

# Parents like us.

THE UNOFFICIAL SURVIVAL GUIDE TO  
PARENTING A YOUNG PERSON WITH  
A SUBSTANCE USE DISORDER

written by parents  
for parents





## ACKNOWLEDGEMENTS

We acknowledge with respect and gratitude the ancestral, traditional and unceded territories where we live, work and play. These include the unceded lands of the Coast Salish Territories, specifically of the Lekwungen, Songhees, Esquimalt and WŚÁNEĆ peoples.

***“One day you will tell your story of how you overcame what you went through and it will be someone else’s survival guide.”***

– Brené Brown



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## **YOU ARE NOT ALONE.**

**We are a group of parents from Victoria, British Columbia, who care for young people with substance use disorder. By sharing our experiences and reading our stories, we hope you will find refuge, support and the courage to reach out for help.**



# Introduction

## WHO WE ARE

The authors of this book are parents. Parents like you. We have many similarities and differences, but one thing that we all have in common is that we parent a young person who has a severe substance use disorder. We call it, 'the club that we never wanted to be in'. Like you, more than anything, we want our kids to be well, to leave this chapter of life behind and to grow into the healthy and happy individuals that we always hoped they would be.

You might be feeling as though you have lost control: control over yourself, control over your young person and control over your options in terms of what you can do to help them. You may feel a loss of the parent you once were and the relationship you had with your young person, of what you had hoped to be as a parent and what you had hoped for your young person. You might feel embarrassed to reach out to others. Please do not let that prevent you from getting the help you need.

**We have written this handbook to let you know that you are not alone.**

There are many of us in this club. We have found that one of the most helpful things that we have done for ourselves and for our families is reach out and join a support group. This journey is a marathon, not a sprint, and knowing that there are others who understand what you are going through is a lifesaver.



Whether your young person is experimenting with substances or has developed a substance use disorder, this handbook may help you feel connected with other parents and caregivers going through similar experiences. This handbook is a starting point in the search for connection, understanding, support and resources. You do not have to read this handbook from front to back. Each section contains information and stories that we hope will help you with different parts of your journey.

The parents who have written this book all live in Victoria, BC, Canada. We have all navigated the system here in different ways and have accessed different resources. We have learned that there is no straight line for our young people or our families to recover.

If you are reading this handbook today and can identify with the stories, our hope is that you will reach out for support. We are a non-judgmental group of parents and caregivers who *get it*. Nothing you say will surprise us. We will laugh and we will cry with you. We will be interested in your young person. We will grow to love them and cheer them on, even though we may never meet them. We will be there for you as you go through some of your darkest days, holding a flicker of hope when you cannot find one yourself. We encourage you to contact [Foundry Victoria](#) or another service in the list of **“Resources”** to find a support group that works for you.

We are thankful to the *Improving Treatment Together team* for leading this work and believing that this handbook will be helpful for families who navigate the uncharted waters of parenting a young person with a substance use disorder.

**We have written this book because we care  
about your kids.**



Young people in our community are dying. Western Canada is the most impacted region of the country, which is mainly due to the increasing toxicity of the drug market. Fentanyl is a synthetic opioid that has severely contaminated the illicit drug supply, as it is cheaper to produce given its potency.<sup>1</sup> Fentanyl is 20–40 times stronger than heroin, 100 times stronger than morphine and has been linked with a striking increase in overdose deaths. This led to a declaration of a public health emergency in 2016 by BC’s provincial health officer under the Public Health Act. As parents, we want to advocate for a harm reduction approach that recognizes substance use as a health condition rather than criminal behaviour, to minimize health and social harms related to substance use, including drug overdoses.<sup>2</sup>

## LANGUAGE

Throughout this handbook, we refer to our children as ‘young people’ to include caregivers and guardians who also parent a young person with a substance use disorder. We have also made an effort to use non-stigmatizing language to talk about our young people’s substance use. You can refer to [Overcoming Stigma Through Language \(CCSA & CAPSA\)](#) for practical language tips to reduce the stigma around substance use and addiction.

## DISCLAIMER

We recognize that our experiences and perspectives may not reflect your own. We are a select group of parents who mostly identify as white and middle class. We encourage you to create your own handbook to reflect the needs and experiences of parents and caregivers in your community. To learn about our process and how to create a handbook in your community, contact the Canadian Centre on Substance Use and Addiction at [info@ccsa.ca](mailto:info@ccsa.ca).

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1. Health Canada. (October 2, 2020). Fentanyl. Available at: [www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html](http://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html)

2. HealthLinkBC (February 2020). Understanding Harm Reduction: Substance Use. Available at: [www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction](http://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction)



# 1. Signs of Problematic Substance Use

It can be hard to know whether your young person's partying is problematic and has evolved into a substance use disorder. A lot of parents who have a young person with a substance use disorder wishes they could turn back time. 'If only I had known sooner', is a common reflection. It is not until we are looking back, that we realize that there were clues.

***"I thought my kid had the stomach flu when they were really going through withdrawals."***

***"I brought my kid to the optometrist because there must be something wrong with his eyes."***

***"They're just tired, they didn't sleep well."***

At the time, we did not have the experience to understand where the road would lead and we certainly did not know where it could take our young person, nor that it would drag us along for the ride. Like you, we love our young person fiercely. Maybe also like you, we were paying attention but still managed to miss the subtle and not so subtle clues.

Sometimes we know our young person so well that we filter out the possibility that they could be involved in something so dangerous and harmful. Saying to ourselves, 'not my child', can make us one of the last ones to fully see the precarious place that our young person has found themselves in.



Of the parents we have encountered on this journey, these are some common thoughts:

- *We did not want to believe what we were seeing.*
- *We thought we could handle it on our own.*
- *The behaviours our young person was exhibiting did not make sense.*
- *It scared the crap out of us.*
- *We thought it was regular teenage behaviour, a blip, or a phase that they would overcome.*
- *We were filled with shame.*
- *We were out of our element.*
- *We did not know what to do.*

One of the biggest factors that finally pushed many of us to seek outside help was that the behaviours and risks escalated exponentially. What started off slowly quickly took up steam, and our young person tanked, hard and fast. By grasping the reality of our young person's increasingly self-destructive behaviours, the better chance we had to support them, keep them from experiencing further trauma, and reduce substance use related harms.

## **THE GOOD NEWS?**

Once we can acknowledge where our family is at, we can be one of the strongest allies in getting our young person the help they need. We have intimate knowledge of our young person's history. We LOVE and see the whole person.

*“Sometimes I feel like people don't see my child, all they see is their addiction.”- Parent*

## EARLY WARNING SIGNS

Each young person's story, and each family's journey in (and out) of substance use is unique. That said, like a growth chart for a child's first years of life, their substance use also follows a development chart of sorts. Here are common changes in behaviour and signs to watch for:

<p><b>CHANGES AT SCHOOL</b></p> <ul style="list-style-type: none"> <li>• Declining grades</li> <li>• Skipping out</li> <li>• Late for school</li> </ul>	<p><b>DISINTEREST IN</b></p> <ul style="list-style-type: none"> <li>• Hobbies</li> <li>• Sports</li> <li>• Music</li> <li>• Family events and activities</li> </ul>
<p><b>RELATIONSHIP CHANGES</b></p> <ul style="list-style-type: none"> <li>• Peer groups</li> <li>• Boyfriend/girlfriend/partners</li> <li>• Toxic relationships</li> </ul>	<p><b>ELEVATED DESIRE FOR PRIVACY</b></p> <ul style="list-style-type: none"> <li>• Phone calls</li> <li>• Social media accounts</li> <li>• Personal space</li> <li>• Backpack/purse</li> <li>• Having more than one phone</li> </ul>
<p><b>CHANGES IN PHYSICAL APPEARANCE</b></p> <ul style="list-style-type: none"> <li>• Dirty clothes</li> <li>• Long sleeves</li> <li>• Grubby</li> <li>• Poor skin tone</li> <li>• Losing weight</li> <li>• Large/small pupils</li> </ul>	<p><b>ALTERED BEHAVIOUR/ EXTREME EMOTIONS</b></p> <ul style="list-style-type: none"> <li>• Moody</li> <li>• Aggressive</li> <li>• Violent</li> <li>• Overly loving and affectionate</li> <li>• Overly energetic/jittery/talkative</li> <li>• Unusual sleep patterns</li> <li>• Nodding off</li> <li>• Lack of energy</li> <li>• Picking at skin</li> <li>• Self-harming behavior</li> <li>• Dishonesty</li> <li>• Catastrophizing</li> <li>• Paranoia</li> <li>• Spending a long time in the bathroom</li> <li>• Time spent downtown</li> <li>• Chronically late</li> </ul>
<p><b>ILLNESS</b></p> <ul style="list-style-type: none"> <li>• Mysterious sicknesses</li> <li>• Tummy aches</li> <li>• Vomiting</li> <li>• No appetite</li> </ul>	

<p><b>THINGS GOING MISSING</b></p> <ul style="list-style-type: none"><li>• Valuable items</li><li>• Jewelry</li><li>• Money/gift cards</li><li>• Electronics</li><li>• Prescription medication</li><li>• Sleeping bags, backpack</li></ul>	<p><b>MONEY</b></p> <ul style="list-style-type: none"><li>• Spending more than usual (i.e. cab rides)</li><li>• Negotiating to borrow money</li><li>• New items, clothing, junk food, jewelry that you did not pay for</li></ul>
<p><b>OVERLY DEFENSIVE WHEN</b></p> <ul style="list-style-type: none"><li>• Asked about substance use</li><li>• Asked about where they have been</li></ul>	<p><b>IMPLAUSIBLE STORIES</b></p> <ul style="list-style-type: none"><li>• Stories that just do not add up</li><li>• Events that seem too coincidental, random or implausible</li></ul>
<p><b>DRUG PARAPHERNALIA - OBVIOUS</b></p> <ul style="list-style-type: none"><li>• Empty or full alcohol/pill bottles</li><li>• Plastic or glass tubes</li><li>• Needles</li><li>• Small baggies</li><li>• Lighters or torch</li></ul>	<p><b>DRUG PARAPHERNALIA - NOT SO OBVIOUS</b></p> <ul style="list-style-type: none"><li>• Bits of tin foil</li><li>• Straws</li><li>• Ash</li><li>• Small plastic bottles</li><li>• Pill bottles</li><li>• Brillo pads</li><li>• Kitchen spoons</li><li>• Pens</li><li>• Metal kitchen implements</li></ul>

## VIOLENT BEHAVIOUR

Violent behaviour might seem to come out of nowhere. It can be scary when you do not recognize this new behaviour and it is not clear what is happening. Remember that this behaviour is likely due to their reaction to the substances they are using or their reaction to your attempts to limit their access to substances. The first time it happens, feelings of guilt may arise based on how you handled the situation. However, your safety and the safety of your other children matters. Avoid getting physical with your young person. Find a solution that works for you and your family. Although you cannot prepare for everything, we have found it helpful to make a plan for the what-ifs so that you do not have to make a rash decision in the moment.

For more information on signs of problematic substance use, check out the [From Grief to Action Coping Kit: Dealing with Addiction in Your Family](#).



