



# STRONGER TOGETHER

COMMUNITY PRIORITIES TO ADDRESS ISSUES RELATED  
TO SUBSTANCE USE AND ADDICTION IN NORTHERN  
HEALTH AUTHORITY

## FINDINGS FROM FAMILY-LED DIALOGUES IN FORT ST JOHN & PRINCE GEORGE, BRITISH COLUMBIA

Traditional territories of Doig River,  
Blueberry River, Halfway River, Lheidli  
T'enneh First Nations

MAY 8-15, 2019

**Stronger Together: Navigating the Personal Impacts of Substance Use**  
**COMMUNITY DIALOGUES SUMMARY REPORT**  
**Northern Health, BC | May 8-15, 2019**

*We gratefully acknowledge the Doig River, Blueberry River, Halfway River, and Lheidli T'enneh First Nations, on whose traditional and ancestral lands these events took place.*

## **INTRODUCTION**

### **Background**

In the context of the provincial illicit drug overdose crisis over the past two 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, in particular, 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 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 our province, 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 Island Health and across British Columbia.
- 2) Build resilience and increase family members' capacity to support their loved ones by offering tools and resources and 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.

In collaboration with Northern Health Authority, Fort St. John and Prince George were selected as two of the nine host communities.

This report is a culmination of the wisdom and insights offered by families and service providers in Fort St. John and Prince George, BC. We hope that what follows will lead to the development of locally-relevant, actionable solutions within each of your systems, in partnership with these key knowledge holders.

## Host Agencies

The **British Columbia Centre on Substance Use (BCCSU)** is a provincially networked resource in British Columbia with a mandate to develop, 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 a 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.

**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) for the past 19 years.

**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 harms. 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.

The host agencies partnered closely with **Fort St. John Community Action Team (CAT)** and **Prince George Community Action Team (CAT)** to plan, implement, and identify recommendations and next steps following these sessions, including those relevant to Northern Health services, as well as **Treaty 8 Tribal Association**, **POUNDS Project** and **Canadian Mental Health Association – BC Division (CMHA-BC)** in planning and co-funding these sessions.

### A Note on the Definition of “Family”

We acknowledge that not all families are biological or nuclear. To quote Island Health Authority, “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>

### Limitations of the Report

The primary intent of Stronger Together is to hold space for families and affected others to gather, share dialogue, tools, and resources, and explore opportunities for mutually supporting one another through

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<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>

similar experiences. This is a report-back of what we heard from **some** family members and service providers living and working in Northern communities in BC through the process of dialogue. Please note that this is not a generalization of the entire community.

## ACKNOWLEDGEMENTS

BCCSU, BCBH, MSTH and Parents Forever would like to sincerely thank the Province of BC through the Overdose Emergency Response Centre and Community Action Initiative for their significant contribution of \$75,000 to make these events possible across British Columbia. Thank you also to Canadian Mental Health Association – BC Division for their additional contribution of \$1,500 to support the continued capacity-building of communities.

The organizers also wish to thank the following individuals for their key contributions to these events in Fort St John, BC: Joanne Cozac from Northern Health Authority for their leadership and enthusiastic support, Julianne Kucheran from the Fort St. John CAT for their event coordination, financial and in-kind contributions, and for moving these recommendations forward; Alisa Froh from First Nations Health Authority for their co-facilitation, guidance, partnership; Parm Matharu for additional facilitation and meeting support. We also wish to thank the following individuals for their contributions to making the events in Prince George, BC possible: Niki Hanson-Seager from the POUNDS project for their leadership and co-facilitation; Kerensa Medhurst from Northern Health Authority and Amarpal Singh formerly from Prince George CAT for serving as resources; Kyle Sam for grounding the dialogues with his guidance and wisdom throughout the week. Thank you also to Michelle Lawrence for their support of this initiative since its inception.

**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

We convened six groups in each community. This included four dialogue sessions (2.5 hours each):

1. Families whose loved ones are actively using
2. Indigenous Families impacted by substance use
3. Families who have lost a loved one to substance use
4. Service providers interfacing with people who use drugs and their families

And two learning sessions (6 hours each):

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
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

Each session 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?

