Vancouver Coastal Health
Promoting wellness. Ensuring care.

Family Connections

MARCH 2022—EDITED BY ISABELLA MORI

INSIDE THIS ISSUE:

Family Support and Involvement Team

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Alcohol Use

Risky alcohol use continues to be the leading cause of substance use related deaths in Canada. In this edition, you will find some facts about alcohol use and alcohol use disorder, another excerpt of the book "Beyond Addiction", and lots of insights from people directly affected by risky alcohol use. If you are one of them, hopefully you'll find some tips here, like some of the SMART tools mentioned by a SMART group facilitator. We also have some counsellors/clinicians weigh in, and give you an overview over the fantastic Expert Talks in January with two psychiatrists specializing in concurrent disorders.

Photo: Toa Heftiba

Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours: 7:30 am - 11:00 pm 7 days/week; 365 days/year

Phone: 604-675-3700

About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance use Services. You can find our contact information on the front page.

The *Family Connections Newsletter* is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or substance use, sign up at www.spotlightonmentalhealth.com

By going to this website and clicking on the Family tab you can find our *Community Resource Guide for Families*, Vancouver Coastal Health's Family Involvement Policy and much more.

Thanks for reading!

Join the Client and Family Involvement Guidelines Working Group

VCH Mental Health & Substance Use (MHSU) services is looking to create a working group of clients and families who have accessed VCH services, to review and expand already existing Client and Family Involvement Guidelines.

The guidelines lay out the need for client and family advisors to participate in certain committees (e.g. those that make policy decisions), staff education, and hiring. The Working Group will also work on a compensation structure for participating in committees, staff education, and hiring.

We are looking for:

- Individuals who have used Mental Health and/or Substance Use services in the last 3 years; and
- Family/friends of individuals who have used Mental Health and/or Substance Use services in the last 3 years.

We are particularly interested in hearing the voices of those who may be typically underrepresented.

If you are interested, please complete the form here: bit.ly/VCHworkinggroup

SOME FACTS ABOUT ALCOHOL USE AND ALCOHOL USE DISORDER

By Isabella Mori

- High risk drinking is defined as 15 or more drinks per week for men, and 8 or more per week for women, or 5 or more drinks (for men) or 4 or more drinks (for women) on a single occasion
- In 2017, 78.2% of the general population age 15 + reported consuming alcohol in the past year
- Alcohol is by far the most common drug used by Canadians and use has increased significantly among females since 2013. A 2017 World Health Statistics report shows that alcohol consumption in Canada is higher than the global average.
- Over 19% of those aged 12+ currently drink in excess of recommended daily od weekly limits. Appr. 18% of people aged 15+ have met the clinical criteria for an alcohol use disorder in their lifetime
- Approximately 15% of Canadians who drink alcohol consume above Canada's Low-risk Alcohol Drinking Guidelines.
- In 2017, the rate of hospitalizations entirely caused by alcohol (249 per 100,000) was comparable to the rate of hospitalizations for heart attacks (243 per 100,000) and the rate was thirteen times higher than for opioids.
- 25 chronic conditions are entirely attributable to alcohol use. Alcohol plays a contributing role in the risk of developing certain types of cancer (esp. cancer of the oral cavity, pharynx, esophagus, colon, rectum, liver and breast), diabetes, heart disease and liver cirrhosis.
- In 2014, alcohol contributed to 14,826 deaths in Canada, representing 22% of all substance use attributable deaths.

Simplified criteria to suggest Alcohol Use Disorder.

- Do you drink more than you mean to?
- Do you want to stop, but can't?
- Is your drinking getting in the way of day-to-day activities?
- Is drinking getting in the way of your relationships?
- Is drinking taking over your life?
- If you can't drink, are you thinking about drinking?
- Are you sitting things out because of alcohol?
- Are you drinking in risky settings, or doing risky things while drinking?
- Do you know drinking isn't good for you, but you do it anyway?
- Do you need to drink more than you used to?
- Do you get withdrawal symptoms when you stop drinking?

According to the DSM 5 (the manual used to diagnose mental health issues), a person who meets 2-3 of these 11 criteria is diagnosed with mild alcohol use disorder, 4-5 criteria moderate, and 6 or more severe.

Further reading: https://www.ccsa.ca/sites/default/files/2020-10/CCSA-Canadian-Drug-Summary-Alcohol-2019-en.pdf

The rate of hospitalizations entirely caused by alcohol was comparable to the rate of hospitalizations for heart attacks

VANCOUVER FAMILY ADVISORY COMMITTEE (FAC)

A Partnership with Vancouver Coastal Health & Substance Use Services

The Vancouver Family Advisory Committee is always looking for new members!

Who Are We?

We are Vancouver parents, siblings, adult children and friends of those living with serious mental illness and substance use. We are individuals with lived experience. We are community agency representatives, Mental Health/Substance Use professionals, and the VCH Family Support & Involvement team. Together, we are the Family Advisory Committee. The FAC provides a strong family perspective to improve services for our loved ones, and expand communication and supports for families.

If you feel inspired to join our efforts, or simply want to learn more about the FAC, please check out our page here: https://www.spotlightonmentalhealth.com/vancouver-family-advisory-committee/

FAC Member Talks About Alcohol Use Disorder … *Read her story on the next page!*

Special thanks to Carol, FAC family member, grandmother, and bee keeper, for telling her story with openness, vulnerability and courage. She shares her journey through numerous barriers that shaped the darkest years of alcohol dependence, to finding her path to recovery. Fifteen years later, Carol talks about the gratitude she feels for the addiction medicine specialist who helped her understand that alcoholism was a medical illness. *"There was no judgement only unwavering hope that abstinence will restore my soul."* She discusses the life changing and immense concern of her family. *"Wanting to be sober for my family became wanting to be sober for myself. The first six weeks were excruciating. Then I started realizing how wonderful I was feeling... Gradually it became about honouring my body, nurturing my health, not squandering the life I had been given back."*

FAC Updates: Experience of Care Survey (EOC) and Tertiary Scorecard:

2013 was an exciting year for families and patients in healthcare. This was the year the family involvement policy was implemented. It was also the year the BC Government began an initiative to formally assess the quality of care in BC. From the beginning, family voices were invited to the table.

We believe it's important to follow initiatives like this and participate in any opportunity presented. One of our FAC family members, Pat, has done all of these things. She has stayed with this initiative and kept our committee informed and engaged in the development of such a survey.

