Vancouver Coastal Health
Promoting wellness. Ensuring care.

Family Connections

EDITED BY ISABELLA MORI & DANIELLE COUSINEAU

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Harm Reduction

What is harm reduction? As this edition shows, it includes, but goes much further, than supplying clean needles. People interviewed and writing here say things like "harm reduction is health care". They talk about harm reduction as prevention, as building protective communities, as dealing with stigma. This issue features articles by/ with mothers involved in Moms Stop The Harm, peer support workers, and full-time VCH staff engaged in harm reduction. You'll also find a perspective on harm reduction by a sex worker, and articles on people-first language and on educational resources about harm reduction. Last but not definitely not least we introduce you to Robert Bush, VCH's new Operations Director, Acute and Urgent Services in MHSU.

Moms Stop The Harm at the Crosses Memorial in Powell River

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
Address:	803 West 12th Avenue (at Willow between 12th and 10th)

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!

A Message from the Family Advisory Committee

Hello families!

When Covid 19 restrictions started in March of 2020 you may have felt as I did, that 'this too shall pass', that the restrictions would last a few weeks and then we'd go back to normal life. But that didn't happen. The FAC, like every organization is learning how to adapt and function in a different environment.

In the fall of 2019, Ian Sadler invited us to work on a new FAC logo. We held a contest for submissions and the winner was Althea Adams. She provided us with a great number of ideas, which, in and of itself was fascinating. because to my knowledge Althea had not had any interaction with the FAC. Thank you Althea!

It was not easy to distill her many great ideas into a logo that would convey in a simple way what the FAC is all about. With Ian's guidance, input from the FAC and the great work of Logo Inn, we were able to come up with a logo that represents our three pillars, Advising, Educating and Advocating.

We are members of the FAC because we genuinely care about our family members, walk with them as best we can and lead with our hearts. We want ever improving care for them and others struggling with mental illness and substance use. We have a long way to go and there is hope.

We've not forgotten about our annual conference, which was to be held on April 25th. While there's no way to replicate the experience of an all day in person conference, there must be other ways that we can let you know we care about you. We still want to provide an educational forum, hopefully before the end of 2020, that will excite you. Please let us know about your great ideas!

HARM REDUCTION

By Guy Felicella

Guy Felicella grew up in a middle class home in Richmond but fell into addiction at a young age. Guy spent 30 years in the repeated cycle of gangs, addiction, treatment and jail. He spent nearly 20 years residing in the two block radius in the Downtown Eastside and using many resources, including harm reduction, to keep himself alive. Today, Guy has escaped the grips of the turmoil that kept him suffering and resides with his wife and two young children with multiple years of recovery and sobriety under his belt. Guy is passionate about advocating for the vulnerable people who still suffer in addiction and educating communities on harm reduction to eliminate the stigma that exists around it. Currently Guy works for Vancouver Coastal Health, Ministry of Mental Health and Addiction and the BC Centre on Substance Use.

Drugs and drug users are often seen as a social evil. There has always been an ideological opposition towards people who use drugs (PWUD) and it is well documented in how drug users are treated throughout society including the criminalization of PWUD. Harm reduction is a principle, practice, and a concept. It is a particular response to drug use; it meets PWUD where they're at by accepting that they're going to use drugs and by finding ways to reduce the harms caused by drug use.

I used drugs in the DTES long before there were any harm reduction services and it was extremely challenging, to say the least. There was no support for drug users, there were little to no services and the services that were available often made drug users feel uncomfortable because of their substance use. There was constant stigma and scrutiny from the people and resources that should have been there to care and help those who were suffering.

I used in back alleys and the dirtiest places, lurking in darkness to avoid feeling extra shame and embarrassment from onlookers for my drug use. With resorting to using dirty puddle water and needle sharing, I am one of the lucky few to come out of that era without HIV. As someone who used drugs all day, every day I truly believed that there was no hope for me.