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.



## CONTEXT

### FORT ST. JOHN

Fort St. John (traditional territories of the Doig River, Blueberry River, and Halfway River First Nations) is a resource-rich area that has served as a breeding ground for oil and gas, forestry, mining, and hydro-electric industries for decades. This has led to a near double of the resident population due to a transient labour force, also known as Fort St. John's "shadow population".

Fort St. John has a prosperous economy, as natural resource industries pay some of the highest average incomes in BC. Generally, an increase in average income is associated with an increase in overall health outcomes. However, in Fort St. John, it is associated with a decrease in life expectancies. Large-scale corporations have introduced Fort St. John's local population to several issues, such as social insecurity, high costs of living, and limited economic benefits. The shadow population similarly faces their own sets of challenges, such as poor working conditions, lack of social supports, and mismanagement of employee wellbeing.

It is thus conceivable that resource-rich communities in northern BC – such as Fort St. John – disproportionately experience the impacts of the overdose crisis as a result of large-scale resource-depletion projects.

### PRINCE GEORGE

Prince George (traditional territory of the Lheidli T'enneh First Nation) is the capital of Northern BC. As a result, the community often experiences an influx in population due to prison release, movement of people who rely on public space, transient workforces due to natural resource industries, etc. However, while the needs of the population increase, public investment in services stay stagnated. Many Northern communities have prosperous economies and funding for health care services have not changed. This has led to high levels of burnout and turnover among service providers.

Similar to Fort St. John, Prince George disproportionately experiences the impacts of the overdose crisis in BC as a result of being the Northern capital of the province, as well as its surrounding resource industries.

**PARTICIPANTS**

**FORT ST. JOHN**

Total number of participants: 56

**Dialogue session: Indigenous families impacted by substance use**

Date: Wednesday, May 8, 2019

Participants: 6

Identified as:

- Parent (x3)
- Person who uses drugs (x4)
- Service provider (x2)

**Dialogue session: Service providers supporting patients and families**

Date: Thursday, May 9, 2019

Participants: 16

From a variety of service organizations, including:

- Northern Sun Helpers - Pam
- Victim Services
- BC Schizophrenia Society
- Friendship Center
- Public Library
- Community Corrections
- FSJ Women’s Resource Society
- Northern Health Authority
- Community Action Team

**Learning session: Grief and Loss Support Group Facilitation**

Date: Friday, May 10, 2019

Participants: 9

Identified as:

- Service provider (x6)
- Person with lived experience (x3)

**Dialogue session: Families with loved ones in active addiction**

Date: Wednesday, May 8, 2019

Participants: 16

Identified as:

- Parent (x7)
- Sibling (x3)
- Child (x3)
- Person who uses drugs (x7)
- Service provider (x2)

**Dialogue session: Families who have lost loved ones to substance use**

Date: Thursday, May 9, 2019

Participants: 5

Identified as:

- Parent (x4)
- Other relative (x1)

**Learning session: Supporting families with loved ones in active addiction**

Date: Saturday, May 11, 2019

Participants: 10

Identified as:

- Service provider (x2)
- Family member (x4)
- Person with lived experience (x4)

## **PRINCE GEORGE**

Total number of participants: 51

### **Learning session: Grief and Loss Support Group Facilitation**

Date: Monday, May 13, 2019

Participants: 8

Identified as:

- Service provider (x7)
- Person with lived experience (x1)

### **Dialogue session: Families who have lost loved ones to substance use**

Date: Monday, May 13, 2019

Participants: 11

Identified as:

- Parent (x6)
- Sibling (x1)
- Other relative (x3)
- Service provider (x1)

### **Learning session: Supporting families with loved ones in active addiction**

Date: Tuesday, May 14, 2019

Participants: 10

Identified as:

- Service provider (x6)
- Family member (x3)
- Person with lived experience (x1)

### **Dialogue session: Families with loved ones in active addiction**

Date: Tuesday, May 14, 2019

Participants: 11

Identified as:

- Parent (x8)
- Sibling (x1)
- Person with lived experience (x2)

