fostering local connections.
3. Build local community capacity to support families impacted by addiction and the overdose crisis through the delivery of learning sessions for people interested in running support groups.

This report is a culmination of the wisdom and insights offered by family members and service providers who attended our sessions in Vancouver, BC. We hope that what follows will lead to the development of relevant, actionable solutions in partnership with these key knowledge holders.

## Host Agencies

The **British Columbia Centre on Substance Use (BCCSU)** is a provincially networked organization with a mandate to develop, help implement and evaluate evidence-based approaches to substance use and addiction. The BCCSU's focus is on three strategic areas including research and evaluation, education and training, and clinical care guidance. With the support of the province of British Columbia, the BCCSU aims to help establish world-leading educational, research and public health, and clinical practices across the spectrum of substance use.

The **British Columbia Bereavement Helpline (BCBH)** is a provincial leader in providing education, support, advocacy, networking, and information resources for the bereaved, their caregivers, and professionals. The BCBH is committed to assisting the bereaved and their caregivers in coping and managing grief and recognizes the unique factors that come with sudden death due to substance use. In addition to a helpline, the BCBH provides support programming for the bereaved and training for community members to establish support groups.

**Moms Stop the Harm (MSTH)** is a network of Canadian families whose loved ones have struggled with substance use or have died from drug-related harm. MSTH aims to advocate, educate, and expand supports for families affected by substance use. They call for an end to the failed war on drugs and embrace an approach that reduces harm and respects human rights.

**Parents Forever** is a professionally supported, mutual support group for parents and other family members of adults (18 years of age and up) suffering from addiction. The group meets two times per month in Vancouver, BC (unceded Coast Salish territories) and has been running since 2000.

## A Note on the Definition of “Family”

We acknowledge that not all families are biological or nuclear, but rather, “family, specifically family in relation to outpatient substance use service, was in all cases understood as being **defined by the person accessing services.**”<sup>1</sup>

## Scope of the Report

The primary intent of Stronger Together is to hold space for families and affected community members to gather, share dialogue, tools, and resources, and to explore opportunities for mutually supporting one another through shared experiences. This is a documentation of what we heard from **some** family members and service providers living and working in Vancouver, BC, based on their lived and professional experiences. Please note that this is not necessarily a representative sample of the entire community, and therefore this report does not intend to be a generalization of the entire community.

We hope this report will provide one view of substance use in Vancouver, BC, and that it will be used in conjunction with research, best practices, engagement of people with lived and living

<sup>1</sup> McCune S., Pauly B., VanBoven, S. (2017). Disrupting Standard Mode: A Big Picture Story of Family Inclusion in Substance Use Services. Retrieved from: <https://www.uvic.ca/research/centres/cisur/assets/docs/report-family-inclusion-substance-use-services.pdf>

experience, and continued engagement of family members and caregivers to improve services and care.

## ACKNOWLEDGEMENTS

BCCSU, BCBH and MSTH would like to sincerely thank the City of Vancouver for their significant contribution of \$10,000 to make these events possible.

**Most of all, thank you to the participants who shared their deeply personal stories of struggle, grief, and loss, and inspiring us with your visions of a better system.**

## PROCESS

### Description of Events

We convened seven groups in Vancouver. This included three dialogue sessions (2.5 hours each)

1. For families supporting loved ones in active addiction;
2. For families who have lost loved ones to substance use;
3. For service providers supporting families impacted by substance use.

And four workshop learning session (6 hours):

1. Family Support Group Facilitator's Learning Session – for people interested in hosting support groups for families who are coping with their loved one's addiction (two sessions)
2. Grief & Loss Support Group Facilitator's Learning Session – for people interested in hosting support groups for families navigating grief and loss due to substance use (two sessions)

Each event was open to the public and refreshments were provided for each session.

Each group committed to a set of community guidelines for engaging in dialogue:

- Make space, take space
- Take breaks to support your wellness
- What we say here, stays here. What we learn here, leaves here
- We listen to learn rather than to respond or react
- We gather in a spirit of mutual support and respect

Each talking circle was guided by three questions

1. What's not working well?
2. What's working well?
3. What are your highest hopes and biggest wishes for your community?