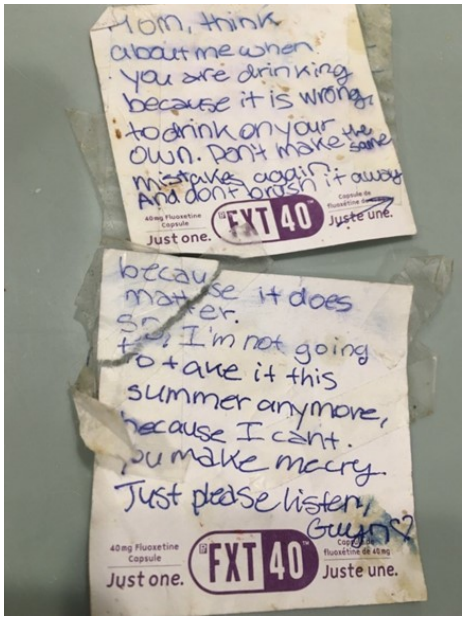
So, we are all excited to learn that in January of this year, our input in what would be important for families to include in the survey has resulted in the addition of two questions assessing family experience in the Tertiary Scorecard, an essential data collection tool used by health authority leadership in assessing quality of care.

Lessons learned: Advocacy can be a long process, so we must remain persistent and clear about what we want. Having an impact within large systems can seem overwhelming, but with key people assisting, **it can be done.**

To connect with the FAC, email VancouverFAC@vch.ca

"THE NAGGING, YOU EXPERIENCE IT AS REJECTION"

This is the story of Carol, who relates here her struggles with and recovery from alcohol use.
By Isabella Mori.



Denial

I was in denial for five years, telling myself "It's not a problem yet. I don't drink enough. I'm in control." I did not identify as an alcoholic, did not think about it in terms of abstinence or treatment. The denial was the greatest barrier. It is one of the most sinister aspects of substance use. But alcohol was my lover and then it betrayed me, stabbed me in the back.

My husband, a health care professional, was anxious about my use long before I had any of the objective criteria. That made me go underground, with my bottle under the sink in the basement. Eventually my husband backed off and stopped nagging. He had talked to a professional about my drinking, and that's what he was told to do.

My daughters were anxious about me. They left me little notes on my bottles: "I'm afraid something is going to happen to you." "Mommy, you promised not to drink alone." I was confronted with their anxiety but all I did was move their notes from one bottle to the next. I didn't do anything about it for another two years. Their anxiety went unheeded. I have tremendous regret about how I didn't move out of my denial. At some level I knew that eventually these notes were my way out but at the time, my denial was too dense.

When none of my family were expressing concern anymore, the notes stopped and I went into a tailspin. I started drinking at 11 am, cruised through the hotels from bar to bar. I drank more on holidays. That was particularly inconsiderate because holidays were well deserved for my husband and children. I was absent or late for a lot of dinners. I was irritable.

The bartenders at the hotels looked sad and reluctant. Their compassion was one of the reasons why I moved towards contemplating change and eventually making the decision to stop. (These are steps laid out in motivational interviewing, something that families would benefit from learning about.)

The last three glasses, and the beginning of recovery

One Christmas we went to Hawaii. I said to myself, "this is my last Christmas to indulge myself". I dropped my expensive sunglasses and my father's camera into the sea because I was too drunk to hold on to them. That was a crucial moment although it's ironic: it wasn't my family's drowning hearts that made me change but these two objects. Maybe they were a metaphor.

I got on the plane, knew that at home I had to do work that I needed to be sharp for, had three glasses of free wine on the plane, and that was it.

A few months earlier, my husband and I had gone to marital therapy. The therapist had asked me whether I'd be willing to see a rehab doctor. I wanted to look cooperative and so I agreed – maybe he would tell me I didn't have a problem!

My daughters were anxious about me. They left me little notes on my bottles: "I'm afraid something is going to happen to you."

A rehab doctor was very objective, saying it's a medical illness, people of all professionals and walks of life can succumb to it; there is no blame but there is treatment

A spot came up for me to see the rehab doctor within a week of coming home. He was very objective about it, saying it's a medical illness, people of all professionals and walks of life can succumb to it; there is no blame but there is treatment. The questionnaire I filled out honestly with him confirmed it; undoubtedly, I had alcohol use disorder, even with the typical underestimations of users being questioned. He was concerned I'd go into withdrawal, however I was already on a medication that mitigated dangerous symptoms such as seizures.

But residential rehab was not acceptable for me. I didn't want to be away from my children. The doctor said, ok, you have one chance. He could not have enforced it but it felt like a serious threat. I decided I would not relapse, to be purposeful and start healing my relationship with my children and husband. Stubbornness helped!

I went to women's only AA group. The stories I heard of people's success and relapse reinforced that I was a victim of a medical condition for which there was treatment. But I found the meetings tedious. At least there were step study meetings which had a focus. But I don't believe in a Higher Power. I never relapsed but I didn't talk about that at the meetings; people didn't want to hear it. I didn't stay with AA beyond the first 6 months. However, I have several people who are dealing with alcohol for whom I'm there but we don't really need AA for that. Some ideas in AA were helpful, for example making apologies, being humble, not taking sobriety for granted, knowing I could have a relapse any time, and nurturing myself.

How family helped – and not

Family was essential. But five years of nagging – you tune the nagging out, experience it as rejection. For me, the ground was laid by my family's concerns. If they hadn't expressed their concerns I don't know if I would have been motivated. My dad once said "you've had enough." That was unusual for him and made me take note. My children's notes were lifesaving, so important. I still have them.

Don't know what would have happened had they kept on overtly nagging. My husband stepping back was helpful. My decision to stop drinking was not made under duress. I had to be the one to make a decision, not a Higher Power, and I'm taking full credit for it. One day at a time, I became sober. Not through some nebulous force. And my brain healed and the craving ceased.

I became sober for my family. I wouldn't have done it if it wasn't clear they wanted that. Wanting to be sober for my family became wanting to be sober for myself. The first six weeks were excruciating. Then I started realizing how wonderful I was feeling. I didn't have to do complicated things anymore like figuring out how to obtain alcohol, dispose of the bottles and not drive when I was drunk. Gradually it became about honouring my body, nurturing my health, not squandering the life I had been given back.

Once I became sober, my children wanted to express frustration. I was ready for them to come full blast at me. That was hard in the beginning. I listened, validated, apologized, telling them I wished I had gotten sober sooner, thanking them for their courage.

My parents, it was a whole other thing. They weren't so supportive. As I mentioned earlier, my father said only once, that's enough. For my mother, appearances were everything; "what will people think of us?" The first six months felt lonely. I would have wanted my parents

to pray for me. They never phoned me. There was no help from them whatsoever. They never celebrated my anniversaries. I don't expect much from them. They still, 15 years later, do not want to own me as a recovered alcoholic.