### **Dialogue session: Service providers supporting patients and families**

Date: Wednesday, May 15, 2019

Participants: 15

From a variety of service organizations, including:

- Northern Health Authority
- Positive Living North
- St. Vincent
- Carrier Sekani Family Services
- Hospice
- PEERS

### **Dialogue session: Indigenous families impacted by substance use**

Date: Wednesday, May 15, 2019

Participants: 6

Identified as:

- Parent (x1)
- Sibling (x1)
- Person with lived experience (x3)
- Community member (x1)



## FINDINGS

The facilitated discussions surfaced a number of priority areas, challenges, and hopes for the future. What follows is a summary of key concerns and biggest hopes for the community from each dialogue session. Insights from participants appear throughout the report in italicized quotes.

### THEMES FROM FORT ST. JOHN, BC

#### IMPACTS OF COMMUNITY RESOURCE DEPLETION

Labour camps set up in FSJ contribute to several issues, including highly disparate income levels between local residents and transient workers, with *“shadow populations earning \$104,000 on average per year”*. Families are concerned about the interference of large corporations into their communities and raised questions about the true beneficiaries of labor camps and if there was meaningful contribution back into the community in exchange for giving up their *“land, people, resources and utilizing services built for local peoples”*.

Participants also shared that about the working population *“[push] their bodies, bear multiple health issues and do not have access to pain medications”*, with “calling in dead” being the only option to take time off work within the natural resource industry. Service providers expressed their concerns about the conditions in which labourers are made to work in, with one story of an *“employee found near blacked-out on the job site and the corporation demanded a drug test, not to assist the individual but with the intention to fire [them]”*.

Families and service providers highlighted that labour camps are problematic for non-permanent residents due to the high risk of fatal overdose on construction camp sites; though the actual rates of overdose on camp sites remained unclear because they are not measured. Families remarked that the *“underreporting of overdoses in camps are due to transient labourers getting shipped out with no report or status updates [from camp site managers and construction corporations]”*. Therefore, population is unaware of much of this is happening.

The impacts of the gruelling work on the labour force heavily impacts the burnout rate of service providers in Fort St. John. Funding for community programs is determined by measurements of local population health, excluding the shadow population. Service providers shared that they are supporting a much larger population than their budgets allowed. They expressed feeling overworked, unable to take care of themselves, and underpaid.

#### GAPS IN RURAL CLINICAL CARE

In the service provider dialogue, Fort St. John Public Library employees referred to the library as *“the community living room”* and frequently found themselves being asked to provide services (i.e. harm reduction, counselling) for community members, for which they had no training.

Providers also noted the shortage of OAT prescribers, and expressed feeling unable to refer patients to treatment programs in a timely manner. Addressing the community's sense of "*shock from the overdose crisis*" is a challenge, given that the number of service providers trained in addiction care is limited compared to FSJ's growing need for recovery care and access to harm reduction resources.

Due to Fort St. John's vast geography and service providers' enormous portfolios despite limited resources, oftentimes the majority of staff hours and department budgets earmarked for overdose response are spent on travel. "*The way funding is distributed across BC is very problematic. It's just not fiscally responsible to have one team of support in FSJ responsible for all of the North East because all of that funding goes towards gas and travel.*"

Detox and treatment centres are located outside of Fort St. John (i.e. Grand Prairie, Prince George, Dawson Creek, Farmington), making recovery in accessible. Service providers shared that families are often not listened to or meaningfully engaged in their loved one's recovery journeys. Further to this, people in recovery have to leave behind their social networks in order to access services, which can be extremely hard on the individual and their circle of care; in some circumstances cause more harm for the person seeking recovery services.

#### NO SPACE TO JUST BE

Service providers recommended that by providing safe spaces for people who use drugs to share their experiences, trust can form between them and the community. Concurrent to this recommendation, families with loved ones in active addiction shared that grassroots peer-led support groups are essential in tackling stigmas associated with substance use, protecting individuals from using alone and promoting mental wellness and social connectedness within the community. A regional social-support champion for the FSJ community are the Northern Sun Helpers (NSH), a grassroots organization comprised of community members with lived or living experience with substance use or are family members impacted by substance use from across FSJ. They had been identified in all dialogues as "a source of community strength" travelling to neighboring cities as far as 3-hours away from their homes in FSJ. Some NSH members had offered their homes to those without access to detox beds, a major success indicator of the community's self-organization and mobilization in the face of this public health emergency.