As drug users we started practicing harm reduction to the best of our ability before harm reduction became a legitimate thing. We would use bleach on our syringes if we had to reuse them, we used together to protect one another and tried to use the best safety precautions we could with what we were dealing with.

In the early 90's harm reduction services started to become available in the DTES; syringe exchanges, clean water and health services became available which made drug users feel like there was a glimmer of hope and that our lives matter. In 2003 North America's first Supervised Consumption Site opened and I was one of the first people to access their services. In 10 years, I injected there over 12,000 times and was brought back to life six times with nurses' intervention after an overdose. With their incredible staff and compassionate hearts, this service made me feel like my life mattered, that I was valuable and that people actually cared about me. I have always stood by the statement that I wouldn't be here today if not for Insite and Harm Reduction.

Today, harm reduction has gone leaps and bounds and Vancouver and the city is often regarded as one of the most progressive harm reduction cities in the world. By adding in supervised consumption sites, Overdose Prevention Sites, drug user activist groups, health care services and now prescription safer supply, BC is paving the way for harm reduction in North America.

My life mattered and people actually cared about me

Although Harm Reduction has come a long way, there is so much more improvement that is needed to be done. Today we are dealing with the deadly reality of the contaminated drug supply that is taking people's lives at an exponentially greater rate. The missing component in harm reduction services is wide spread access to programs that provide safe pharmaceutical alternatives such as injectable dilaudid and heroin. To advance the continuum of harm reduction, we must continue to fight and advocate for programs, health services and sometimes controversial solutions to save valuable lives.

MOMS STOP THE HARM

By Darlana Treloar

I lost my son Sean to Fentanyl poisoning in 2016 in a small town called Powell River. Sean was the oldest in the family with a younger brother and sister. When Sean was twelve, the family split. While his brother and sister were okay Sean, being the oldest, struggled. He began using substances at a young age to self medicate. He found pills in his late teens when he and his friends used them out of curiosity. They all became addicted rapidly. We struggled with opioid addiction until we lost him at 27 years of age

"Joining Moms Stop The Harm has been my saving grace

After I lost my son I found myself needing to learn more about what our family had gone through. I also needed to find support and that's when I found MomsStopTheHarm. I investigated the group but didn't join right away. It was painful and it was hard for me because if I joined, it meant it was real. But then I saw Jennifer Howard on CHEK news, she had just lost her son Robby and she was talking about MSTH. That is when I joined and I'm so glad I did. It has literally been my saving grace. I feel I redirected my grief by helping people. I needed to let people know the dangers of the toxic drug supply that poisoned my son. I also needed to let people know they were not alone and needed to speak up. We need to talk about this. People have been suppressed in talking about it for too long because of stigma and shame. I also needed connection, support from others who had gone through this type of a loss. There is wonderful support between our members and we care very much about one another

I have had wonderful support here in Powell River. especially in the beginning. We have our Community Action Team which includes health officials, doctors, principals, people with lived experience, city counsellors, people who have lost loved ones etc. It's a great team and we have done lots of work here to help people who use substances. Powell River has the second overdose prevention site in BC to open after Vancouver. This was when we started find resistance. We needed to really work hard to change people's minds about how they think of people who use and we still have our work cut out for us. Powell River is small but we are no stranger to addiction and loss. We were second to Vancouver in Overdose deaths in the VCH region in 2017 and 2018.

I have been trying to spread awareness here in Powell River as a MSTH representative for the last four years. For three years we have had a successful International Overdose Awareness Day ceremony, we have participated in the National Day of Action, and our most recent event was the Crosses Memorial photo. I wanted to replicate the cross photographs taken in Kelowna and Vancouver to help humanize the issue of drug-related deaths. All our photos were done in the name of MomsStopTheHarm as an awareness campaign for people who have been lost to overdose or substance use-related death. We also did this to connect with others here

who have lost a loved one in this way and to raise awareness to how many people are affected here in Powell River. This was a very healing event as we all came together in the memory of our loved ones to create this iconic photo in a very public and well known location in our town.