## Participants

Total number of participants: 30

Dialogue session: For families who have lost loved ones to substance use

Date: November 14, 2019

Participants: 3

Facilitation Workshop: Grief and Loss Support Group Facilitators' Learning Session

Date: November 16, 2019

Participants: 3

Dialogue session: For service providers supporting families through substance use

Date: November 18, 2019

Participants: 3

Facilitation Workshop: Grief and Loss Support Group Facilitators' Learning Session

Date: November 21, 2019

Participants: 5

Dialogue session: For families supporting loved ones in active addiction

Date: November 22, 2019

Participants: 2

Facilitation Workshop: Coping Families Support Group Facilitators' Learning Session

Date: November 23, 2019

Participants: 8

Facilitation Workshop: Coping Families Support Group Facilitators' Learning Session

Date: December 7, 2019

Participants: 6

## Strengths and Limitations

We are grateful to have convened a diverse group of participants and hear different voices at these sessions. We have observed that one of the strengths of Stronger Together is the open conversation fostered and connection created between participants. Often, intentionally holding space for community members is an important first step to breaking down stigma and barriers within communities. However, we acknowledge that stigma around the topics of substance use, grief, loss, and trauma often are a barrier to community members attending these sessions.

Each of the dialogue sessions were designed to be long (2.5 hours) in order to hold appropriate space and ensure all attendees could speak as much as they wanted. However, the longer

meeting time may have been a barrier for some who wished to attend the session. We also held our family dialogue sessions during evening hours to avoid scheduling the events during common working hours; however, this may have been a barrier for those who work during those hours or have other obligations in the evening.

We aimed to guide the conversation based on recommendations for services based in Vancouver, BC, but at times participants raised points that were broader or not local to Vancouver. We acknowledge that limiting findings to colonial concepts of location and territory would do a disservice to our shared goals of promoting health and wellness for Indigenous People.

We also acknowledge the current health care system is historically and currently a system that perpetuates institutionalized anti-Indigenous racism, stigma and discrimination, and that the sessions were run and promoted by organizations aligned with these institutional structures, which could have resonated as unsafe spaces and been a barrier to Indigenous Peoples participating in these sessions.

## FINDINGS

A number of priority areas, challenges, and hopes for the future emerged from the discussions. What follows is a summary of key themes from the dialogue sessions. Insights from participants appear throughout the report in italicized quotes.

### THEME: FAMILY SUPPORT

#### Financial Support

Participants who supported loved ones noted that financial support was important for family members. In particular, stigma contributed to a “*cloud of shame*” that made it difficult for families to seek financial support when a loved one was experiencing substance-related harms.

One participant identified a high cost of living in Vancouver as creating a difficult situation for some family members who could not afford to take time off work to take care of loved ones. This participant also expressed frustration about how support often fell to family members despite the fact that “*we have a [healthcare] system we all pay into*” that should be providing that support. Moreover, families are not compensated for providing care for their loved ones even though it often came at a high cost. Multiple participants across sessions shared stories of needing to take time off work or leave jobs in order to care for their loved ones, or taking time off after the loss of a loved one.

***“It was hard-fought to request for time-off after losing a loved one” – Community Member***

#### Psychosocial Support for Families

Participants across all sessions noted the importance of increased family support programs. One participant stated they wished the [Parents Forever](#) support group had more funding and more promotion. Other examples of helpful support included family therapy and counselors, and participants noted that more family therapists should be trained and hired. One funeral service provider noted that the families they worked with often were dealing with frustration and hopelessness, and need “*a space to connect*”. Additionally, a service provider who supported clients in rural areas noted that there’s “*nothing*” available that is peer-driven or family-led services other than Al-Anon.

Family members who had lost a loved one to substance use similarly wished for more grief support. In particular, one participant identified GRASP (Grief Recovery After Substance Passing) as a program they wished was expanded. At the same time, while many resources seemed to exist within the community, many had long wait times or were not active throughout the year. One participant found a few support groups for bereaved family members that were advertised but ultimately didn’t run due to lack of sign-ups. Counseling available for those battling addictions did not include families.