*"We are screaming self-care, but community care is what we really need."*

#### YOUTH, WOMEN, SENIORS AND SUBSTANCE USE

There is a need for population-specific resources. Participants shared that there is nothing for the elderly (ages 65+). This is particularly an issue because polypharmacy is common as one ages, and many Elders here living on reserve are prescribed over 20 pills for an injury and develop an opioid addiction. This is partly because Nations only have access to health care one day per month and traveling doctors prescribe painkillers because of a lack of time they have with the patient.

Participants shared that there are not enough gender-specific supports. There are many cases of sexual assault as a result of the toxic masculinity present in the male-centric labour camps in town. Yet, there is no sex workers organization, rape crisis centre, or gender-specific counselling in town. Transition houses for women are not low barrier enough.

There is also a need for children- and youth-centered resources. One participant shared that their child was reported by the counselor because of the “duty to report”. While intended to keep her safe, it halted her recovery, broke all trust, and led to her relapse. There is no child psychologist in Fort St. John. Given that many addictions stem from child or youth mental health and trauma, more efforts need to be made for earlier intervention.

### LACK OF PUBLIC AWARENESS

Due to the inverse correlation between income levels and health and social outcomes in FSJ, participants of all dialogue sessions called for the public sharing of overdose and supply trends in their community. Most participants are aware of what is happening in City of Vancouver, and feel Northern Health Authority is using Coastal data to inform how resources and funding should be spent in Northern BC. FSJ’s unique demographics consist of local permanent residents, transient and shadow populations, and Indigenous communities, each with their own rates of overdose that are not reflected accurately in Northern Health Authority overdose data reports. There is a need for Northern Health Authority to collect and share that information so that the public can be aware of supply and overdose trends. Doing so would also enable service providers to carry out their duties effectively and pre-emptively take action to support the community.

### STIGMA, SILENCING, OR TOKENISM

Participants shared about their experiences visiting the public health clinic in town. They feel strongly that it is a place for patients who go for breastfeeding support and immunizations are, but not for people who use drugs. *“Other patients and staff look disturbed when I walk in and ask for inhalation and naloxone kits.”*

At the same time, those who are engaged in addictions planning expressed feeling tokenized. Some families shared that they felt tokenized on a regional committee as a family member and the only non-provider on the group, yet no consumer or client perspective was represented. Furthermore, because the meetings are 1.5 hr drive away, this is a huge barrier for that population.

### ONGOING IMPACTS OF COLONISATION

Participants in the Indigenous Dialogue Session shared about how the Treaty and Entitlement (TLE) Settlement Claims impacted their communities. The surge of money led to misuse and mismanagement of funds and an increase in substance use: *“Generations of colonialization led to people not wanting skills.”*

*Give TLE settlement money to 4<sup>th</sup> and 5<sup>th</sup> generation reserve members in a community of drug dealers; it's disastrous for our peoples."*

One key issue that emerged was the harmful impact of child protection in the lives of Indigenous families. The majority of participants in the room identified as being impacted by apprehension in some way, either by behind apprehended themselves, or have had their children apprehended. They felt that while *"foster care isn't inherently bad, it's the way that it's being forced on peoples – without community collaboration, meaningful engagement, and inclusion of affected peoples and families – that perpetuates a cycle of trauma."* They felt that sensitivity training for Ministry of Child and Family Development staff was needed, as many shared stories of how their children were taken in front of their friends at school. There is an urgent need to heal the loss of identities and reverse assimilation.



## THEMES FROM PRINCE GEORGE, BC

### SHAME AND STIGMA

Some participants of the learning sessions expressed a readiness to create support groups, however, they shared their apprehensions of their success: *“It’s clear that if this community has a support group, it’ll be in a very hostile, isolating environment.”*

Families told stories of how their loved ones experienced poor bashing in the community while trying to survive, including: red-zoning (public servants throwing out their possessions, breaking into tents, etc.), being denied supports, such as low-barrier housing, in the wintertime despite the temperature being cold enough to kill.