## A PARENT'S EXPERIENCE

*Looking back, I first began to notice my son withdrawing from me and the rest of the family around age 14; he was going out in the evenings to meet up with an older teen whom I did not know. He was also having difficulty in school and I was constantly being contacted by the teacher regarding his behaviour in class. He began to be more secretive, and I suspected something was going on but was at a loss of what to do. At the time, we had tight curfews and clear consequences in place for missing curfew or skipping school. And then it suddenly all fell apart.*

*He didn't come home, and he went on a substance-use journey of his own for a week before I was able to locate him and bring him home. It was terrifying. At that time, I felt a complete loss of what to do and how to get back to normal. It was beyond my capacity to function with any sane coherency, and I remember my body vibrating with fear as to what to do next. I had a friend that worked in mental health and addiction and she introduced me to a parent that had a child struggling with substance-use. I immediately set up a meeting and I remember that parent said, "Put on your seatbelt, you are going to be on a long roller coaster ride". She was right. That same parent connected me with a parenting group that has been my lifeline of support and hope on a journey I never could have anticipated, nor would want any parent to have to endure.*





*“I thought that teens used drugs for fun - I didn’t know, or perhaps didn’t want to know, that it was a maladaptive way to cope with pain. I thought they could choose to stop. I judged them when they didn’t.” -Parent*



## 2. The Science of Addiction

### HOW SUBSTANCES AFFECT THE BRAIN - THE SCIENCE BEHIND IT

All humans (and other animals) possess survival related drives, such as eating, sleeping, socializing and procreating. Because these behaviours are essential to our survival, a system exists within the brain that marks them as *rewarding*, which reinforces these behaviours and makes us more likely to repeat them. This is known as the *reward pathway*. Dopamine, a chemical signal in the brain (a neurotransmitter), is the key ingredient in the reward system.

Insights from animal and neuroimaging studies suggest that psychoactive substances alter this reward system. Stimulants and empathogens directly increase dopamine levels, while depressants and opioids indirectly increase dopamine levels. These substances cause dopamine to be released in the reward pathway, which reinforces the behaviour of taking the substance.<sup>3</sup>

When substances are taken frequently and regularly, brain circuits, including the reward system, adapt over time. Because of their effect on the reward system, the brain comes to think that the substances are essential for our survival and become necessary to feel normal. Other pathways also adapt to drive negative mood states and cravings when the substance is not taken. These pathways can lead to excessive 'wanting' even if the individual no longer experiences pleasure from using the substance.<sup>4</sup>

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3. Nestler, E.J. (2005). Is there a common molecular pathway for addiction? *Nature Neuroscience*, 8: 1445-49.

4. Koob, G.F. & Volkow, N.D. (2016). Neurobiology of addiction: a neurocircuitry analysis. *Lancet Psychiatry*, 3:760-73.

## TYPES OF SUBSTANCES AND THEIR EFFECTS

### STIMULANTS



Stimulants excite or speed up messages between the brain and the body. The use of stimulants can cause increased energy, faster breathing, more rapid heart rate, and higher body temperature. They can also make people feel more awake, alert, confident and energetic.

**Examples:** amphetamines, cocaine, crystal meth

### DEPRESSANTS



Depressants inhibit or slow down messages between the brain and the body. The use of depressants can cause lowered energy, slowed breathing, slowed heart rate, and lower body temperature. They can also make people feel more relaxed and less inhibited.

**Examples:** alcohol, benzodiazepines, GHB

### CANNABINOIDS



Cannabinoids inhibit or slow down the messages between the brain and the body. THC is responsible for the psychoactive effects of cannabinoids, while CBD counters these effects. THC can lead to feelings of pleasure, spontaneous laughter, increased appetite, paranoia, dry mouth, and anxiety.

**Examples:** cannabis (weed/pot), butane hash oil (dabs/shatter)

### OPIOIDS



Opioids inhibit or slow down messages between the brain and the body. The use of opioids can cause lowered breathing and heart rate. They stimulate the release of dopamine which can lead to pleasure and pain relief.

**Examples:** oxycodone, methadone, heroin, fentanyl

## EMPATHOGENS



Empathogens release dopamine and serotonin in the brain, which controls mood, appetite and sleep. The use of empathogens can increase feelings of empathy towards others and friendliness. They can cause mood swings, dehydration and depression.

*Examples:* MDMA, ecstasy, ethylone

## PSYCHEDELICS



Psychedelics change the brain's perception of reality. The use of psychedelics can alter a person's thoughts, sense of time, and emotions. They can also cause hallucinations, such as seeing, hearing, and feeling things that aren't there or are distorted.

*Examples:* psilocybin (magic mushrooms), LSD, ayahuasca

## DISSOCIATIVES



Dissociatives change the brain's perception of reality. The use of dissociatives can distort sensory perceptions, such as sight and sounds. They can also make people feel disconnected or detached from reality.

*Examples:* ketamine, nitrous oxide, PCP

For more information about the effects of different substances see the [Alcohol and Drug Foundation's Interactive Drug List and Wheel](https://adf.org.au/drug-facts/#wheel).<sup>5</sup>

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5. Alcohol and Drug Foundation. (April 23, 2021). Drug Wheel. Available at: <https://adf.org.au/drug-facts/#wheel>

## THE DEVELOPING BRAIN

Young people are particularly vulnerable to the effects of substances because their brains are still developing. The prefrontal cortex, which plays a role in decision-making, emotional regulation and impulse control, is not fully developed until their mid-20s, so they are naturally more prone to risk-taking behaviour.

*“I wish I had better understood that teenagers are not developmentally wired to always make sound decisions; that judgment, planning, and understanding consequences are skills that would take another ten years to fully develop. I would have been more confident in setting boundaries for them around cell phones, internet hours, and sleepover parties.” - Parent*

*“I wish I had known how young teens are when they start experimenting with substances – adolescent brains are set for risk taking without the skills of risk assessment.” - Parent*

*“I would have studied and internalized the brochures about drug use, especially the conditions which led to it, that my kids brought home from school instead of reading them once and filing them away until they were older. What we know from brain science is that the earlier a teen starts to use, the more chance they have of having long-term problems. If that start can be delayed even by a year, it will make a significant difference.” - Parent*

To learn more about the developing brain in young people and how it relates to substance use, check out this video: [National Institute on Drug Abuse, Teen Brain Development](#).

**Substance use disorder is a chronic relapsing health condition** that can impact anyone, regardless of socioeconomic status. The reasons people develop substance use disorders are complex. Often, there is a combination of biological, psychological and social factors that can contribute to your young person's substance use. Risk factors include genetic predispositions, adverse childhood experiences (ACEs), negative social influences, and mental health disorders.<sup>6</sup>

It can take a long time for your young person to get better. Recovery is not a linear process and relapses are often a part of it, just like many other chronic health conditions. This can feel discouraging to hear, however it's important to remember that recovery is a lifelong journey. Your young person will need to develop coping skills to deal with stressors, thoughts, and cravings. This will become easier with time and practice.

The more resources your young person has to support their recovery, the easier it will be to maintain. We call this *recovery capital*. It can include things like supportive relationships, nutrition, sleep, school, work, self-esteem, and life meaning. If a young person has high recovery capital, they may require fewer resources to prevent relapses, while those who have low recovery capital may require more treatment services and supports.<sup>7</sup>

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6. Whitesell, M., Bachand, A., Peel, J., & Brown, M. (2013). Familial, social and individual factors contributing to risk for adolescent substance use. *Journal of Addiction Medicine*, 2013:578310.

7. White, W.L. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5):22-7.



# 3. Harm Reduction

## WHAT IS HARM REDUCTION?

Harm reduction is a term that most of us had never heard before parenting a young person with a substance use disorder, and if we had, it certainly wouldn't apply to us.

Harm reduction in our circumstance really boils down to this:

**Keeping a person alive so that they can receive the help they need and eventually find a path to recovery that works for them.**

The media mostly talks about harm reduction in the form of *safe injection sites*, also known as *supervised consumption sites*. These sites are saving lives, but from our experience, our young people are not using substances there. Instead, they are using with their friends or alone. Alone usually means in alleys, in parks, in bathrooms, or in their bedrooms. As a parent, harm reduction is the foundation of everything that we do. It can be divided into two main categories:

- 1. Harm reduction for yourself and the other people in your home (see *Family Dynamics*)**
- 2. Harm reduction for your young person who is using illicit substances**

At times, probably most of the time, these two things are in opposition of each other. As you are trying to care for your young person who is using substances, you sacrifice yourself, and your other family members get hurt too.



## **HARM REDUCTION FOR YOUR YOUNG PERSON**

### **WHO IS USING ILLICIT SUBSTANCES:**

The quicker that you give up the fight against your young person and focus on reducing their substance use, the quicker you can get on the same side and work towards their health. All these harm reduction ideas may be pushing you way out of your comfort zone. Some of them could look like falling into that parent shaming term of *enabling*. However, compromising with harm reduction is not giving up, it's fighting to save your young person from addiction.

*“Harm reduction can really feel like you’re giving up. We’ve all done things as parents that we thought we’d never do. Taking them to get drugs...all of those things can really feel like you’re saying ‘it’s ok’. When really, you’re not saying ‘it’s ok’, you’re not saying ‘I give up’, you’re saying ‘I want to save you until you get through this.’” - Parent*

*“Parents will do anything and everything to ‘enable’ their child to stay alive. As long as they are moving forward and getting better, reattaching to family and community and being safer than they were before. You are not enabling bad behaviour; you are enabling good behaviour. Hitting ‘rock bottom’ is not a thing. We don’t wait for people to hit ‘rock bottom’ with any other disease, so why would we with this? Rock bottom with substance use is death.” - Parent*



## HARM REDUCTION TIPS

Here are some harm reduction tips that we, as parents, have used with our young people who have substance use disorder:

**1**

### ***HAVE AN OPEN DIALOGUE WITH YOUR YOUNG PERSON***

***ABOUT THEIR SUBSTANCE USE:*** Your young person will also have knowledge to offer that may help you better understand them and their substance use. You can refer to A Cannabis Communication Guide for Youth Allies or the HealthLinkBC Parenting Articles for tips on how to prepare yourself to have open conversations with your young person about substance use.

Things you may want to discuss with them include:

- **The reality of the toxic drug supply,**
- **Being aware of their tolerance,**
- **The importance of not using alone,**
- **If using with someone, staggering or alternating their substance use,**
- **Testing their drugs, even if they got them from someone that they trust.**

Ask them how they might handle an emergency.

You can encourage them to:

- **Call for help if their friend is having an overdose and to ask their friends to do the same for them.**
- **Use the Lifeguard App if they are using alone. The app will contact emergency responders if they become unresponsive in the event of an overdose.**

Ask your young person if they know how to use a naloxone kit and give them one for their backpack. Talk to them about how their tolerance is typically lower after detox and that overdose is a greater risk during those times. It is also important to talk to them about practicing safe sex as they are at greater risk of unplanned pregnancies and sexually transmitted infections.