Today

What works for me today is blogging about my experiences, being a resource by chatting with friends' friends and even perfect strangers, sharing online, reading about people's journeys, exchanging practical suggestions, for example how to cope in the holidays, how to get through family events or when you are asked why you aren't drinking: "I have a medical condition." "I'm the designated driver." "I don't like the effect alcohol has on me." Usually no one notices your glass is filled with pop or water.

I have never been happier, never calmer, more able to look outside myself and see where other people are at. You can be so self-centered as an alcoholic. I believe I am more compassionate and present now, and so very grateful. I know lots of people who don't recover or even die. I could have easily become engrained in my selfish drinking and not get out.

"IT'S A FAMILY DISEASE"

By Isabella Mori

This is an interview with Kate, who is a member of Al-Anon. Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of people who drink problematically can bring positive changes to their individual situations, whether or not their loved one admits the existence of a drinking problem or seeks help. Al-Anon is based on the 12 steps as developed by Alcoholics Anonymous.

Kate, what made you go to Al-Anon?

I had already been going to Overeaters Anonymous when somebody there told me about Al-Anon. They said "it's a family disease" and shared some literature about it with me. I thought about my family and went to a meeting. I had two parents who had alcohol problems, same with my parents' parents and some uncles, aunts, stepfathers. The writing was on the wall. I was lucky because the first meeting I went to focused on adult children of alcoholics. They gave me the twenty questions for adult children of alcoholics and I cried and cried. They got me on every single one.

At that time, both my parents were still alive, and then lived for another twenty years. Their disease progressed over the years.

Families can bring positive changes to their individual situations, whether or not their loved one admits the existence of a drinking problem or seeks help.

I had to learn how to make amends for my own behaviours

What was your first impression?

Those twenty questions – I remember looking at them thinking, I wish I could say no to at least one of these questions. It was almost shattering. I hadn't really understood the impact of my parents' drinking. (Examples of these questions are: Do you over extend yourself? Do you cling to relationships because you are afraid of being alone? Do you mistrust your own feelings and the feelings expressed by others? Do you find it difficult to identify and express your emotions?

For example, my parents would bring bottles of wine for a meal and I'd pour myself some wine with dinner but then go into the kitchen and pour it down the drain so I could fill my glass again so they would have less. I didn't realize that was manipulative. Sometimes I wanted to call the cops and say, this car with this plate number, they're driving to this address, and they're drunk. I never did.

What else happened for you at Al-Anon?

I was lucky. They were good people in my group. I got a sponsor and when it was time for me to do my inventory, he just showed me his and guided me. That way I got to look at what was wrong in *me*, not in other people. I saw that I was controlling and manipulative with my husband and son. They were not drinkers. But they didn't behave the way I thought they should and I tried to make them, and harmed them that way.

I had to learn how to make amends for those kinds of behaviours. The best amend was to name my character defects and wanting them to be removed so that I could stop being difficult. Because I was difficult. I had this thing about appearances. I had this terrible argument with my ex husband one Valentine's Day. We were getting ready for church. He was wearing a navy blue suit – and work socks! I lost it over those socks, I screamed, said the f-word in front of my six year old, refused to go to church with them.

In the family where I grew up, everyone had to look good. Most people outside the home were not aware of the alcoholism. My father never missed a day's work. None of my cousins knew that he beat my mother, almost beat my kid brother to death.

I can talk about this now, it's not live and hurtful for me anymore. Over time, I learned how to confront this, with the help of steps 4 to 9. In Step 4, you just write it all down, then talk to a trusted person in Step 5. In Step 6, I saw how much I wanted to get rid of my harmful behaviour. In Step 7, it was suggested to me to pray about it consistently, and I did. In Step 8 and 9, I worked on making amends. Of course progress isn't always fast with these kinds of things.

How did Al-Anon influence you?

Here is an example: When I was fairly new in Al-Anon, my mother had to go to for surgery. I knew what that would do to her and wondered, should I call her doctor and let them know she drinks? My Al-Anon friends suggested no, it's her issue, not mine. Two days after surgery, the nurses said she responded strangely to the anesthesia. My sister just laughed – "Yes, she drinks." They ended up putting her in restraints and sedating her. I was really hoping that would stop her drinking and was very angry when it didn't in the end. Al-Anon helped see that she couldn't be made to change.

What is not so helpful at Al-Anon?

Sometimes you go to a meeting and some people there are not using the program, they just want to vent about the person who drinks. I can find that disappointing and want to go, "now you've told me, what are you going to do?" I try to carry a message of hope instead of venting. I try and tell people when they're new that the Al-Anon program is the same 12 steps that people in AA work. We're not here to fix other people, even when we want to so badly.

What has changed for you as a result of going to Al-Anon?

Before I went, I wanted to fix my ex and my son. My son was diagnosed with autism at fourteen. At that time he was barely speaking to me. He didn't like me and had lots of reasons not to like me. But this last Christmas I spent two weeks with him on the occasion of his fortieth birthday. We had a wonderful time. A lot of that is because I had to learn to back off. He is who he is, there is no point in fixing him. When I was trying hard to do that it just hurt him more. I'm grateful I learned to let go; now we have a good relationship. That would not be without the 12 steps.

On my mother's side the women were nasty, nasty. I grew up learning that. These days I spend a lot of time with someone who is almost deaf. I can get impatient with him. I'm going to an Al-Anon meeting tonight to deal with that.

What is the most important message you have for people who have a friend or family member who drinks too much?

You can't stop them from drinking. But you can learn to have productive happy lives anyway, whether or not you live with a person who has problems with alcohol, and whether or not they are drinking.

In one of my groups, one of the women there had a dream that she died and went to heaven. St. Peter said, what did you do with your life? And she answered, well I couldn't do this and couldn't do that because Joe was drinking. St. Peter asked again, what did you do with your life? She kept talking about Joe's drinking until St. Peter said, the question is about you, not Joe. That dream woke her up to the reality that she needed to focus on her side of the street.

Links:

Al-Anon in BC https://al-anon.ab.ca/

Introduction to the 12 Steps https://www.verywellmind.com/the-twelve-steps-63284

The 20 Al-Anon Adult Children Questions https://al-anon-alateen-msp.org/pages/AAC20Q.html

Controversies around 12 step programs https://www.psychiatryadvisor.com/home/topics/addiction/criticism-of-12-step-groups-is-it-warranted/

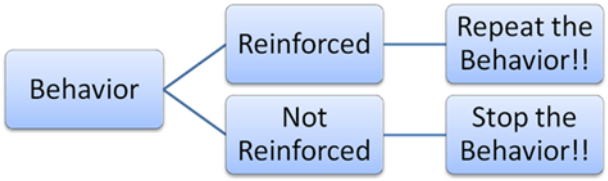
We're not here to fix other people, even when we want to so badly.