It was noted by one participant that there is no system support for dealing with the loss of a child to substance use. That there is a 12-month maternity leave, but “nothing if you lose your child.”

One participant cited the U.S. National Alliance on Mental Illness Family-to-Family program for family, significant others and friends of people with mental health conditions as being helpful, but limited to mental health. This participant suggested either an expansion of this program to include substance use or a similar program aimed at family members of people with substance use disorders. Specifically, participants suggested making available a variety of tools and education to support families around the topics of self-care and understanding your loved ones. One participant noted that learning tools for communication with their child was “very empowering”. However, participants noted that it was important that family support be “ongoing” and not limited to an 8-week or otherwise time-limited course.

### **Lack of Information and Stigma as Barriers to Support**

One service provider stated that the “*system doesn’t lend itself to let people know there’s support especially for families*”. A family member echoed this sentiment, saying “*I don’t know where to look for support for myself!*” Another barrier for families was existing privacy laws, which some participants saw as “*taken to the extreme*” and limited information going to families. One suggestion to help families better provide information and navigate the system was to have “*just one [staff] person*” who can provide consistency in following up with family members. An overarching theme was isolation caused by stigma, especially for participants who felt that it was difficult to maintain friendships or felt judged by others who tried to tell them “*how to parent*”.

***“[Supporting someone with a substance use disorder] can be a lonely road.” – Community Member***

## **THEME: BARRIERS TO SERVICES**

### **Financial Barriers**

One major barrier cited across sessions were financial barriers to accessing substance use disorder treatment services. Many cited the high cost of private treatment services as well as the financial burden of needing to take time off work to support their loved ones combined with the difficulty of obtaining loans or other financial relief. One participant cited a perceived inequity in how private treatment centres operated in British Columbia, wondering, “*why is treatment even private and not health-care funded?*”

### **Location of Services**

Many participants across sessions also cited geography as a barrier to access services. One participant stated that “*the distance between where I live and where [my loved one] access[es] services is difficult*”. Another participant needed to take unpaid leave from work to take their child to a treatment program outside of the province. Finally, one participant felt that some services through Vancouver Coastal Health were less accessible to their loved one as they did

not live in the Downtown East Side neighbourhood, and their loved one was unlikely to travel to the neighbourhood to access services. A service provider who worked outside of Vancouver observed that many smaller communities don't have support. This service provider hoped that services would expand in rural communities such as Pemberton, Whistler, and Squamish so residents of those communities do not have to travel from their homes to access services. One service highlighted in particular was Opioid Agonist Therapy (OAT) treatments, which were not available throughout the week in some rural clinics.

### **Trauma & Shame**

Participants across sessions described the complexities of trauma and shame experienced by their loved ones, and how these can be exacerbated when seeking services. One participant stated that shame and isolation made it difficult for their loved one to find peer support after accessing detox services – *“How do you make sober friends after detox?”* Other participants had witnessed that their loved ones had been *“kicked out”* of private support groups, which further reinforced trauma. This participant saw these exclusionary approaches as negative feedback loops, stating – *“if trauma is a precursor to substance use, more stigma is the excuse for more trauma.”*

***“The stats say: trauma is the precursor of substance use but RCMP and health systems keep retraumatizing these same people with addictions.” – Community Member***

***“There’s an insidious armour that shows up with substance use that comes with shame.” – Community Member***

### **Punitive Approaches to Substance Use Disorders**

Some participants felt that substance use and addictions were treated with overly punitive approaches. Multiple participants cited instances of their loved ones being denied services due to their substance use. One participant expressed their disappointment with how their child was *“kicked out”* of a recovery facility for youth for using heroin instead of *“treating her like she has an illness”*.

Similarly, participants felt that the criminal justice system was over-involved in their loved ones' cases. One participant stated, *“I don’t want the police as first responders”*.