***“I just put out a candy dish of condoms in my house so they can take them without asking.” - Parent***

**2 BE WITH THEM IF YOU ARE ABLE:** Ask your young person if you can go with them when they use, or if they can keep the door unlocked. Have your naloxone ready. Have your phone ready to call 911. Take a first aid class to brush up on your CPR. Having your young person use in your home instead of an alley or a park is harm reduction. It will likely be brutal and painful for you to be with them as they use substances, but they have a better chance of staying alive. Encourage them to tell you if they are going to meet someone to get drugs and try to discuss it without an agenda. Recognize that keeping them safe is more important than how you feel about what they are doing.

**3 PICK UP NEW HARM REDUCTION SUPPLIES:** Or encourage your young person to pick some up. These will help prevent blood-borne infections such as HIV or Hepatitis C. Free supplies can be picked up at [AIDS Vancouver Island](#), [Foundry Victoria](#), [Discovery](#), and [Supervised Consumption Sites](#). Talk to them about the impact of sharing supplies, not just needles but straws, pipes, bongs, etc. Encourage them to get their drugs tested at Vancouver Island Drug Checking Project or SOLID Outreach. Practice safe disposal of supplies. Get a Sharp’s container or use a plastic milk jug to hold needles, and wear gloves when picking up needles and paraphernalia, preferably using tweezers. They can be taken to the hospital or wherever you pick up supplies.

**4** **GET TRAINED TO USE NALOXONE:** Always have a kit accessible (*see Overdose/Drug Poisoning*). You can get naloxone training at [towardtheheart.com](http://towardtheheart.com). If naloxone is used, the young person should go to emergency.

The naloxone wears off before the heroin/fentanyl does and they are at risk of overdosing if they are not watched carefully. Watch for the naloxone expiry date and make sure your kit is complete. Your young person might use the needles in the kit for substance use.

**5** **MEDICATION-ASSISTED TREATMENT (MAT) OR OPIOID AGONIST TREATMENT (OAT):** Provide young people with a prescription (i.e., suboxone, methadone) to help them reduce withdrawal symptoms and cravings. This can also help them engage in other types of treatment such as therapy, counselling and other support.

When your young person is not in a panic about where to get their next fix, they can begin to think rationally again. It is not always easy. They have tons of habits and behaviours associated with using that they may enjoy. Everything from the thrill of sticking something in their arm, to the rush of just being downtown and finding their next fix. Besides the fact that they don't have any normal friends anymore. The drug culture is a real thing and your young person has likely been a part of it if they are using chronically. Even when the withdrawals and cravings are gone, there is still so much that can lure them back. MAT/OAT can help them take a first step towards change.

If your young person is not willing to try OAT and/or is using stimulants, sedatives or opioids, an addictions doctor may suggest safe supply, which gives your young person access to a prescription supply that is safe from fentanyl.

**6** **LOCK UP YOUR DRUGS AND YOUR DOORS:** Ask your friends and family to lock up their medications. Do not leave any in your medicine cabinet. Almost anything can be snorted to some effect, including cooking spray, cough syrup, and cold medicine. Anytime something seems suspicious, just Google it. Locking up your medicine as well as your money and valuables will reduce conflict and reduce harm.

**7** **DO FUN THINGS:** Support your young person to find things to do that do not involve substances. Maybe they like to go to the beach, watch movies, workout, or cook. Try to remember together what they liked to do before substance use became such a big part of their lives. Any new opportunity can be a building block for rebuilding their future. These can be great activities to enable as you encourage them to find a healthier path.



Any New Opportunity Can  
Be a Building Block...





## 4. Overdose/Drug Poisoning

### A PARENT'S EXPERIENCE:

*“I was one of those parents. My kid was using heroin in his room, but I was in denial. There was foil, there were even needles, but I just didn’t get what was going on. When he was nodding off, I just thought he was tired. I didn’t know that I should be counting his breaths and that he was so close to overdose. And that went on for a while. Like months.*

*“It wasn’t until he had been clean for a while that he had his first overdose. I came home to find him blue on his bedroom floor. I ran around the house looking for my phone to call 911. The naloxone kit was in the car, so I didn’t have time to go and get it. He needed oxygen.*

*“I started doing CPR, while screaming at him, crying, praying that God would breathe life into my child again. I knew that I was fighting for his life.*

*“It felt like an eternity before the room was full of paramedics and firefighters. The chief said to the group, “This is how we used to revive someone before Narcan – good job mom!” I stepped back and let the professionals do their job. What a relief to know that he was okay. I’m glad that I didn’t know at that time, that this was only the beginning....*

*“Something that I was not prepared for was my own nervous system going into overdrive. After reviving my child from an overdose, my own body will not settle down for five days or more. I talk fast, can’t sleep, just act kind of wired. I think it’s the adrenaline, as a result of that fight or flight response... It just won’t stop.”*



**HAVING NALOXONE IS SO IMPORTANT:** Have it with you at all times. And have many kits accessible in your home with instructions on how to use it. Remember where you put it. Keep it in a central location. With the increasing potency of drugs, one kit may not be enough. Ask for several kits when you are getting naloxone to be prepared.

## WHERE TO GET NALOXONE

You can find out where to get naloxone through the BC Centre for Disease Control Harm Reduction Services online here:

<https://towardtheheart.com/site-finder>.

Naloxone may be available from the following in Victoria:

- [STS Pain Pharmacy](#)
- [AIDS Vancouver Island](#)
- Hospital
- [Foundry Victoria](#)
- Paramedics
- Drug stores
- Outreach nurse through Island Health

## WHERE TO GET NALOXONE TRAINING

Naloxone training is available from the following:

- [www.naloxonetraining.com](http://www.naloxonetraining.com)
- [www.towardtheheart.com](http://www.towardtheheart.com)
- [Umbrella Society](#)
- [Foundry Victoria](#)



**FLIP THIS PAGE TO FIND AN EMERGENCY  
CHECK-LIST THAT YOU CAN KEEP ON HAND  
FOR EASY REFERENCE.....**



# SIGNS OF AN OVERDOSE

## *THE FOLLOWING ARE SIGNS OF AN OVERDOSE:*

- **Loss of consciousness**
- **Unresponsive to outside stimulus**
- **Awake but unable to talk**
- **Breathing is very slow and shallow, erratic or has stopped**
- **For lighter-skinned people, the skin tone turns bluish-purple. For darker-skinned people, it turns grayish or ashen.**
- **Choking sounds or a snore-like gurgling noise (sometimes called the 'death rattle')**
- **Vomiting**
- **Body is very limp**
- **Face is very pale or clammy**
- **Fingernails and lips turn blue or purplish-black**
- **Pulse (heartbeat) is slow, erratic or not there at all**

## WHAT TO DO IN THE EVENT OF AN OVERDOSE

**STEP 1. Stimulate them awake** by yelling their name and administering a hard sternum rub to the chest plate.

**STEP 2. Call 911**, explain someone is not responsive and not breathing. They will talk you through the steps.

**STEP 3. Provide rescue breathing.** Get them on their back, tip their head back to straighten the airway, pinch their nose, put your mouth over theirs and form a seal. Give one breath every five seconds.

**STEP 4. If you have naloxone/narcan, use it.**

Administer one dose every two minutes:

- **Injectable:** Draw up the entire vial and inject into thigh muscle (this can be through clothes).
- **Nasal:** Stick the device all the way up one nostril and click the plunger, make sure the device is inserted fully (medication will absorb through the sinuses).

**STEP 5.** When they start to breathe regularly on their own, roll them into a recovery position on their side.

**STEP 6. Be gentle with them and yourself afterwards!** This is also not the time to talk with your young person about their substance use or the overdose. Overdose is a serious medical emergency, and the priority is medical treatment.



**WE ENCOURAGE YOU TO PRINT/TEAR OUT THIS SHEET  
AND STICK IT ON YOUR WALL SOMEWHERE  
IN CASE OF AN EMERGENCY.**



# 5. Navigating the System

## NAVIGATING THE MEDICAL SYSTEM

“The system is broken” is a common phrase that you might hear as you try to find help for your young person. What we have learned is that we experience *the system* differently based on several factors, some that are under our control and others that are not. Commonly in seeking help for our young person we connect with someone who knows a lot of resources. They will send you to websites, provide you with brochures, and tell you about parenting courses that exist. This can be helpful but can also feel demoralizing and minimizing when you are the main advocate for your young person and their needs are immediate and dire. You may hear from other families that there are teams and supports that have been helpful for their young person that you were not made aware of. As a parent or caregiver striving to do everything to save your young person’s life, navigating the system is often confusing, infuriating and ultimately exhausting.

Many of us have found that the most helpful first step in navigating the system is to find a support group for yourself. There you will meet other parents and caregivers who are on the same journey, who may be a few months or years down the road, who know about the services firsthand, will have contact information and can share what has worked and what has not for their own young person.

Often your first interface with the system is your young person getting into trouble at school. For example, they might get suspended for smoking or selling weed. They might get into a fight after using cocaine. They might just be skipping school every day to hang out in a friend’s basement and use substances.

Your school counsellor may refer you to [Discovery](#) or [Foundry Victoria](#). Both of these services have excellent support for your young person and your whole family. Or you and your young person might access another service in Victoria. There are good, caring people everywhere. One thing to keep in mind is that you can access a lot of these services without your young person and get support for yourself (see *Support for Yourself*).

What we have learned is that there is no easy solution. There is no, “If they do A, B, and C, they will get better”. But if you are a parent or caregiver of a young person whose substance use has become problematic, you probably know there is no clear path. There is a lot of desperation as you are trying everything to keep them alive.

The “system is broken” is a common phrase because our young people need 24-hour services: more treatment beds, different levels of housing, wraparound supports, a continuum of care, greater capacity at hospital emergencies, and services that do not end on the weekend. But even with a perfect system, we are regularly told by service providers and other families that our young person needs to *want* help.

## YOUR YOUNG PERSON’S RIGHTS

In British Columbia, there is no set age when a young person is considered capable of giving consent to a medical treatment, even if they are considered minors (under the age of 19). If a young person can understand what the medical treatment involves, why it is being offered, and the associated risks and benefits, they are deemed to have the ability to consent to their own medical care. This means that they can accept or refuse treatment without parental consent. They can also choose to keep information about their personal health private. As a parent or caregiver, you may be used to having some say in what your young person does. It can be a shock to realize that you do not have control over whether they get help to address their substance use.

For more information on the medical rights of young people in BC, please access the [HealthLink BC website](#).

*“If your child breaks their leg, you can take them to the doctor and they will treat their leg, no questions asked. But when you bring your child to the doctor due to an overdose, they will tell you that it is their choice if they want to get treated or not and whether they want to involve you in the process, and that was a real shock for me.” - Parent*

*“As a parent coming into a service, I will intentionally use the term ‘child’ because I want the service to recognize that they are a child. I want to have that power as a parent and hope that I’m pulling on their heartstrings and maybe get more help.” - Parent*

## NAVIGATING THE LEGAL SYSTEM

Supporting a young person in the legal system can be very challenging. What might be a good fit for one person might not be for another. It also can seem that as parents we are excluded from the court process and that it is hard to get answers or results. Here are some things that we can share that have helped us. Please take note this is not intended as legal advice and every situation is different.

- Your young person may be assigned a lawyer, or you may have to contact legal aid to get legal representation for your young person. You may also hire private counsel at your expense if it is within your means.
- The lawyer represents your young person and their rights. They do not have to communicate with you or share anything that your young person has not consented for them to share.