BEYOND ADDICTION – MOTIVATION, REINFORCEMENT AND DISTRESS TOLERANCE

By Isabella Mori

Some evidence-based ways in which you can positively impact another person's motivation to change

A book that we often refer people to is *Beyond Addiction* by Jeffrey Foote, Carrie Wilens, Nicole Kosanke and Stephanie Higgs. It is largely based on applying the ideas behind motivational interviewing (see our December 2020 newsletter, link below). Motivational interviewing works on the premise that people keep repeating behaviours for which they feel rewarded. When a person uses alcohol, they might feel less anxious, more relaxed, braver, funnier, less depressed, etc. That reinforces them to use more. Knowing what motivates them to use can be a clue to find other ways to achieve what they are looking for.



Foote and his co-authors suggest some evidence-based ways in which you can positively impact another person's motivation to change:

- Feeling acknowledged, understood, and accepted as you are (not contingent on doing something or not doing something)
- Getting information without pressure
- Having options
- Having reasons that make sense for a particular choice
- Having a sense of competence about how to change/steps to take
- Getting positive feedback for positive change

Conversely, here's what tends to crush our motivation to do something:

- Feeling misunderstood and judged
- Other people pushing you to do it
- Having only one option
- Not having reasons for change that make sense to you (the person doing it)
- Not believing you can do it
- Getting yelled at

But of course you won't be able to positively influence a person from one day to the next. How do you deal with difficult situations in the meantime? One way is to have your well-being not wholly depend on them, and by devoting energy to something outside of your concerns for them. When you take care of yourself, you build strength to both tolerate what you can't change and change what you can. At the same time, as a calmer, happier person, you will be contributing to an atmosphere that is conducive to the change you hope to see in your loved one, and you will be modeling healthy behaviors you wish for in your loved one.

Distress Tolerance: Building strength to tolerate what you can't change

The following excerpt from the book is about building strength to tolerate what you can't change. It's also called Distress Tolerance. Here are some ideas:

Distract yourself

Switch the focus of your thoughts

Do something that requires your attention. Make a list of distracting activities and keep it handy. Be sure you include small things you can do on the spot.

Switch the focus of your emotions

Steer your emotions in a happier direction with a mantra, a poem, a funny video, a joke. Make a "distract me" folder on your internet browser and add to it often.

Switch the focus of your senses

Take a cool shower on a hot day. Step outside on a freezing day. Go (or zoom) to an art gallery. Remove yourself physically from uncomfortable situations

Switch attention away from yourself

Do something generous. Donate time or money to a cause that's meaningful for you.

Foote also talks about positive communication, which we discussed in our March 2021 newsletter.

Links:

March 2021 newsletter https://www.spotlightonmentalhealth.com/wp-content/uploads/2021/03/Family-Connections-Newsletter-March-2021.pdf

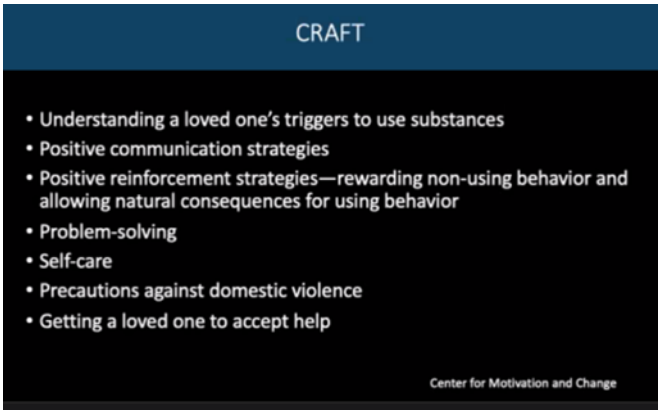
December 2020 newsletter: https://www.spotlightonmentalhealth.com/wp-content/uploads/2020/12/December-2020-Newsletter-V2-1.pdf

Center For Motivation And Change https://motivationandchange.com/articles/

If substance use and mental illness aren't treated together, it's like somebody coming into hospital with two broken legs and we discharge them as soon as one leg looks ok

EXPERT TALKS: TWO PSYCHIATRISTS ANSWER YOUR QUESTIONS

By Margo Lamont and Isabella Mori



Below is a sample of some questions and answers we had with Drs. Martha Ignaszewski and Adam Chodkiewicz, who specialize in substance use during on of our Expert Talks. The talk started with an overview, including a brief mention of CRAFT, Community Reinforcement And Family Training, which is discussed elsewhere in this newsletter.

Concurrent disorders: If both conditions aren't treated, it's like somebody coming into a hospital with two broken legs and if we only look at one of the legs and the left leg is pretty good, and we don't look at the right leg as well, then we discharge them. We think they have it from here – they don't.

Can a person explore a concurrent disorder if they haven't completely detoxed? Yes, but in the doctor's experience, individuals in the midst of detoxing are frequently not able to tolerate a full assessment, especially if they are in the throes of withdrawal. They can minimized their mental health issues because at the time they just want to get help for what they're immediately experiencing. Once they are through the detox period, they are often more willing to talk about depression, anxiety, etc. and other things that have been going on.

Safe Supply: There are times when it is helpful, but if the idea is that if we throw enough meds at a problem we're going to solve it, that's probably not the case. Safe supply can be used to provide enough stability so the person can engage in counselling, focus on other things in terms of developing healthy relationships, avoiding triggers, stabilizing them so that they can move forward, and can accept and be engaged in care.

Can Suboxone help with cocaine/crack cocaine? Suboxone is used to treat opioid use disorder (e.g. oxycodone, dilaudid, heroin, fentanyl.) It's not directly helpful for cocaine or crack cocaine. That said, many drugs in the illicit market have opioids in them – so some individuals are unintentionally using opioids. So sometimes there is a case for using low dose Suboxone as protection against overdoses.

How long can a person stay on Suboxone. The longer you have had addiction issues, the slower the taper off something like Suboxone needs to be. Make sure they have support for any mental health issues. The taper could be 12 months, 24, even longer. Don't lower the dose when they're having other issues. There are patients who have been on Suboxone for decades. If you need to come off of it, do that under the guidance of a doctor, but if you need to stay on it, it may be okay for the long run.

Cannabis. People think that cannabis, because it's legally available, is not harmful. But the pot of the 60s and 70s that was about peace and love had 3-4% THC, and today's is 15%, even 30% with shatter. Cannabis can trigger psychosis. Each case requires sophisticated individual assessment. For someone with psychosis, we'd like to say that no marijuana at this point is good but if someone craves it, they

may disengage and use marijuana anyway. In some cases, an approach is to say, if you're going to use it, let's reduce the frequency and also reduce the THC percentage by increasing the CBD content, which is not psychoactive. But in other cases, for example when they are floridly psychotic, that would still not be a good idea.