***“We put many supports [in place] for [patients experiencing] mental health [concerns], but for substance use, it’s very punitive.” – Community Member***

## **THEME: SYSTEMS APPROACH**

### **Mental Health and Substance Use Services Integration**

A theme that emerged from all dialogue sessions was the integration of mental health and substance use services. One service provider described this as a *“forced marriage”* of mental health and addiction services. This participant stated that while it may seem to the public that there were adequate mental health and addictions services across BC, *“in reality”*, there are not

enough services and not enough consistency across the system. In addition, this participant felt that this approach to the system of care created a “*forced generalization*” of mental health and addictions knowledge on service providers that many could not meet. Other service providers agreed that “*the individuals in the system are working hard*” and that “*there are a lot of miracle workers*” but the overall system of care had too many inconsistencies. Similarly, a family dialogue participant stated that “*one thing really missing in Vancouver is... bridging gaps between mental health and addictions [services]*”. Another participant described how their loved one’s mental health challenges were not treated when they presented when their loved one was a child, and how these unaddressed problems contributed to their problematic substance use as a teen.

***“The cards were stacked against her... If her mental health was addressed early on, she would’ve been much more stable than she is now” – Community Member***

### **Long-term Approach to Substance Use Disorders**

Many participants perceived that the health system approached substance use as having a “*short-term approach*” to substance use disorders. One service provider who had worked in mental health and substance use services described funding as being attached to “*the rock*” going into the water (substance use) and did not seek to address the “*ripple effect*” of intergenerational trauma related to substance use.

One suggestion to ameliorate this was to pre-screen for adverse childhood experiences (ACEs) when providing substance use services. Another was to approach addiction as a “*brain-based disease*” and avoid punishing people for relapsing. Service providers in particular also felt that “*there’s a lot of wisdom and experience*” within substance use care, but that this knowledge was not coordinated across the system, and that service providers lacked venues to provide feedback on the healthcare system.

***“The [healthcare] system could use an audit.” – Community Member***  
***“Who knows where a concentrated effort could get us?” – Community Member***

### **Legalization and Safe Supply**

Many participants expressed a desire for the legal framework around illicit substances to change. Solutions suggested ranged from decriminalization and the Portugal model, to legalization and safe supply. A participant also wished for more access to opioid replacement therapies “*until safer supply is approved.*” One participant expressed that they felt it was important for their loved one to access safe drugs when they needed them and to be able to test their drugs. Another participant’s loved one had attended a recovery facility that had encouraged their loved one to taper off of the substances they had been using. However, this led to their loved one experiencing a fatal overdose after being released. The participant felt that “*if [my loved one] had been using all along, they would not have died after being released*” and wished that their doctor had provided a safe supply for their loved one.

***“The biggest danger to my [loved one] is the overdose crisis.” – Community Member***

## What's Working Well in Vancouver? Summary of Positives

The following is a brief summary of community programs or strengths identified as working well in Vancouver by community members throughout sessions:

- Foundry
- Last Door Recovery Centre services
- MRTC (Maple Ridge Treatment Centre)
- Quebec Portage model including treatment and outpatient treatment
- When the “right person at the right time” is there
- [Parents Forever](#) support group is a loudspeaker for any events” and is a great psychoeducation specific strategy
- [Peak House](#) (Pacific Youth & Family Services Society)
- [Burnaby Centre for Mental Health & Addiction](#)
- More service providers and clinicians are now willing to listen and heed information provided by families
- Assertive Community Team (ACT) “saved our lives as a family” “They listen to me (mom), take note and notifies the team (about concerns for child)”
- Al-Anon was helpful, especially being able to have people to talk to
- [Gone Too Soon booklet](#) - although doesn't speak much to complex grief
- Grief and loss individual counselling
- [The Compassionate Friends of Canada](#)
- [Moms Stop the Harm](#), especially their online platforms as a page to find peers and share numbers to call.
- [Langley Hospice Society](#)
- [Crossroads Hospice Society](#) (Port Moody)
- Vancouver Hospice is supportive but does not have an active support group specific for substance use loss
- *“The best information has been from peers. Parents who have gone through it all / going through it together.”*