- If possible, attend court appearances to be kept in the loop and hear what is happening with your young person's case. Even if your young person is not living with you and/or is in the care of the Ministry of Children and Family Development (MCFD), you can request copies of court reports and psychiatric/psychological assessments prepared in your young person's case. Parents may also address the court (judge/ Crown counsel) directly and judges often appreciate the input of family members when making important decisions about a young person.
- Find out who your young person's probation officer is and keep in contact with them. They can be an excellent resource and provide you extra support and resources.
- Your young person's case might be diverted from the criminal courts (i.e., alternative measures).
- Prior to sentencing, there will be a pre-sentence report compiled by the probation officer. They will go over your family history, as well as your young person's academic, health and substance use history. Any other relevant information will be presented to the judge for consideration when deciding on what legal ramifications they will be imposing.
- If your young person requires mental health support, ask that they be referred to Youth or Adult Forensic Psychiatric Services. Their team has a psychiatrist, psychologist, counsellors, mental health social worker, psychiatric nurse and family therapists. Attending these services can be included in your young person's court order if they are under 18.
- Do not give up. You will most likely have to keep advocating for your young person to get results.



## PARENT STORIES



### STORY 1: OUR JOURNEY SETTING BOUNDARIES

*I have two children. They are now adults. In 2017, opioids entered our lives and took our breath away. And that of my younger child literally.*

*By the time I realized my child had developed a substance dependency, things had escalated very quickly. A close friend suggested I start by speaking with a drug and alcohol counsellor. It took me four months to book a session with a private counsellor. If I hesitated to take that first step, why was I surprised when my child did not embrace the idea of counselling and treatment?*

*“What changes are you going to make? And don’t tell me ten things, tell me two.” This is what the counsellor asked me at the end of our sessions. It was a revelation to me. At that moment I said to myself: “Of course – I am the only person whose actions I can control...”*

*I made two promises and stuck to them. This was the beginning of setting boundaries that would keep both me and my child safer. I felt great discomfort when setting boundaries. I still do. I recognize this is an issue that needs working on. Examples of boundaries included not allowing people in my home after 9 pm, enforcing curfews and even once sending my child to the street. Not allowing friends open access to my home was new for me. It felt so much easier to just let it slide but with reflection and counselling I saw this as my role in the dysfunction.*

*Brad Reedy of Evoke Therapy Programs says, “Parents, do your own work”. This is what my counsellor was asking of me. I just wanted my kid to get better – to go to treatment or seek counselling. These things became possible when I took my own action.*

*If you are at the early stages of this journey, and living in Victoria or on Vancouver Island, I recommend that you contact Discovery, Foundry, and Umbrella Society. Ask to be involved in a parent group. Decide whether you can put funds toward treatment, as the public system is strained or just not there. If you are looking for help with treatment options, Umbrella workers can help find a placement. There are also some income assistance funded beds available. Looking on the internet can be overwhelming. Why not start with professionals who know the system? They may want to see your child, but even in absence of your child they can possibly assist you.*

*There was a time early on (we are 3.5 years in) when I stood on the street wondering what to do, where to go, how had this happened? My suite had become the ‘party house’ – a place where kids gathered at night. This happened quickly over the space of a few months.*

*I took naloxone training at the STS Pain Pharmacy after my child’s sibling recommended I do so. I obtained several naloxone kits from the STS Pain Pharmacy and AIDS Vancouver Island. My child had a drug poisoning. I used the training. It was a crucial part of getting through a dangerous period. You can train online and*

*also ask at pharmacies for hands-on training.*

*You may find yourself in the emergency ward. If your young person is interested in detox, stabilization, or treatment, ask to speak to the hospital's addiction team, social worker, or a worker from the Umbrella Society.*

*Some people never go for treatment. Every family has their own approach. My family's path has included a treatment centre. Most treatment centres will take people as they are and provide medically assisted detox. Their websites may indicate detox is a prerequisite, however, check this out with staff at the centre as many places have changed this policy. Most treatment centres have a family program as well.*

*There will be advice about how to handle your child's problematic substance use. There will be judgment from others who have not been touched by this condition. You will be told "your child has to want help" and you will struggle to know what is healthy helping and what is not. You will doubt your love. Yet in my experience, you can be the key to shifting things to a new path.*

*My child is now in remission.*

*Some days self-care means just putting my feet on the floor and moving very slowly.*

*Someone once said to me "Nothing about this is easy" and I felt so validated. It isn't easy. For parents or our kids.*

*Reaching out to other parents to share resource ideas has been an important part of this recovery process for me.*

*This describes where we found help:*

- *concerned friend*
- *concerned sibling*
- *private counsellor*
- *high school counsellor*
- *Victoria Youth Clinic (now Foundry Victoria)*
- *STS Pain Pharmacy*
- *Discovery Youth and Family Substance Use Services*
- *Smart Parent Group*
- *Umbrella Society*
- *Jubilee Detox*
- *private treatment centre in Vancouver including second stage housing*
- *AA/NA*
- *sponsors*
- *online parent group for families of treatment centre attendees*
- *Sashbear Foundation Course on Emotional Validation*
- *Foundation House second stage housing, and*
- *Island Health counsellor*





## STORY 2: OUR JOURNEY NAVIGATING THE SYSTEM

*I remember the feeling of dread when I saw my front door wide open. Our family had just returned from our annual family camping trip we religiously take every year. This year had been a little bit different, as my eldest daughter hadn't joined us. She recently moved in with her dad six months prior and I hadn't seen much of her, but I was aware she had been experimenting with crystal meth.*

*The month previously, my younger daughter had confided in me that her sister was using and I was at a complete loss on what to do. My ex-husband and I are on pretty good terms, and we have tried our best to co-parent our three daughters over the past 12 years. This, however, was a totally new behaviour which we have never dealt with before. For years my eldest daughter struggled with mental health issues, being bullied for being different and bouts of self-harming.*

*At first, we thought that this drug use was just another phase. Another layer of her teenage experimentation, another way that she was trying to escape how she felt, escape her mental health challenges... but the break-in solidified the new reality. She had done something unspeakable. As we walked through our house, the reality sunk in. Our entire home was trashed. Every drawer had been turned upside down, the floor was littered with our belongings. Her younger sister's rooms had also been ransacked. Everything of value was gone. Even things that weren't valuable had been taken like our clothing, lingerie and personal items. I called the*

*police. They came and took an inventory of the things that were missing. I noticed my daughter's girlfriend's clothes were discarded on the floor alongside an empty jug of milk and a noodle bowl. I then realized she hadn't acted alone.*

*The police sent out a call that they were suspected in the matter, and they were both located downtown shortly after. Their backpacks were filled with the remaining items they hadn't yet been able to sell or trade-off for drugs, which didn't leave much left for us to reclaim. My husband and I decided to press charges. It was a very difficult decision to come by, but I had been trying to access supports for my daughter to no avail. After the age of 14 in Victoria, if your child doesn't want you involved in their health care, you are completely shut out, no matter how significant the mental health issues are.*

*After my daughter and her girlfriend were charged, they both received a promise to appear in youth court at a later date. I attended her first appearance and was actually pleased with the results. She had conditions made that she had to abide by: a court-imposed curfew, to abstain from drugs and alcohol, that she could not be in contact with her co-accused, and that she had to be on good behaviour. This gave me hope. I thought, maybe now she would finally get the resources and help that she obviously needed.*

*This was not the case. In fact, it was now just an uphill battle to have the court system enforce these conditions and to follow through with any promise of consequences for breaking them. I quickly learned that this was rarely the*

*case. First, it started with my daughter taking off and not coming home. She would go missing for days and days on end, literally going home with strangers or random people she just met and only knew for a short period. Often these people were men and much older than her. This made her an obvious risk of being exploited. I called the police every time she didn't come home and reported her missing. They repeatedly came to my home and took the report. It was very hard. I live in a small neighbourhood. I saw my neighbours' peek through their curtains when the police were at my door. I must have reported her missing over 25 times.*

*I would be paralyzed with panic and fear each time thinking the most horrifying thoughts of what could be happening to her, who was doing what to her and at what danger she was in at each moment. I would suffer from panic attacks and severe anxiety myself waiting to find out if the police could locate her. I would comb her Facebook hoping to see her tagged with a friend, hoping for a clue that she was safe and not drugged up somewhere being taken advantage of. Sleep eluded me. I could hardly function. I would burst into deep sobs without warning, thinking of what could be happening to her. I would drive around downtown and look into every bus stop. At times I stood downtown just waiting and hoping she would walk past. I would pass out cigarettes and ask if anyone saw her or knew where she was. At my job, I could hardly function, and I just sat on pins and needles waiting for a call hoping that she was found and okay.*

*She was always eventually found and brought back home. During this period, I attended all her court appearances.*

*She was assigned an amazing probation officer who would often check in with me and meet with my daughter regularly. This period lasted for over a year and a half. I repeatedly pleaded with the defence lawyer to recommend that my daughter be sent to mandatory treatment. She just kept skirting the issue. As the resources in Victoria are so limited, it is rare that the courts will impose such an order. I was not prepared to give up. I attended her office on many occasions and repeatedly stated my case, that my daughter needed help.*

*Finally, they agreed, after my daughter had gone missing for over a week and it had been published in the media. At first, my daughter was sent to the Burnaby Youth Custody Services Centre for two months. That was a very scary process for me. She was now 15 and I really worried about what type of people she would meet there and what their influence on her would be. In reality, she was already at such high risk and no matter where she was, nothing would change that. We did make the trip as a family to visit her in Burnaby and she did seem to have settled down a bit.*

*After she served her sentence, she was mandated to complete six months at a treatment facility. The program changed her completely. At first, it was very difficult. We weren't allowed to know her exact location in the care home, and she was with strangers who I didn't know from Adam. A month after she went, a young man who was in the program took his own life.*





*It really made us question if it was the right decision.*

*We couldn't visit for the first 30 days but after that, we did go up for the weekend. It was incredible. We had our daughter back. She was healthy again. She was getting her confidence back. She was remembering who she was. I will always be forever grateful for that program as they helped bring back my daughter to me.*

*She completed the six months. We had a huge celebration. She moved back home with us and her sisters. She did briefly relapse but then recovered. There has been hiccups along the way but for the most part, my daughter has healed. She is now 21 and lives with her fiancé. We have healed our relationship and talk and see each other often.*



We had  
our  
daughter  
back.