Ketamine for depression. Is there risk of getting addicted to Ketamine? Ketamine has been researched over time and used in a really safe and productive fashion, and we found that it is helpful for certain pain conditions; it's now being used for treatment-resistant depression with high rates of suicidal thinking. When used with a medical provider seems to have low risk of addiction to it. It is a relatively new treatment so we'll have more info down the road.

Psilocybin. This is the active ingredient in magic mushrooms. It's one of several psychedelic meds that are under study for anxiety, substance-use disorders, and certain types of nausea and pain associated with cancer. At this time, these treatments are only experimental so they're only done under the observation of a researcher, where we have controlled rates of potency. These are not available as therapies. In 20 years, I might have a very different answer. Meanwhile, trying to do it on your own is associated with a whole lot of risks, like high/varying potency and contaminants. I've seen people who self-treated who got persistent delusions.

Crystal Meth and psychotic symptoms. We know that substances like methamphetamine can cause enduring psychotic symptoms. I often prescribe the antipsychotic Abilify for them, which is not that sedating. Also, the brain has to have a rest from the meth. Once I know they are off meth, I slowly reduce the Abilify and see how they do. Psychiatric meds should be viewed as a dimmer switch, not as an on-off switch. I'm not going to hit you with really high doses really quick. Once I have you up, I'm going to dim—lower the medications over time. But the meth use has to significantly reduce or stop for them to have a chance of recovery. Just like if you have a broken leg, you've got to stop walking on that leg for it to heal. I try to use a helpful analogy.

Genetics of substance use. We look at the bio-psycho-social model – the risks you inherit; and the social. No question that genetics plays a role but if there is a history of alcoholism in the family, that doesn't mean 100% an individual is going to develop an alcohol use disorder. It has a lot to do with how the brain experiences substances. We think it's related to amounts of dopamine released but that's not the be-all and end-all.

My loved one is estranged from the family for over a year. Is this normal? And will it come back? I think individuals with substance use and mental health issues may have experiences in life that increase their chances of using. Substance use can be very isolating – guilt, shame, stigmatization. Also, substance use can take priority over engaging with family. And if the family sees the same behaviours over and over again that puts the family at risk, they may need to set boundaries. But in recovery, we may see huge changes in their need to connect with others.

Not enough mental health and substance use services provided. A strongly worded but polite letter from families to the Board often gets more attention. Talk about what your experience was and has been – how things could improve. You can also connect with CEAN: https://engage.vch.ca/

In recovery, we can see huge changes in people's needs to reconnect with family

"SMART" TOOLS WORK

By Isabella Mori

This is an interview with Martin Hagedorn, who has been a SMART facilitator for five years. SMART Recovery (Self-Management And Recovery Training) is a self help group based on Cognitive Behaviour Therapy (CBT), Rational-Emotive Behaviour Therapy (REBT) and Motivational Interviewing. SMART groups are available worldwide both in person and online to help people recover from addictive behaviours.

What made you become a SMART facilitator?
I was studying counselling skills and went in the direction of addictions. During my practicum, I sat in at SMART meetings and decided to become a facilitator.

SMART principles can be applied not only for addiction but in daily life

What did you like about the training?
I really like that it is based on CBT and REBT, and that it is empirically proven. The principles can be applied not only for addiction but in daily life. Sitting in the meetings , I saw that participants were being helped – they were coming back each week! I was impressed because I myself have had 15 years of alcohol abuse.

Do you think SMART would have helped you?
Yes, definitely. Actually, intuitively, I did the things that are suggested in SMART. For example, when my friends were saying, you are no fun anymore now that you are not drinking anymore, I realized that they were not really my friends and I turned my attention to taking courses in creative areas. That way I came in contact with other people with similar interest. We went to coffee afterwards instead of to the pub to drink. Another example is that I knew that when you go by a liquor store, you get activated to buy alcohol. So that's why I walked a block around to avoid walking by that store. Those are exactly the kinds of things SMART suggests.

Can you give some more examples of how SMART helps people with problematic alcohol use?
The "ABC Of Coping With Urges" (see https://www.smartrecovery.org/abc-of-urges/) is a SMART tool. Or a cost benefit analysis (see https://www.smartrecovery.org/cost-benefit-analysis). If you do a good analysis you come to the realization that it is not worth it: "Hey, I can lose my relationships or go to jail when I'm getting obnoxious when I'm drunk." The idea is to carry the cost benefit analysis with you when you have an urge and read it over.

This is a very rational approach. Does it work for everybody?
At SMART, we talk about the Stages of Change. The first stage is Precontemplation, that's when a person doesn't really think they have a problem and have no interest in doing something about their substance use. SMART often doesn't work for people in Precontemplation.

We teach the five Stages of Change so that you know where you are on the spiral, because that's what it is, a spiral. When you are at the last stage, you can exit to sobriety. But there are also exits at each previous stage, and that can cause a relapse. But if you understand the Stages of Change, you don't always have to go to square one, and you don't have to turn a lapse into a relapse. You can, for example, go back to the Preparation Stage again. A lot of people go back and forth between the different stages for a while. Lapses and relapses are to be expected. Knowing that beforehand makes

a difference because you know you can get back up.

What makes people come back?
They feel the tools and strategies work for them and appreciate a circle of people with similar problems. It's an anonymous group, and safe for everyone. In the meetings there is always a good discussion going on. We keep the focus on SMART but there are interesting related discussions, for example about advertisement of alcohol on TV.

Some people come because they don't want things to get out of hand. They want to be able to moderately drink. They are welcome. We are an abstinence based program but people who want to moderate are welcome, as long as they don't come in intoxicated.

If they don't come back, what do you think their reasons are?
Some don't come back. That's a hard aspect of being a facilitator. I'm wondering, did I say something wrong? Thinking I just hope they are not relapsing. That's difficult. As mentioned above, some people in the Precontemplative stage think they don't have a problem but family is saying you should go to SMART or they are court ordered and not motivated. As soon as they can they leave because they have a priority of drinking. But motivation can sometimes be instilled through SMART. They can sometimes see doable ways to overcome their addiction.

Is there a SMART tool that helps with motivation?
For example, the Lifestyle Balance Pie https://www.smartrecovery.org/lifestyle-balance-pie/ or the Hierarchy of Values https://www.smartrecovery.org/hierarchy-of-values What are your values or what did they use to be? If family is a big value and you neglected them because of your drinking, the pie can show you that your life is out of balance in that area. That kind of thing can motivate people.