Moms Stop the Harm (MSTH) "is a network of Canadian families whose loved ones died from drug related harms or who have struggled with substance use. We call for an end to the failed war on drugs and embrace an approach that reduces harm, and respects human rights. People who use drugs should not be criminalized and must be treated with compassion and support."

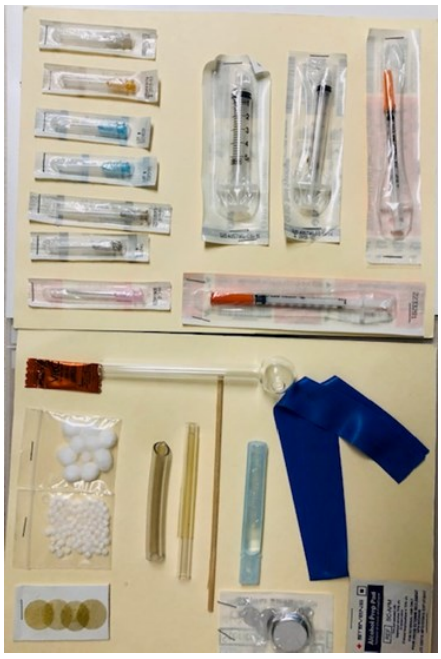
"I AM HERE, HOW CAN I HELP YOU?"

By Michelle Maynard-Beall
South Mental Health and Substance Use Team Intake and Harm Reduction Worker

Harm Reduction. This two word phrase means different things to different groups of people. For some it's seen as a bad thing, a way to justify "letting people do drugs." For people like me it's a way to keep people safe and connected. Even allowing them to engage in the services out there, services in a system that for many has shown them disrespect, no compassion and even caused fear. I provide people with what they need to not contract or spread disease, and educate them on their options whether it's to get help or to use safely and make sure what they have is what they think it is. We are there to meet the clients where they are at not where we want them to be.

Every VCH site is a little different in what they offer and who provides the service. Sites located in the harder street entrenched areas like the Downtown Eastside sites and inner city sites like Raven Song and Three Bridges have Peer Run kiosks. These are just like they sound. Someone who was once a substance user and/or a client in the system is who the clients interact with to get their supplies, education and to connect to services. Urban sites like South Mental Health and Substance Use are run by staff like me, an Intake Worker.

Some harm reduction supplies



So you're probably now asking what it is that I do in harm reduction. How I am helping the clients and what are they asking for? Well like I mentioned before I am there to meet them where they are at. What that means is that I am there to get to know them, connect with them, provide them with what they ask for and need. Sometimes that is supplies, a referral to services, information or someone to talk to. So let me break these down for you now.

Supplies is such a generic term. In the terms of Harm Reduction and Supplies the reduction that we are aiming for is to stop the transmission of diseases like Hepatitis, HIV and AIDS, MRSA (hard to fight staph bacterium), right down to TB, meningitis and cold sores. Of course right now it is also Covid-19. What we supply at South Mental Health and Substance Use are the things that people can use to facilitate the consumption of their drug of choice (DoC). That being said we do not supply drugs of any kind at the Harm Reduction Cart.

We are there to meet the clients where they are at not where we want them to be"

When people are at a place of change, we don't say "Not today, come back next week"

What we do supply are needles to inject illicit drugs like opioids (heroin), stimulants (cocaine and amphetamines) as well as steroids and hormones. We also give out alcohol swabs, tourniquets, sterile water (some people otherwise use puddle water, which increases the use of infection), cookers, little spoon like things to mix your DoC and heat it up to dissolve it,) and filters to draw or suck up the drugs through to literally filter out anything that should not be there. We also provide crack pipes, (straight Pyrex pipes) and methamphetamine pipes (the ones with the bulb on the end.)