### STORY 3: *OUR JOURNEY* NAVIGATING THE LEGAL SYSTEM

*Unfortunately, our daughter got caught up in the cycle of addiction which led to criminal behaviour. She was arrested a few times and charged with theft. The police and probation officer advised that the charges could eventually lead to the court mandating forced treatment, resulting in the charges being dropped. In BC, the justice system is the only mechanism available to force youth treatment. There was a sense of hope that perhaps this was the avenue to access resources, but we were scared and not sure what to do. We sought legal counsel.*

*The defence lawyer we hired told us that while everyone in the system is well meaning, with enough charges, the youth could eventually be sent to the Burnaby Youth Custody Services Centre. The youth would begin to identify as a delinquent, associate further with similar troubled youth and lead to a further entrenchment in that lifestyle. We know that at times the crimes warrant the intervention of the justice system, we just felt the system was criminalizing our daughter's mental health issues unnecessarily. We also knew if she continued down this path, the justice system would just take over and add to the trauma.*



*In the end, we listened to our lawyer. He was able to negotiate settlements with the Crown. He outlined the support she was already receiving, and further supports being explored. This bought us more time to continue to work with our daughter. The settlements really focussed on trying to keep her issues medically related versus criminal. We are happy to report that trying to retain her treatment and recovery in the medical system worked. It involved many admissions and long stays at Victoria General. While there, our daughter was assigned a Systems Navigator from Island Health. She was a champion for our daughter and knew all the mental health and addictions supports available.*

*If there is any advice we can give, it is to seek legal counsel. If you can't afford it, legal aid is available. Know your child's rights. The popular belief that a youth's record is erased at 19 is false. If they breach a charge after the age of 18 it will remain on their adult record. This has been our experience. We hope sharing our experience can give you additional information to better help you make decisions for you and your youth.*



Seek  
legal  
counsel.





## 6. Staying Connected

### UNDERSTANDING AND ACCEPTANCE

It can be difficult to know how to talk to your young person, especially when you do not fully understand what they are going through. You may not have a deep understanding of the drugs they are using and the effects that they have. Further, your young person might not be sharing the whole story with you, which makes it hard to communicate with them.

*“You’re having a conversation about what you think is happening but there’s an entirely different level of shit going on. I would have conversations about her sleeping all the time and then it turned out that she was high on heroin. So I had been totally conversing about the wrong thing.” - Parent*

You might even be feeling confused about whether your young person is really addicted or simply experimenting. You may hesitate to confront them about their substance use for fear of damaging your relationship. It is all so new and scary in the beginning. Go with your gut as much as you can. It is okay to screw up and say the wrong thing sometimes. The most important thing is to find ways to stay connected with your young person.

*“In the beginning, for me, I froze. I really didn’t know what to say because I was afraid that I would say something wrong. I hardly knew how to parent a regular kid, I was still learning how to parent, let alone parenting a kid that was using substances.” - Parent*



Often, we are having conversations with our young person that we do not want to be having and we feel like we want to run away from it or stick our head in the sand. We are resentful and indignant that we are in this position, and so the conversation does not necessarily flow easily. With time and practice, it can become easier to communicate and become more natural. It might feel forced in the beginning but with practice that will change.

The path your young person has taken can be difficult to accept. Talking to your young person about their substance use disorder makes it feel real, so it can be hard for you to address it. You do not want to see them that way. You do not want to believe that they are doing that to themselves. You might also be aware and fearful of the stigma it will bring and how it will impact other family members. You might feel ashamed, embarrassed, and/or guilty that they have gone down this road, making it even harder to talk to them. But it is better for you and your young person if you find other outlets and support to express these feelings. Your young person is also experiencing guilt, shame and regret, which can limit their progress. You do not have control over their actions. All you can do is support them and yourself.

***“That’s the hardest thing for your child to overcome. The shame that they feel about where they are at and the shame that they’ve brought on to their parents. As a parent, you really need to get past that quickly and check it at the door.” - Parent***

We must believe in our young person in order for them to believe in themselves. We cannot change other people; we can only change our approach. This starts by talking to your young person the way you would want to be talked to and treating them the way you would want to be treated, even if it is not being reflected back to you. Speak with kindness and respect. Listen. Tell them you love them no matter what, that you have

not lost respect for them and that they can come to you about anything. Your young person will notice and appreciate that you are making an effort.

*“The ‘aha’ moment for me was realizing that I had forgotten how to say my child’s name with love in my voice. I was so stressed out, so angry and scared. It always came out with exasperation, fear, frustration or anger. I focused on changing that and it made a difference.” - Parent*

*“Sometimes you forget to smile at your child. Every interaction with your child going through this journey can’t always be one of blame and shame. Why would they want to come home to that all the time?” - Parent*

## WAYS TO STAY CONNECTED WITH YOUR YOUNG PERSON

Find any way you can to **stay connected** with your young person, within your boundaries. Focus on connection through every conversation. Tell them you love them, even if they have a substance use disorder. Try to remain curious to get a better understanding of where they are coming from and try to hold back that judgment to build a better connection with them.

Remind them of **happy memories**. Remind them of things that connect them back to you and your family to let them know you’re still here and that they can come back.

*“Sometimes I would text her a photo of our dog doing something cute, so that it wasn’t always negative. It has to be something that connects her to us and our family, to a place where she’ll eventually want to come back.” - Parent*

Try to have conversations with them that are not always focused on their substance use or mental health. Remember that your young person is still a young person with young person needs. Not all their behaviours are a result of their substance use. Their brains are still very much in development.

**Keep inviting them to family things**, even if they do not usually come. It makes them feel like they are still connected to the family and that you still want them there. Let them know you are ready for them to show up however they show up, but ensure it is a safe space for them. Set them up for success. Remind them that just because they are in this does not mean they are in it forever. That this will not define their entire life.

*“It’s important for them to keep that perspective because it’s really easy for them to feel like just a write-off, with all of the stigma. It can make it easy for them to spiral, especially if they have other mental health issues.” - Parent*

Encourage **positive hobbies**. If they express interest in something, encourage them to take it on. If you are offering all this stuff that they said they wanted and it is not utilized, resist holding it against them. **Celebrate** the part that did work, that they were interested and that it will be here later if they want to come back to it.

**Reward the positive behaviour**. Try to connect with your young person whenever possible and do as much positive reinforcement as you can. This can look different depending on your situation. Find whatever works best for you and your young person. There are a lot of moments that we can celebrate. They can be as simple as coming home on time, spending time with family, or responding to a text message. Acknowledge and remember those small victories, ‘the gems’, and avoid focusing on perceived failures.



**Non-verbal communication and physical connection** are important. For some young people, they get to a point where they no longer want a kiss and a hug goodnight anymore but trying to provide that physical connection when you can, even though it isn't always reciprocated, is important. For young people on the street, having a physical affection that is safe and unconditional is particularly important to remind them of what that is.

Everyone expresses love in different ways. Read the [The 5 Love Languages](#) by Gary Chapman, learn what your young person's love language is and communicate this way.

*“The opposite of addiction is connection.” - Johann Hari*

Encourage your young person to connect with people who might help them on their way. This could be with friends, family members, a coach – someone they enjoy spending time with. Sweetening the pot also does not hurt. Take them out for coffee, pay for their lunch. If they are connecting with people, they are widening their system of support.

*“She had an older cousin that she always connected with and always really liked, so I would call him and say, ‘Hey, she’s in a tough spot, would you mind just taking her out for some coffee?’ I would just try to create a connection with other people that she looked up to as much as possible.” - Parent*

When you have not seen them in days or weeks and they finally show up at your door, do your best to offer a non-judgmental, loving welcome. Try not to comment on their physical appearance. Negative comments could hinder your connection, rather than foster it.



**Avoid:** *“Oh my god, you look so dirty! Where have you been? I can’t believe you haven’t called me! We were sick with worry! How could you do this to us?”*



**Try:** *“Hi, you must be hungry. Do you have some laundry to do? It’s so great to see you.”*

**Consider your responses.** Our young people who are using substances are often engaging in behaviours that may make us feel sad, angry, frustrated, and disappointed. Often their stories can be heartbreaking, shocking, and scary. They may not want to tell us because they do not want to disappoint us, burden us or face repercussions like getting grounded for the rest of their lives.

As parents, we have all started a conversation with our young person where we have said, “You can tell me anything”. And this is often attached to, “and you won’t get into trouble”, or “I just want you to be safe”, or “We will talk about it in the morning”. It can be helpful to think about your response to hearing this kind of news ahead of time. How can you create a space for them to be able to tell you anything?

*“If they are a victim of a sexual assault, for example, they might be afraid that you will not believe them or that you will take things into your own hands - for example, that you will get a lawyer and press charges - and make things worse for them. Tell them that you will believe them. Tell them that you will follow their lead on how to proceed, rather than following how you feel the situation should be handled. Reassure them that it will be better for them if they tell you, even if they have done something bad. Ask them if they want you to get involved, offer advice or just listen.” - Parent*

Choosing to listen more than speak is powerful. Saying “thank-you” when they share with you, hugging them as often as you can, and choosing kindness as often as possible are invaluable skills. Also creating a safe space within yourself to be able to hold your young person’s pain, anger, and emotion is vital.

Sometimes you are able to listen, to hold it together, and say all of the *right things* and then you need to go and fall apart. *That is okay*. If it feels like too much you can also hold off on having this conversation and reach out for support. (See **Support for Yourself** and list of **Resources**). It is okay to set boundaries with your young person and give yourself a break when you need it. Give them the same opportunity. It is hard as a parent, not being able to fix everything, and it can feel like by talking with them, you can help them figure it all out. Accepting that you cannot always help is humbling and it can be hard to come to terms with the reality of how you are feeling.

*“Sometimes my son says, ‘Can we just be real, Mom?’ So that’s a way of just expressing what we’re both really feeling.” - Parent*

**Hold space for them.** “What people need is a good listening to”. Have conversations about observed behaviour and use *I feel* statements. When you speak from what you see and what you feel, your young person cannot dispute it as easily as if you are saying “You’re this and you’re that”. Be as authentic as you can. Speak from the heart. And really speak to them the way you want to be spoken to.

Be honest with them and try your best to focus less on how their behaviour is impacting you. Maybe they cannot care, or it is hurting them because of the shame that they feel, so it is not always a helpful topic of conversation. It is hard to switch your brain from protecting your young person to letting

them make their own choices. Try to acknowledge how it is impacting them and how difficult and uncomfortable it might be for them to talk to you about these things. Encourage them to get support (see list of **Resources**).

**Using open ended questions.** Using open-ended questions can be helpful in reframing a judgement into curiosity. For example, a closed-ended question such as, “Could you call your peer support worker?” can be received as an unwanted suggestion. Rather, reframing the question to, “What are your options at the moment?” may be received more as an invitation. Depending on the circumstances in that moment, it could be helpful to remind your young person that they are resilient, resourceful, and have choices. Try to engage and involve them in problem solving, rather than telling them what to do.



**Avoid:** “*Stop doing this*” or “*You can’t do that.*”



**Try:** “*This is the problem I’m having (or seeing). What do you think we can do about it?*”

*“I used to have strange kids coming in my backyard at night and so instead of saying ‘You can’t do that’ because that wasn’t working, I would present it like ‘I’m really worried about our security, I don’t feel safe when there’s strangers in the house, what could we do differently so that I can feel safe?’ I engaged my child in problem solving instead of trying to control them and tell them what to do and they were much more receptive.” - Parent*



**Recognize and acknowledge your own learning process.** Be upfront with them that you are going to make mistakes along the way. If you do not know why you are saying what you are saying, you do not believe what you are saying or you recognize that what you are saying is wrong, do not be afraid to stop midtrack, tell them you are sorry and change the track. Be honest. Let them know specifically what you are really worried about and that you are not doing it to upset them or control them.

*“I would constantly come up with excuses for her not to go downtown. I would try and catch myself and say, there’s really nothing good going on at night downtown and I’m afraid that you’re going to get in trouble and get high.” - Parent*

We as parents also have a hard time because of our guilt and our shame, and if they can see us recognize our mistakes and do better, that gives them something to mirror and learn from.