How does SMART help families, directly or indirectly?
There is a SMART for families and friends (see the back of the newsletter). They talk about their loved ones and learn SMART tools and techniques to help them. For example, they use strategies and tools to help motivate their loved ones to seek help. SMART tools also help with communicating with loved ones. Some of the tools are similar to those for people who are drinking but done on a personal level. For instance, what are the pros and cons of having a family member living at home; maybe you can see whether the person is disrupting your life and needs to live somewhere else, or do you continue to live together and make the best of it.

And then there is the activating event, consequences and different ways of thinking in the ABCs of Coping With Urges, mentioned earlier. You change the way you think which changes the way you feel and it changes the way you behave. For example, let's say often when I come home and my spouse yells at me, I back off because I can't handle confrontation. I leave and go to a pub because I don't feel good about myself and drink again. That would be the consequence of being yelled at. But I could also go up to my spouse, say, you're upset, is there something I can help you with? Maybe they are mad at something else, and it has nothing to do with me. Maybe they feel overwhelmed – this needs to be done, that needs to be done. I can help a bit and deactivate the situation. The behaviour is different: instead of withdrawing and drinking, I help. I also feel different.

Paying It Forward
Some people feel that SMART has helped them so well that they decide they want to become facilitators. They take the facilitators course and work themselves up to facilitate or cofacilitate groups. That way you pay it forward.

SMART meetings can be found on the last page of this newsletter.

What are the pros and cons of having a family member living at home? Is the person disrupting your life and needs to live somewhere else, or do you continue to live together and make the best of it?

When a client is interested in something I will go with them as a cheerleader, do something fun together! It's not always about direct treatment.

BEAUTY, COLOUR AND GROWTH FOR EVERYONE

An interview with a case manager, by Isabella Mori

This is a summary of an interview with Sharon, a case manager and registered counsellor at one of Vancouver's mental health teams. Sharon was trained as a nurse and has also worked as a settlement worker. Most of her experience in Vancouver is in the Downtown Eastside and East Vancouver. She has seen many people with alcohol use disorder but also with problem gambling and multiple substance use problems. Sharon is an avid reader of this newsletter and often asks for more copies to give to families. She gave this interview because "it is another way of sharing information. I enjoy working with families. Families are so important, they play a significant role. Without them, our services can be limited."

When a client doesn't want treatment

It's really hard for everyone to look at a client deteriorating without insight. Sometimes adult guardianship can come into play but not often, only when the person cannot take care of themselves anymore, maybe because they do not eat or go to the hospital when they fall. Otherwise, often we can only provide supportive services

Who knows what the client can do? Maybe they can do something, maybe they can't. You have to find out. For example, we are currently planning a mahjong group for clients as a way to connect with those who don't want to or are ambivalent about going to hospital or a treatment facility. We hope it will help foster social skills and overall mental wellness.

It's important to me to flow with the client. It's not always necessary to set goals. I just want to promote and nurture internal control – I am not in their life all the time! When they are interested in something I will go with them as a cheerleader, do something fun together! It's not always about direct treatment. I refer them treatment only when they're ready, and praise them a lot.

You need to build trust, let the client know it's ok to tell the team what's going on: "We are not here to judge you."

Sometimes I use the metaphor of alcohol use being like a glass of apple juice that you can't pour out, or you can't even tough touch the glass.

What we can do is to dilute it with something else, like water or orange juice, representing adaptive behaviours, pleasant mood, client's choices, etc. It may be messy when we pour another beverages into the glass, representing searching for right approaches but gradually the glass can have more of those other liquids (representing recovery.) We need to help clients gradually change, with their preference of choices, and try out new ways with hope.

Hardship for the family

Sometimes the family has burned out and has left the client. Taking care of someone with severe alcoholism is so draining. When adult children have severe alcohol use disorder, many older parents are just not capable of taking care of them anymore. The person may fall down a lot, may need to go to a lot of medical appointments, may be in and out of the hospital.

I remember a client whose wife and children had left him because of his severe alcohol use. For years,

he lived in a friend's storage room. He was very depressed. Depression and alcohol use are interrelated. Usually people drink heavily because they need to self soothe and want to liberate themselves from the emotional distress. Often, the major drinking problems start with a relationship breakup. But fortunately that client finally found housing.

Everyone needs to work together

There is so much collaboration that needs to happen when people have severe alcohol problems. There could also be a neurological issue, or a medical one. For example, some people's esophagus may be damaged due to alcohol. The treatment collaboration could involve a mental health team, an addictions team, the hospital, the police, home health, the family, maybe a pharmacy.

You need to think out of the box. For example, when then person is on daily oral medication that is delivered and witnessed by a pharmacy, you need to make sure the client is actually reachable. That can be challenging sometimes. Can the family help with it? If the client lives in an apartment, can they give the pharmacy their access code so that the pharmacy can enter the building and knock on the door? This kind of thing is easier when the person lives in mental health housing, then the housing worker can dispense medication and do wellness checks. It's very complex. Sometimes clients who fall down often can get a lifeline alarm; that's yet another layer of team involvement.

Supporting the family

I support families in a number of ways:

- Where possible, I explain to them where we're at in terms of treatment and supportive services
- Many families would like to collaborate but they don't know how; I explain to them what they can do
- We may hold a family conference with the mental health and substance use teams.
- Sometimes we can have a mental health worker take them to appointments so that families don't have to do that all the time; it takes some burden off their shoulders
- There could be specific needs – e.g. a client who is not eating well because of advanced alcohol use, and we could see if we could get a community service to deliver food, or maybe talk to the family doctor to prescribe Ensure, or connect them to a dietician
- Most families ask questions about what they can do. They are eager to help. We talk about behaviour modification and positive reinforcement and suggest they don't judge the behaviour of their loved one. We talk about how to communicate
- For deeper, longer conversations I refer to the Family Support and Involvement Team

Beauty, colour and growth for everyone

My thing is gardening; actually, I'm not really a gardener, just learning. I need it for my own therapy. Self-care is so important for clinicians. I take care of our team's indoor plants. There's sunlight, nurturing with water and care – a good environment. The plants grow well. We propagate some of them and occasionally give plants to our clients. Sometimes I just sit with the plants and meditate and enjoy the beauty, the colour, the growth. I can share that with clients and staff, like in ecotherapy. That way clients can focus on something that is not alcohol. I have a client who uses; he talks about how he is taking good care of the plant we gave him. He had no hobbies until then. Then he started volunteering; now he has a part time job.

In summary

Never give up, never give up hope, never give up on trying new things with clients and their families.

I have a client who uses; he talks about how he is taking good care of the plant we gave him. He had no hobbies until then. Then he started volunteering; now he has a part time job.