In the context of the unpredictable drug supply fuelling the overdose crisis in BC, stigma is what keeps people who use drugs from staying safe. *“Recovery takes time. We need to give them time. Safe relapse should be allowed and talked about.”*

### LACK OF INFORMATION

As a result of shame, stigma, and ultimately – silencing, it was clear that there were misunderstandings of substance use and addiction among participants. For example, participants were not aware of the opioid agonist treatment (OAT) and its uses. In response to fatal overdose deaths, they adopted a mindset of revenge against low-level drug dealers. Some were not aware of what naloxone was. These examples, and many more, spoke to the culture of stigma that affects public education, even among families whose lives were so deeply impacted by this epidemic.

### SUPPORTS FOR CAREGIVERS

Many families struggled with finding a balance between taking care of their loved ones and taking care of themselves. Their emotional struggles were apparent – for many, participation in the group was enough to spark guilt for being away from their loved ones. Some are also addiction workers professionally, and shared that even though they are *“someone who helps people, [they] can’t even help their own [loved ones].”* There was a lot of discussion on how family caregivers can keep their loved ones safe, while maintaining boundaries for their own safety.

There is a need for greater supports for families, including no- or low-barrier respite care, systems navigation support, emotional support, and trauma supports (for example, for families who revive their loved ones using naloxone).

### PERSON-CENTRED CARE

One common theme was the need to meet people where they are at. There was dialogue around the need for lower-barrier supports for people seeking recovery, as current treatment services are not

accommodating of people who are not abstinent and/or who have concurrent disorders. *“We are conditional in the way we treat people who use drugs. We want them to recover the way we want them to recover.”*

Many families shared that their loved ones were prematurely discharged. *“My daughter overdosed thirteen times in one month, yet when she finally presented to the hospital, she was discharged in one hour.”* There is a small window in which a person with a substance use disorder is able to make changes to their wellness, and too often, supports and services are not available when they ask for it. Recovery is challenging as it is, yet we live in a system where patients have to beg for health care.

Harm reduction and substance use initiatives in Prince George must reflect local data. Too often, provincial or Coastal data is used to inform investment decisions. For example, there is a need for a safe smoking site in town, however, only safe injection sites exist.

### EARLIER INTERVENTION

Many bereaved family members shared a common experience of losing loved ones who had started using drugs in early adolescence in response to mental health problems and struggles in school. This pointed to the need for education systems to play a bigger role in preventing worsening mental health problems and substance use disorders. Instead, our school systems enforce a moral panic around behaviour. Students are sent home when they “act out”, which perpetuates a cycle of low self-esteem and encourages similar behaviour.

Families called for more low-barrier, available groups and programs for young people, focusing on emotional regulation, as well as parent education by school counsellors and/or family doctors.

*“My son didn’t know he was different until he started going to school. By ages 11-12, he was using substances.”; “They’re looking for relief. They shouldn’t have to die. They shouldn’t have to pay with their lives just to feel okay.”*



## SUMMARY OF POSITIVES

- Community Action Teams breaking down silos between stakeholders, including initiatives such as:
  - Healthy Fort St. John’s public awareness programs
- Grassroots, peer-led organizations, including:
  - Northern Sun Helpers
  - POUNDS Project
- Treatment and recovery, including:
  - Williams Lake Family Treatment program
  - Ktunaxa Nation: Continuum of care rooted in traditional healing
  - LifeRing (Maple Ridge, BC)
- Community and health care services, including:
  - Intensive Case Management (ICM) teams
  - Prince George NENAS (NE Native Advancing Society)
  - Mobile Response Team (MRT) relieves overburdening on service providers
  - Community Bridge – family programs
  - Foundry: provides person-centered care, instead of policy-centered care
- Opportunities to gather in mutual support of one another; “shared experiences create trust”
- Commitments from regional health authorities: “promising and uplifting”

**For more information on this report and *Stronger Together*, please contact:**

British Columbia Centre on Substance Use  
community@bccsu.ubc.ca | 776-945-7616  
bccsu.ca