*“I’m sorry. The real reason I got angry is because I was afraid you would show up stoned and Grandma is coming over for dinner.” - Parent*

At the end of the day, you could be doing everything you feel is *right* and still not see any improvement. But you need to stay the course. Manage your expectations until they have decided they want to get help. It is hard to have a serious conversation with your young person until they choose to get help for themselves.



**Other tips for connecting with your young person:**

- Keep conversations brief — short and sweet
- Write them a letter or a card
- Notice when you start nagging
- Don't say what you don't mean
- Look for small wins
- Offer praise and compliments
- Be genuine
- Practice unconditional love



It is important that you take care of yourself and speak to someone so that you can express your sorrow, whether it is with trusted friends and family, a counsellor, or peers. Please refer to the list of **Resources** for counselling services and parent groups in Victoria.



## A STORY OF TRIUMPH

*There is a time to let ourselves slip into self-pity.  
And we can be ok with this.*

*We can feel sorry for ourselves.*

*We can be mad at the world. We can feel picked on and  
unlucky and resentful.*

*It's ok to cry and wallow and feel numb  
and not know what to do.*

*Because it sucks.*

*It sucks to watch our beautiful baby grow into  
a person we don't recognize.*

*It sucks to watch our smart child seemingly purposely  
put themselves in harm's way.*

*It sucks to watch all our hopes and dreams for the  
life we imagined for our youth crumble and burn.*

*But it's important not to get stuck there.*

*It's important to look beyond the sadness,  
the drama, and the fear.*

*Because through this adversity, there are opportunities  
for growth, and humility.*

*Opportunities for laughter, and a deeper understanding  
of both ourselves, and of our family.*

*There are opportunities for stories of triumph.*

*My daughter was introduced to heroin  
at 13 by her first boyfriend.*

*What I initially chalked up to a reaction of the  
family restructuring (mid-divorce) was actually the  
start of our terrorizing journey into addiction.*

*By 15, she was regularly using drugs and alcohol, and I started to recognize this was more than normal teenage angst.*

*At 16, my girl was living a life that would make any after-school-special look like a cakewalk.*

*Turning 17 marked the year she started her attempts at detox and treatment.*

*Her journey of recovery finally stuck, and over the next couple of years, I watched her complete treatment and start to build a healthy life.*

*In her 19th year, she was diagnosed with a rare form of cancer, stage 4. Once again, the merry-go-round of uncertainty began...*

*And I can honestly say, I would not change one bit of our story for where we are now.*

*Before me stands a beautiful, smart, kind and loving young woman of 20.*

*She has come through heroin addiction AND she kicked cancer in the butt.*

*She is empathetic, humorous and wise beyond her years.*

*Our relationship is honest, resilient, hard won and cherished.*

*I am a better parent to my other children.*

*More respectful. More aware. More connected.*





*And I share my story to remind you that  
it's ok to feel sorry for yourself.*

*It's ok to wish you could put your head in the s  
and and make it all go away.*

*But don't stay there.*

*Don't let yourself be paralyzed. Don't stop moving.  
Move through the fear, even when you can't be sure  
what you're doing is the right choice.*

*Because your current reality is not yours forever.*

*Just as the universe brought you here, it  
can take you somewhere else, too.*

*So, be sad. But be sad and fierce.*

*Because with this experience, there are opportunities for  
stories of love, and growth, and of change.*

*And there are opportunities for stories of triumph.*

*I know this to be true.*



*So, be sad.  
But be sad  
and fierce.*

*...there are  
opportunities  
for stories  
of triumph.*





## 7. Family Dynamics

Navigating family dynamics with a young person affected by substance use is a significant challenge and will likely impact every family member differently. You may find yourself at the centre of navigating these dynamics which can be, in itself, another role to play. If you are a single parent, it can feel like you are completely alone. Regardless of what *family* means for you, support for yourself is crucial.

### RELATIONSHIP WITH PARTNER/CO-PARENT

Whether you are a single parent or living with the parent of your young person, you can face many challenges co-parenting. You all have the responsibility to love and guide your young person and you all, in your own way, carry the worry about what is happening.

You may have different fundamental approaches to parenting and to substance use, and you may not be on the same page with respect to the best approach to support your young person. Different approaches can send mixed messages and complicate communication.

Having a new partner can also pose challenges in the home. If you live together, a common struggle is that your partner may not have control over what happens or what choices are made but must live with the consequences of those decisions. They might feel that they did not *sign up* for being a parent of a young person dependent on substances.

***“Addiction can tear families apart.” - Parent***



Sometimes it just gets difficult to agree on how best to parent a young person with a substance use disorder. You may need to practice harm reduction for yourself and for your partner. One option is for one parent to stay with the young person who is struggling, while the other parent takes a break.

*“We often take turns watching or giving attention to our young person. There have been times when I’ll take my other child and stay somewhere else for a few days to have some space from the chaos. Other times, I watch many hours of TV with my substance using child each day, just to give my partner a break. These were in times of risk of overdose, so we were always in fight or flight mode. Sometimes you just need to know that there is someone else there counting their breaths.” - Parent*

Parenting is not a 50/50 division of responsibilities and it is important to use each person’s strengths to help take care of everyone in the household. It might not be their strength to set the boundaries, but they might have other strengths to draw on in other situations. Use your parenting strengths as best you can. Recognize and work with each other’s strengths.

*“My daughter was supposed to go to a treatment centre, and when she got there, she got so anxious that she cut herself and ran out into 5 lanes of traffic. The staff went to get her and then they said, ‘We don’t think this is the right client for us.’ I was so disappointed. My husband had to take me outside and say, ‘Ok you look so disappointed and so sad, you have to face this and go back in with a more positive outlook, she can’t see you looking so disappointed and broken so pull yourself together and don’t come back until you are.’ And I needed to hear that from him.” - Parent*

## RELATIONSHIPS WITH SIBLINGS

Addiction impacts everyone in the family and although we cannot control the outcome, we can have some effect on our own experience, which includes how we interact with one another.

Some common challenges parents and caregivers face with their other children include:

- Having to parent your other children differently than the one who uses substances.
- Having difficulties answering to other siblings who may feel it is unfair that they have less freedom or may question your approach to parenting.
- Trying to protect your other children, both physically and emotionally.
- Not knowing how much to share with them about what is happening or what is age appropriate.

***“It’s ok to call for help or set a boundary. I was attacked by my daughter several times, so we moved our son to the basement.” - Parent***

If you do not have a partner supporting you through this journey, you may share things with your other children that you would have normally shared with a partner. It is a balance. If you leave other siblings out of it, they may have anxiety because they have no say and do not know what is going on. If you include them, they may feel overly encumbered. There are many factors to consider, including the developmental age of your young person. Also, what you share with your young person might look different from another parent or caregiver. It is helpful to discuss this with another adult, a parent support group, or professional before you decide what to share. You can refer to the list of **Resources** for counselling services in Victoria.



It is also important to get support for your other children. There are many community groups that can offer support to family members (i.e., [Foundry](#)). Please refer to the list of **Resources** for family support.

*“I almost lost our daughter to suicide and sometimes the siblings can be quiet because they don’t want to add to the stress of the parents, even if they’re struggling themselves.” - Parent*

*“We tried to protect our other siblings from the chaos by keeping them out of it but that can really backfire. We’re now being totally open, including them as part of the decision-making process and trying not to keep things from them. She was older when we shared things with her, so age is a factor to think about. And each child is different, some can handle all the info, but some can’t.” - Parent*

*“We shared everything with my daughter, but sometimes I would worry that there was an added burden of responsibility because she became my informant and would tell me things that were going on in confidence. I would remind her it was not her responsibility to look after her brother – but even though you tell them they can still feel the burden.” - Parent*

## RELATIONSHIPS WITH FRIENDS AND EXTENDED FAMILY

Parenting a young person with a substance use disorder can be incredibly isolating. You may feel like a failure as a parent. There is a lot of stigma associated with addiction. Painful events may include having your young person suspended from school, ostracized by their peers, and other parents and excluded from family events.

It can be challenging to share information and receive feedback from extended family and friends who have not had the same experiences. Often friends will talk about the challenges they are having with their kids, and they pale in comparison to what you are going through. Extended family may offer advice or tell you what you should be doing.

Be cautious of how much you share with those who do not have experience with substance use disorder. This is why parent support groups, family support, and counsellors are helpful. Find people who understand what you are going through. It may also be helpful to tell your extended family members and friends what type of support helps you most, whether it is a listening ear, brainstorming ideas or time for respite.

***“Expect getting unsolicited advice from people who haven’t been on this journey. And now we know how our kids feel when they get unsolicited advice from us.” - Parent***

***“If I feel a need to share with my extended family, I tend to get really educated on what I am about to say. It seems that as long as I know what I’m talking about, and not actually asking for advice, things go better. I have enough stress in my life, I don’t need to hear people’s opinions of what I should be doing differently.” - Parent***





## 8. Support for Yourself

### A PARENT'S EXPERIENCE

*“At first, I found the idea of self-care to be infuriating. Yes, put your oxygen mask on first. We have been told this. Repeatedly.*

*“When I think back to earlier days, I was frantic. Fiercely focused on keeping my kids alive. Getting them back on track so we could all continue with our plans and our lives. I personally knew that I didn't need to sleep or eat or breathe. I could do all this later, after my kids were back in a healthy situation. Anyone who told me different was to be ignored. I believed that taking care of myself only took care and attention away from my kids. My job, my only focus, was to keep my kids alive. I don't think there was anything that I could have read or been told that would have changed my mind. It only just irritated me.*

*“Very slowly over time I began to see the need for support for myself. I think this began to happen when my attempts at fixing my kids would fail time after time. I slowly learned through experience that I did not have control over my daughter's depression and my son's substance use. I also know that my attempts were not a waste of time. The continued love and efforts from their dad and myself had become part of my children and our relationship with them.*



*“I have learned that being a steady source of love in their lives is most important. A rock. Dependable. To keep myself steady, I saw purpose in improving my own mental well-being. I started to understand that I needed sleep, to connect with other parents who understood, to take deep breaths.*

*“At times we need to put our kids first. As parents it’s our job. To do this, we come to understand that we need to sleep and to take those deep breaths in between the chaos. In time we learn to breathe deeply and to steady ourselves DURING the chaos. Not only does this help us, but it also has a wonderful effect on our children. Our communication and connection with them improve tenfold, making more space and opportunity for recovery.*

*“Throughout our family’s journey, I have reached out to support groups and counselling. I have found these to be invaluable, excellent sources of information. I now have a team of supports and a group of parents who stand with me in love for our children. It makes a difference.”*

## **WHAT CAN YOU DO FOR YOURSELF WHEN YOU ARE IN THE TRENCHES?**

If you notice that you have stopped doing things that matter to you, take some time to reflect on the things you enjoy doing. Make a list. Look at your calendar. Reach out to a friend for a walk. This can be a shift that starts you into a more regular routine. You may not be ready to do everything on your list, but you can start with just one thing. Here are some additional things you may find particularly helpful:

## PARENT/CAREGIVER EDUCATION GROUPS

Educate yourself. The more you understand about this illness and learn about the developing brain and addiction, the better equipped you will be to manage. Parenting groups that offer education can provide insight into the teenage developing brain and the effects substances can have, and they can offer new ways to approach, communicate, and stay connected to your young person.