ALCOHOL USE DISORDER: TWO COUNSELLORS' PERSPECTIVES

By Dominique and Sarah, Concurrent Disorders Counsellors in VCH Substance Use Services

What counsellors have heard from people with lived experience of alcohol use

It is a privilege to walk alongside folks in their substance use journey as their counsellor and to witness their bravery in making big changes in their lives. Using alcohol is often a way to cope with the difficult things from our past or current challenges. When we have been coping in this way, it can be hard to detangle ourselves from alcohol, even though we know it is having a detrimental impact. Here are some things we have heard from those with lived experience of alcohol use.

What is helpful?

Taking a bio-psycho-social-spiritual approach to substance use. This approach takes a holistic approach by recognizing the different pieces of each person and how they can contribute to addiction *and* recovery. It is helpful to identify and treat every one of those aspects. There is no one solution that works for every person because no two people are the same.

Bio stands for biological which refers to a person's brain chemistry, genes, mental health issues, experiences of trauma, and chronic pain. Examples of potentially helpful interventions are trauma counselling (often accessed for a fee/privately) or medical/psychological/group support for coping with chronic pain.

Psycho stands for psychological which speaks to our personal beliefs, ways of coping, family experiences, and experiences of trauma. Sometimes folks struggle with ways of thinking that leads them to use (e.g. "Everyone hates me, so I need to cope with this by using"). Empathizing with this experience ("I'm sorry, that sounds so distressing") and also encouraging them to examine their thought processes ("What makes you think that? Is it possible something else is going on?") may be helpful. People also benefit from exploring ways of coping with distress other than alcohol. Can they try deep breathing when feeling anxious? Can they identify and accept their feelings? Can they find ways of self-soothing such as watching a funny movie or talking to someone supportive? Asking them what's helped in the past and how they've considered coping otherwise can help them reflect.

Social is our external influences including culture, experiences of oppression, lack of community, and access to support. Becoming connected to groups of like-minded folks (AA/NA/SMART/STAR/Refuge Recovery) can begin to create a sense of community for folks. Listening to and empathizing with folks' experiences of oppression can also be a way to feel less alone and more connected. Connection or reconnection to culture is another powerful way to heal, especially when a person is impacted by racism or colonization.

Spiritual is our connection to ourselves, our higher power, or just something greater than ourselves, such as nature or a sense of purpose. What brings people joy and meaning? Sometimes folks benefit from starting to experiment with new activities and interests, or returning to school to explore their career next steps, giving back to the substance use community or attending church. Sometimes just starting to get out into nature more can feel great!

Connecting to recovery supports in other ways can help people feel confident in their goals. There are so many amazing podcasts, books, trainings and apps that can support folks with changing their relationship with alcohol. This can support people to see their alcohol use in a different way and feel connected to other people who are making the same changes in their lives.
Saying When App: This app was developed by CAMH and provides folks the opportunity to track their alcohol use and suggestions on how to best cut down https://www.camh.ca/en/camh-news-and-stories/introducing-the-saying-when-app
Podcasts about addiction: https://www.choosingtherapy.com/addiction-podcasts/
Books about addiction: https://www.chapters.indigo.ca/en-ca/books/addiction-and-recovery/942140-cat.html
Blog about quitting drinking: https://jointempest.com/resources/

Accessing addictions medicine support can provide folks with medication options that address cravings around alcohol. There has been so much progress in medication based support for recovery. BC Centre for Substance Use has a podcast about treatment for alcohol use disorder: https://bcechoonsubstanceuse.ca/podcasts/s2-ep2-treatment-and-care-for-alcohol-use-disorder/
CAMH has a one pager about medications used to treat alcohol use disorder: https://camh.echoontario.ca/wp-content/uploads/2019/11/CAMH-COMPASS-Medications-for-the-Treatment-of-AUD.pdf

A balancing act: Acknowledging the struggle to stay sober/reduce use and highlighting reasons to change. Counsellors are always trying to strike a fine balance between these two things! Essentially, we want to reflect that we see that it's hard to change ("Life isn't easy right now, I hear you're struggling"), while also ensuring we highlight their desire to change – what is called "change talk" in Motivational Interviewing, an approach used frequently in substance use counselling. This can sound like: reasons to change; disadvantages of not changing; capacity for change; and urgency for change. We try to highlight their own motivation to change (e.g. "It sounds like reducing your use would help you keep showing up to work, and keeping your job is really important to you right now").

What is not helpful?

Alcohol is legal, which poses unique challenges for people who use alcohol. We often hear from our clients that when they are trying to stop or reduce alcohol use, it is difficult to avoid triggers. Alcohol is a part of our society and is engrained and often glamourized in TV, movies, and commercials. People are constantly suggesting going for a drink as a way to socialize and connect, which can isolate folks who do not use alcohol. Alcohol is normalized in society as a way of coping through jokes on social media and in memes about turning to alcohol to get through the challenges in life (e.g. COVID-19, parenting). There is also a bar, restaurant or liquor store on almost every corner. Being aware of and sensitive to this is important when supporting loved ones. Part of being supportive might look like not having alcohol present at your social event your loved one will be at, or offering to do a sober-based activity with your loved one. **(continued on page 22)**

The fine balance between reflecting it's hard to change while also highlighting a desire to change

FOUR D'S:
A TOOL TO MANAGE CRAVINGS AND PREVENT RELAPSE

By Andrea Sierralta

Delay
Distract,
Distance
Decide

Working in the field of substance use and concurrent disorder treatment, I have had the privilege of learning and trying different tools that may be of help to people who are trying to manage cravings. One of the most useful tools I have included in my toolbox is this acronym: the Four Ds. It stands for Delay, Distract, Distance, Decide. Now, I have seen different versions of this that include Drinking water, Discussing with others, Deep breathing. The concept is similar even if some of the Ds are different. This tool can be helpful to manage cravings for a substance or behavior that a person is wanting to stop engaging in for that moment. Below we will take a more thorough look at what this entails:

DELAY: When cravings come up, they don't actually last all that long in our body. We can keep them going for a lot longer when our thoughts engage in them. So, when the craving comes up and it is feeling difficult to manage, a person can start by setting a goal to DELAY the action for a certain period of time. It can be 5, 10, 15 min. This gives the body the chance to have the craving subside naturally, without engaging in the action.

DISTRACT: The next thing to do to manage the craving moment is to DISTRACT with other activities that can distract thoughts and attention. Creating a list of what other activities a person finds helpful can be beneficial so in the moment it doesn't take much time to find something to do, which can get frustrating and defeat the purpose. Examples of things to distract with: -Stopping the current activity and starting a new task (i.e. if watching TV, go for a walk) - Taking a shower –Drinking water —Deep breathing —Talking to someone.