*“Parenting classes can be helpful – it makes you feel like you are doing something productive.” - Parent*

## PARENT/CAREGIVER SUPPORT GROUPS

Parenting support groups can be found at [Discovery](#), [Foundry Victoria](#), the [Boys and Girls Club](#), [Moms Stop the Harm](#), and local neighbourhood houses. It is an opportunity to find other parents who can hear and relate to what you are going through. Many parents find it harder to relate to friends and relatives whose experiences with their children are very different. It is also important to find a group you feel comfortable with. Often you can learn from parents whose struggles are more or less challenging experiences than your own. You may form friendships with them too.

*“It feels ugly at first. Joining a group where you use words like opioids and addict can be really hard. Radical acceptance takes time. Going to my first Foundry meeting and thinking ‘wow, these people are really in trouble’ and then not too many meetings later, I was one of these people. It can happen very fast.” - Parent*

It is important to find a support group that works for you. If your young person has a severe substance use disorder, you may feel alienated in certain support groups where other families’ problems seem relatively

minor in comparison. In contrast, you may be shocked to hear the problems of others if your young person does not have a substance use disorder, or if you are not quite ready to accept the reality of what is happening. It is normal to change support groups throughout your journey.

We encourage you to talk to the group facilitator about the kinds of situations that the parents in the group are dealing with before you attend, so you can find the best fit for you.

## COUNSELLING

There are several agencies that offer individual or family counselling. Being able to communicate one-on-one with someone and talk about your own personal experience can be very helpful. A good counselling experience can validate the intensity of your experience and offer helpful skills, strategies, and direction.

*“I started going to Discovery when I couldn’t get my child to go, for advice and support on how to help my child and that really helped calm me down because I felt like I was being productive or helpful.” - Parent*

*“I did drag my kid to Discovery, but he only went a few times whereas I kept going for a long time. I found there was a component of the support group that was helpful and then lots of the concepts like setting boundaries took a while to practice so I ended up taking the class twice and I also took a parenting class and for me the more I could do that stuff, it felt like I was doing something. You can’t control your child, but you can control what you do.” - Parent*

## KEEPING A JOURNAL

Keeping a personal journal can be a good way to see change and progress over time. Some things in your journal might include:

- Count the gems: tracking small wins
- Vent: describe those days when things are not going well
- Be the observer: practice being observant and describe the details of what you are seeing. Practice being objective to give yourself a break from the emotion of the situation
- Make a list of ways to care for yourself
- Make a list of things you can control and things you cannot
- Set small goals and celebrate each achievement

***“Having to get used to not being in control is super uncomfortable but it’s easier if you recognize you are not fully in control.” - Parent***

## REACHING OUT IN YOUR COMMUNITY

If you are feeling overwhelmed and exhausted, it can be more difficult to take care of yourself and your loved one(s). Slow down, rest, and when you are ready, reach out to others who can understand and validate your journey. Reaching out and communicating with your young person’s school staff, local police, or social workers can sometimes be helpful.

Be brave and reach out. Every challenging moment is a learning opportunity.

***“Not to worry, you will learn as you go. It is a steep learning curve. Everyone starts where you are now. You’re not alone in feeling you don’t know anything.” - Parent***

***“Someone in the support group invited me for tea and that was so helpful. So if there’s someone new in the group I ask them out for tea because it really helps those who are struggling feel less alone.” – Parent***

## **SETTING BOUNDARIES**

Set flexible boundaries with your young person and accept that they will change. Sometimes you may find yourself needing to set firm boundaries. Sometimes you may feel like the *passive parent*. It can be scary but try it anyway. Get to know your limits and be kind to yourself in the process. You are doing your best.

***“When I went to Nar-Anon, we would say The Serenity Prayer, which helped me put things in perspective: ‘Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.’ It reminds me that there are a lot of things I can control and to focus my energy on those things” – Parent***

They have a journey and so do we. Do your own work. Your young person does not want to see you suffering because of them.

***“The relief that I felt when someone gave me permission to live my own life. At first, I felt guilty, but he was making choices and I couldn’t stop him. I told him I was there to support him and help him but the choices he was making were his.” – Parent***

# What does self-care mean to you?

A good cup of coffee

Support from those who have been there

Getting my nails done

Getting off the couch

Friends who accept where I'm at

Weekly massage

Finding small moments of joy



Saying no

Re-connecting with myself

Keeping your head above water

Having a morning routine

Spiritual, emotional, physical self-love

Laughter

Leaving the house

Exercise



Finding ways to calm my mind

Gratitude

Taking care of yourself

No stress, no worries, relaxation

Breathing in the moment...

Being Present

Letting Go

# 9. Resources

## LIST OF RESOURCES IN VICTORIA

**Last updated July 2021:** Please note that these resources may change and that we will do our best to update the resources listed in the online version, which can be found at:

<https://foundrybc.ca/parents-like-us-handbook/>

These resources are mainly located in the Victoria region and are meant for parents and caregivers of young people impacted by substance use.

**To find services near you, visit:**

[www.bc211.ca](http://www.bc211.ca) or <https://foundrybc.ca/get-support/>

When you suspect that your young person is experiencing problematic substance use, here are a few things to try. With the consent of your young person, talk to their school counsellor, counsellor, or family doctor.

You can also refer to any of the resources below.



## YOUTH AND FAMILY WELLNESS CENTRES, CLINICS AND PROGRAMS

The families who have written this book have found the following most helpful:

**[Discovery Youth & Family Substance Use Services](#):** Offers free community-based counselling services, including one-on-one support for youth ages 13-19 and parents, as well as parent support groups and parent classes.

**Phone: 250-519-5313**



**[Foundry Victoria/Victoria Youth Clinic Society](#)**: Provides integrated services for young people ages 12-24 and their families, including physical and mental health, substance use supports, social services, and peer support. Parent support groups are also available for those who have a young person struggling with substance use. **Phone: 250-383-3552**

**[Foundry Virtual App](#)**: Offers young people ages 12-24 and their families with virtual counselling, peer support, and youth and caregiver support groups and workshops. The app also offers tools and resources to improve young people's health and overall wellbeing.

**[Umbrella Society for Addiction and Mental Health](#)**: Offers no cost support and counselling to individuals and families of those struggling with substance use issues. **Phone: 250-380-0595**

**[Youth Empowerment Society \(YES\)](#)**: Provides no cost support and counselling for youth and families to address a range of issues, including substance use, mental health, securing employment, homelessness, transitioning to adulthood, basic needs, educational needs, and family breakdown. Some of the programs available:

**[Kiwanis Emergency Youth Shelter](#)**:

**Phone: 250-217-1471; [keys@vyes.ca](mailto:keys@vyes.ca)**

Youth & Family Support Services (Counselling):

**Phone: 250-386-8282; [yfss@vyes.ca](mailto:yfss@vyes.ca)**

Specialized Youth Detox:

**Phone: 250-383-3514; [syd@vyes.ca](mailto:syd@vyes.ca)**

**Central Access and Rapid Engagement Services (CARES):** Provides a single point of access to Mental Health and Substance Use (MHSU) services through Island Health for clients (19+), family members, primary care and service providers. Outreach services may be available to facilitate connection for people in need of MHSU services who are unable to reach out themselves.

**1119 & 1125 Pembroke Street, Victoria, BC**

**Phone: 250-519-3485**

**Rapid Access Addiction Clinic (RAAC):** Provides support for people (19+) who are ready for treatment with buprenorphine (suboxone) or methadone. The RAAC accepts referrals from community providers, doctors, the CARES Clinic, and from the hospital. Limited walk-in appointments are also available.

**1119 Pembroke Street, Victoria, BC**

**Phone: 250-519-3485**

Hours: Monday to Friday, 9:00am-12:00pm



## **OTHER YOUTH AND FAMILY WELLNESS CENTRES, CLINICS AND PROGRAMS**

**[Boys and Girls Club Parenting Programs:](#)** Offers parent education groups to help parents work on strengthening family relationships and also helps create a sense of community and connection to other parents experiencing similar challenges.

**Phone: 250-384-9133 ext. 222**



**Family Smart**: Offers support to families who have children and youth with mental health challenges.

**Phone: 1-855-877-8004**

**First Nations Health Authority**: Offers a variety of health services for First Nations people in BC, including mental health, opioid agonist therapy, overdose prevention and harm reduction, and treatment centres for those impacted by substance use.

**Phone: 604-693-6500 or 1-866-913-0033; Email: [info@fnha.ca](mailto:info@fnha.ca)**

**Mental Health Recovery Partners**: Provides services to people with mental illness, regardless of their diagnosis, and the people who care about them.

**Phone: 250-384-4225**

**Ministry of Children and Family Development - Child & Youth**

**Mental Health**: Provides a range of mental health assessment and treatment options for children and youth up to 18 years old and their families at no cost. Their clinics are staffed by mental health clinicians, psychologists, and psychiatrists.

**Moms Stop the Harm**: A network of Canadian families impacted by substance-use related harms and deaths. They advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.

**Email: [info@momsstoptheharm.com](mailto:info@momsstoptheharm.com)**



**[Pacific Centre Family Services Association](#)**: Provides services for youth ages 5-18 years old and families in Westshore and Sooke. Also offers parent-teen mediation, and a sexual abuse intervention program.

**Phone: 250-478-8357 or 1-866-478-8357.** Programs include:

**[Mobile Youth Services Team/Crime Reduction Exploitation](#)**

**[Diversion \(MYST/CRED\)](#)**: Provides support for youth, in the Greater Victoria Region, who are at risk of gang involvement and sexual exploitation.

**[Stopping the Violence \(STV\)](#)**: Provides support to women (18+) in the Greater Victoria Region, who have experienced or are experiencing relationship violence

**[Family Violence Program \(FVP\)](#)**: Provides support to men (18+) in the Greater Victoria Region who have experienced or are experiencing relationship violence

**[Substance Use Program](#)**: Provides substance use support to individuals (18+) in Westshore and Sook.

**[Saanich Peninsula Youth Health Clinic](#)**: Hours: Thursdays, 5:30-7:30 pm  
Walk-in clinic for young people ages 12-24.

**Shoreline Medical, 2A-2379 Bevan Ave, Sidney, BC**

**Phone: 250-656-4143**

**[Sashbear Foundation](#) – Family Connections Program**: Offers a no cost 12-week or a 4-day emotional validation training program that provides education, skills training, and support for people who are in a relationship with someone who has emotional dysregulation or related problems.

**[Victoria Native Friendship Centre](#)**: Provides services and programs for Indigenous youth and families, including addictions counselling, mental health services, homeless outreach programs, social services and family support.

**231 Regina Avenue, Victoria, BC**

**Phone: 250-384-3211**

**[Wellness Centre at Belmont Secondary School:](#)**

Provides health services to young people up to age 25.

**3041 Langford Lake Road, Victoria, BC**

**Phone: 250-519-3580**

**[Wellness Centre at Edward Milne Community School:](#)**

Provides health services to young people up to age 25.