DISTANCE: Keeping a DISTANCE from things that can contribute to engaging in the behavior. For example: Keeping a distance from access to alcohol or getting rid of any available at that time; staying away from certain places, or even certain people that day.

DECIDE: After taking the time, distracting with other things and keeping a distance from access, then it's time to DECIDE whether or not to engage in the behavior or stay the course. At this time it may be helpful to compare the advantages and disadvantages of the behavior; remind of the reasons they want to stop the behavior, and take a look at the long term goal vs the short term gain.

This is one simple tool that will not make cravings go away for good, but with effort can help manage a craving moment and limit how often the behavior is engaged in. It can also support the work of reflection by reminding oneself of the reasons for wanting to disengage from the behavior and looking at the long-term effects it may have. Hope this look at a tool to manage cravings was useful!

TIDBITS FROM THE FAMILY CONNECTIONS SUPPORT GROUP

By Tao-Yee Lau

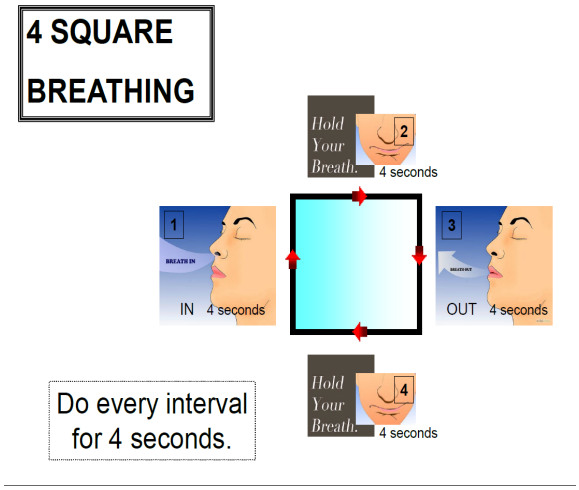
This edition's Tidbits include a range of resources and information that we discussed in our Family Connections Support groups.

Websites and Resources:

ACT (Assertive Community Treatment) Teams: https://www.act-bc.com/
Kettle Society: https://www.thekettle.ca/
MPA Society: https://www.mpa-society.org/
Examples of housing efforts made in different areas such as Uniti's housing for development disabilities: https://uniti4all.com/

Caregiver Tools:

Grounding exercises that can be helpful in managing anxiety in crisis moments.



5-4-3-2-1 Grounding exercise

This exercise is meant to ground a person in the present. For use when you are highly triggered, re-experiencing a traumatic event, or other crisis moments. It allows you to focus and distract on something in the now, that can allow for the body/mind responses to calm down, giving you a way out of the negative experience. Using your senses, observe and describe in as much detail as you can, only using observable facts and objective descriptions.

Instructions:

1. Notice and describe in detail **5** things you **see** around you right now.
2. Notice and describe in detail **4** things you **feel** with your sense of touch right now.
3. Notice and describe in detail **3** things you **hear** around you right now.
4. Notice and describe in detail **2** things you **smell** around you right now.
5. Notice and describe in detail **1** thing you **taste** right now.

Brainstorm:

As part of the educational piece we did a brainstorm to take in group members' ideas of what they would like to see in our groups this year. The following were themes and topics people shared they would like in our groups.

- Mental Health and Substance Use (MHSU) system information for a better understanding of the different areas of care and what is available
- Information on services like ACT (Assertive Community Treatment); AOT (Assertive Outreach Team); Kettle and their SIL (Supported Independent Living) Program
- Communication with loved ones: more on anosognosia
- Anger in psychosis; Why are psychotic episodes so different in a person?
- Financial resources, implications of taking control of finances.
- Self-care

Please keep spreading the knowledge.

The fine balance between reflecting it's hard to change while also highlighting a desire to change

(continued from page 19)

"Just Stop" doesn't work. Saying this to folks who use alcohol can make them feel their struggles are invalidated

AA and other 12-step groups are not for everyone. Alcoholics Anonymous is a global community that has provided community, support and abstinence for millions of people but is not the right approach for everyone. Often, folks who use alcohol are told to go to an AA meeting, but it is important to understand this is not the approach for all people. Alternatives include:
SMART meetings: http://www.vch.ca/Pages/SMART-Recovery-meetings.aspx?res_id=1407
STAR Program for self-identified women:
http://www.vch.ca/Locations-Services/result?res_id=499
Refuge Recovery for a Buddhist approach to recovery:
https://refugerecoverymeetings.org/meetings

"Just stop!" Unfortunately it's not that simple or easy, even if it may seem/be that way for others. The reality is that saying this to folks who are using alcohol can have the effect that the person feels their struggles are invalidated, or even simply make them stop talking about their struggles. It is important to understand that alcohol use is on a spectrum. There are steps between addiction and abstinence like reducing use, using harm reduction strategies to reduce the harm around drinking, and exploring one's relationship with alcohol.

Harm reduction strategies for alcohol use: https://www.heretohelp.bc.ca/workbook/you-and-substance-use-harm-reduction-strategies

Taking responsibility for someone's recovery journey. No one can force someone to change, or do the recovery work for them. This has to come from the person, when they are ready – and sometimes it's just not the right time in someone's life to change, as much as we want them to and fear for the consequences. However, we can always be supportive to our loved ones by listening, empathizing, asking thoughtful questions – and also continuing to take care of ourselves in the process.

The Family Connections Support Group

The ***Family Support and Involvement Team*** has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is co-facilitated by a Family Support & Involvement Coordinator and a family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Like many other resources during COVID, we have moved our groups to ZOOM meetings. Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

Contact Tao-Yee Lau at taoyee.lau@vch.ca for the zoom link

"Whatever you are struggling with, there are others out there who understand."

MORE FAMILY SUPPORT GROUPS

PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Holding Hope— peer led bi-weekly support groups for families affected by their loved one's substance use challenges. Connected to Moms Stop The Harm. Currently held via Zoom.
Email: canadaholdinghopenational@gmail.com

SMART recovery meetings for families are back!. Tuesdays 6:00-7:00pm via Zoom https://smartrecovery.zoom.us/j/91012011101 Meeting ID: 910 1201 1101

BC Schizophrenia Vancouver Family Support Group - for family members supporting someone with serious mental illness. Please contact the Vancouver Manager @ 604-787-1814 or vancoast@bcss.org for more details on the online group and to register.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Groups take place on the last Thursday of every month from 6-7:30 over Zoom.
Please pre-register at 604-682-2344 local 62403.

VCH Eating Disorder Program – Family & Friends Support Group – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check
https://bpdsupportgroup.wordpress.com/finding-help/

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: https://pathwayssmi.org/pathwayssmis-events/category/support-group/