**6218 Sooke Road, Sooke, BC**

**Phone: 250-642-5211**

**[Wellness Centre at Royal Bay Secondary School:](#)**

Provides health services to young people up to age 25.

**3500 Ryder Hesjedal Way, Victoria BC**

**Phone: 250-519-3580**



## **YOUTH RESIDENTIAL TREATMENT AND DETOX CENTRES:**

Residential treatment and detox in British Columbia is all voluntary. That means that your young person has to be ready to go. **All admissions are by referral through a drug and alcohol counsellor, medical doctor or nurse.**

Some of the centres are provincially funded while others have a cost. Speak to your service providers or call the different centres to find the best option for you and your young person.

**Douglas Street Community Supportive Recovery Program:** A 22-bed residential program for people (19+), that is harm reduction-focused. It provides physician support, medication management and daily clinical care with a blend of holistic programming run seven days per week.

**2915 Douglas Street, Victoria, BC**

**Phone: 250-385-5568**

**Specialized Youth Detox:** A non-medical detox that provides youth ages 13-18 with 24-hour support as they go through their unique withdrawal process. Admission is done through Youth Empowerment Society.

**Phone: 250-383-3514**

**Email: [syd@vyes.ca](mailto:syd@vyes.ca)**

**Sobering & Assessment Centre:** A 20-bed facility that offers shelter and assessment of inebriated clients for less than 24 hours. This centre can be accessed through a police or hospital referral, as well as walk-in.

**1125 Pembroke Street, Victoria, BC**

**Phone: 250-213-4441**

**Victoria Community Medical Detox & Stabilization Unit:** A 21-bed facility that provides acute, inpatient withdrawal management from a medical team with an average length of stay of 7-8 days. This centre accepts referrals from substance use counselors, family physicians, walk-in clinic physicians, crisis nurses and mental health nurses.

**Eric Martin Pavilion, 2334 Trent Street, Victoria, BC**

**Phone: 250-519-7708**



## **OUTSIDE VICTORIA:**

**Nengayni Wellness Centre:** A treatment centre in Williams Lake for Indigenous youth, young adults, and families who are impacted by drug and alcohol addictions. They provide cultural and holistic healing programs.

**P.O. Box 2529, Williams Lake, BC**

**Phone: 250-989-0301**

**Peak House:** A voluntary, ten-week, live-in, treatment program for youth, ages 13-18, seeking freedom from problematic substance use.

The program is located in Vancouver and is licensed, accredited and has been in operation for over 30 years.

**2427 Turner Street, Vancouver, BC**

**Phone: 604-253-6319**



## ADULT RESIDENTIAL TREATMENT CENTRES:

Adults (19+) have many more options in terms of treatment. The cost can sometimes be covered by income assistance, but that is an extra step that takes time. **To find out about adult treatment centres, refer to BC 211 or talk to your counsellor, doctor or nurse. We have included the two adult treatment centres located in Victoria:**

**Cedars at Cobble Hill:** Offers specialized addiction treatment with a full medical staff. Cedars has private options plus a provincially-funded option. The funded option has a waiting list and is by referral. If you are interested in getting a funded bed, talk to your counsellor. For a private bed, contact the centre directly.

**Phone: 1-866-716-2006**

**Homewood Ravensview:** Provides comprehensive private mental health and addiction treatment for young adults ages 19-26 in Central Saanich. Provides individualized, holistic programming and includes family members as part of the treatment process.

**Phone: 1-866-203-1793**



## ADDITIONAL HOUSING AND SUPPORT

**Arbutus Shelter:** Offers three meals a day, co-ed and women's (trans inclusive) sections, and emergency mats for additional shelter when available.

**2915 Douglas Street, Victoria, BC**

**Phone: 250-360-0093 (24/7)**

**[AVI Health & Community Services:](#)** Serves the needs of people infected and affected by HIV and hepatitis C on Vancouver Island and the Gulf Islands. They take evidence-based action to prevent infection, provide support and reduce stigma. Harm reduction supplies are available.

**713 Johnson Street, Victoria, BC**

**Phone: 250-384-2366**

**Email: [info@avi.org](mailto:info@avi.org)**

**[Beacon Community Services – Homelessness Prevention Program:](#)**

Works to connect individuals and families with stable accommodation and appropriate services, with a focus on at-risk youth and people leaving correctional facilities.

Jenn Mortimer, Manager of Youth Shelter and Homelessness Programs

**Phone: 250-884-3701**

**Email: [jmortimer@beaconcs.ca](mailto:jmortimer@beaconcs.ca)**

**[Kiwanis Emergency Youth Shelter:](#)** A 10-bed home environment that provides emergency housing for youth ages 13-18 who are homeless and/or have no safe housing alternatives.

**2117 Vancouver Street, Victoria, BC**

**Phone: 250-217-1471 (24/7)**

**Email: [keys@vyes.ca](mailto:keys@vyes.ca)**



**Lighthouse – Yates Housing Project:**

Gwynne Parry, Site Manager, Youth Housing Project

**Phone: 250-210-2277**

**Email: [gparry@victoriahomelessness.ca](mailto:gparry@victoriahomelessness.ca)**

**[Out of the Rain Youth Night Shelter](#)**: Offers shelter between October 15<sup>th</sup> and April 15<sup>th</sup> from 9pm to 8am for 30 youth ages 15-25.

**1450 Elford Street, Victoria, BC**

**Phone: 250-415-3856**

**[Pandora Youth Apartments \(YMCA/YWCA\)](#)**: Offers transitional housing for youth ages 15-19 who are experiencing social isolation, poverty, substance abuse, or trauma. It also provides programming including life skills, counselling, advocacy, and fitness.

**851 Broughton Street, Victoria, BC**

**Phone: 250-380-2663**

**Email: [pya@vancouverislandy.ca](mailto:pya@vancouverislandy.ca)**

**[Sanctuary Youth Centre](#)**: A drop-in centre for street-entrenched and at-risk youth ages 14-22.

**767 Humboldt Street, Victoria, BC**

**Phone: 250-385-6255**

**Email: [sanctuaryyouth@outlook.com](mailto:sanctuaryyouth@outlook.com)**

**[Threshold Housing Society](#)**: Offers safe housing for youth ages 16-24 years old and supportive recovery programs for youth ages 15-21 years old.

**1524 Fort Street, Victoria, BC**

**Phone: 250-383-8830**

**Email: [assist@thresholdhousing.ca](mailto:assist@thresholdhousing.ca)**



## CRISIS LINES

[Youth Space](#): An online crisis and emotional support chat.

**Text: 778-783-0177**

**The Vancouver Island Crisis Line: 1-888-494-3888**

May connect you to the Integrated Mobile Crisis Response Team (IMCRT)

**KUU-US Aboriginal Crisis Line: 1-800-588-8717**



## RECOMMENDED BOOKS, PODCAST, WEBSITES AND APPS:

### BOOKS

- *Beyond Addiction: How Science and Kindness Help People Change*  
-- Jeffrey Foote, Carrie Wilkens, Nicole Kosanke, and Stephanie Higgs
- [From Grief to Action Coping Kit: Dealing with Addiction in Your Family](#)
- *In the Realm of Hungry Ghosts - Close Encounters with Addictions*  
-- Gabor Mate
- *Jagged Little Edges* -- Lorleie Rozzano
- [Opioids: A Survivor's Guide \(BC Centre on Substance Use\)](#)
- [Recognizing Resilience: A Workbook for Parents and Caregivers of Teens Involved with Substances](#)

### PODCASTS

[Evoke Wilderness Therapy](#) (Dr. Brad Reedy)

## WEBSITES

- [Alcohol and Drug Foundation - Drug Wheel](#)
- [Allies in Recovery](#)  
[Community Reinforcement and Family Training \(CRAFT\)](#)
- [Everything you think you know about addiction is wrong](#)  
- TED Talk with Johann Hari
- [Family Smart: Parent and Youth in Residence Program](#)
- [HereToHelp](#)
- [Kelty Mental Health Resource Centre](#)  
[Parents & Caregivers](#)  
[Youth & Young Adults](#)
- [Mental Health Foundations - Resources for Parents and Caregivers](#)
- [Overcoming Stigma Through Language: A Primer - CCSA & CAPSA](#)
- [Talking Pot with Youth: A Cannabis Communication Guide for Youth Allies - CCSA](#)
- [The Centre for Motivation and Change](#)

## APPLICATIONS

[Lifeguard App](#): A free digital tool that connects emergency responders automatically to people who are alone and may have unintentionally overdosed.

[Foundry Virtual App](#) offers virtual services for youth ages 12-24 and parents/caregivers, including virtual counselling, peer support, and youth or caregivers groups.

# Your Support System

This section provides space to include your list of supports, as well as your young person's supports to help you keep track of things.

## YOUR SUPPORTS

<b>Organization:</b>	<b>Service Provider:</b>
<b>Contact Info:</b>	<b>Date:</b>
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# Notes

# Notes



## A STORY OF HOPE

*I have a son. He is 22 years old.  
He is on a treacherous path not taken by most.  
Along the way he collects gifts such as compassion,  
resilience, strength and an understanding of the struggles  
of life.  
He shares these gifts with people he meets along the way.  
He is extraordinary.  
He is finding his way.  
I hold steady.*

*He calls me from rehab. He's been in too many times to count  
now. I don't know if he will stay or if he will leave tomorrow.  
He's had a rough go; the whole family has. He tells me of  
his friends at rehab. We laugh and talk about light subjects,  
funny things. I tell him I am so grateful for today. I have no  
expectations; I just love him. He appears to be comforted  
by this and so am I. I get off the phone feeling happy.*

*My son had been on the streets for some time. He  
hadn't showered, he was in big old clothes that I had  
never seen before. We met at the food fair for something  
to eat. Afterwards, he takes my tray away. I see him  
lumber across the food fair mall; a small napkin falls  
to the floor. He stoops to pick it up before putting the  
tray away. I see my son again. Gentle, kind, caring.*



# Acknowledgements

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Victoria  
Youth Clinic



Canadian Centre  
on Substance Use  
and Addiction

## PROJECT CONTACTS:

*If you are a parent or caregiver in Victoria looking for support, please contact the family support team:*

- **Chantal Brasset**, Family Peer Support,  
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[cbrasset@foundryvictoria.ca](mailto:cbrasset@foundryvictoria.ca)
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*For more information related to this resource or to the ITT Project, please contact either:*

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- **Christina Katan**, Knowledge Broker, Canadian Centre on Substance Use and Addiction  
[ckatan@ccsa.ca](mailto:ckatan@ccsa.ca)

### FOUNDRY VICTORIA

818 Douglas Street,  
Victoria, BC, V8W 2B6  
Phone: 250-383-3552

[frontdesk@foundryvictoria.ca](mailto:frontdesk@foundryvictoria.ca)

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Parents and caregivers have put their heart and soul into this handbook. Take 5-minutes to give us your feedback so that we can understand the handbook's impact and continue to advocate for these types of resources.

***Parents and caregivers who complete the evaluation survey will get a chance to win 1 of 5 \$100 draws.***

Scan the QR Code



or click [HERE](#) to complete the survey

***This survey will remain open until March 31, 2022.***