Other supplies are brass screens for safer inhalation (some use Brillo pads – not a safe option); push sticks to get everything in place; mouth pieces as the pipes can get hot, and to reduce sharing; and alcohol swabs. We also supply sharps containers so that people using needles can safely store their used needles until the container is full and ready to be returned to us for disposal. That is right, we also encourage the return of used supplies to be disposed of safely and properly. We do not want them left out in the community for anyone to come across just as much as you do.

In terms of Harm Reduction and Substance Use Services we are aiming for low barrier access for those that want to cut down or quit their DoC. So should someone come to the Exchange Cart and during our interaction express wanting to see a counsellor or a substance use nurse and doctor, I can invite them into my office and start their journey right then and there.

I do not like to let anyone leave the Exchange Cart when they are at a place of change. I am sure in your life you have gone somewhere and asked for something and they are "Not today, come back next week" or "Sorry you need to make an appointment." Well that is all well and good when your life is not in a state of chaos where you will be completely put off coming back next week, not because you do not want to but because you are just not that organized, do not know where you will be sleeping, or are too deep into your use. So, if they express that they are ready then I need to be ready to help them begin their recovery journey. That could be an intake for our services, helping them connect with a shelter and food, or services at another VCH site.

Harm Reduction and Information/Education is where I get to not only educate and inform clients but the public, clients, families and staff. One of the biggest education topics that Harm Reduction offers is about Naloxone or Narcan. This is the life saving stuff used to reverse opioid overdoses. At South Mental Health and Substance Use we train staff so they can administer naloxone and reverse an overdose if needed. We train people and organizations in the community so that they can reverse overdoses if they need to. But mostly we train clients and their families, especially those that care for them or live with. Sometimes these trainings take place as a family group but mostly it starts with training the client and then the family wants to learn when they are made aware of what is happening in the client's life.

Though these are really big and important things that are done through Harm Reduction Services, I think the biggest is getting to know the community. Showing them that we know they are human beings. That they are not defined by their substance use but that it is a part of them that we can help with if and when they want to. I really think that gaining the trust of this community can change a lot.

There are two things I often say to clients when they feel broken, ashamed and scared. There is nothing wrong with you that cannot be changed if that is what you want to do; you have already done the hardest thing, you have reached out to a stranger and asked for help.

I am here, how can I help you?

SUBSTANCE USE – THEN AND NOW

By Wendy Stevens

Wendy Stevens is the Peer Operations Coordinator with Vancouver Coastal Health's Overdose Emergency Response Team. Part of her role includes educating people working in the field of substance use on stigma, harm reduction, patient/clients centered care, and how to work with peers. She's is a former substance user and sex trade worker in the DTES. She left the DTES in 2009 and is truly grateful that she is still able to be connected to the DTES through her work with VCH.

Not too long ago, when you would hear the term "harm reduction" most people would think of new syringes and condoms. These two items are most definitely harm reduction supplies, mostly for reducing the harms of HIV and HEP C in IV drug users and condoms for protecting sex workers from STI's. Today, harm reduction has taken on a much bigger, broader meaning.

Reflecting back to a time that seems so long ago, as an IV drug user in Victoria in the 1990's, harm reduction supplies (specifically syringes), were not easy to access.

There was one needle exchange located in downtown Victoria. It was not easy to get to and it was only open a few hours a day. It was also a 1 for 1 exchange, meaning you could only get a new syringe if you had an old one to exchange for it. I recall they were not very flexible about this rule.

The next most common way to try to access new syringes was to go to a pharmacy. The conversation with the pharmacist usually went something like this:

Customer: "Hi, I was wondering if I could purchase a bag of 10 1cc BD syringes?"

Pharmacist: "Do you have a prescription?"

Customer: "No, I don't."

Pharmacist: "Are you diabetic?"

Customer: "No."

Pharmacist: "We only provide syringes for people with prescriptions, goodbye."

There were a few pharmacies that would sell syringes to people without a prescription, sometimes for the suggested retail value, sometimes at an extremely inflated price and sometimes in exchange for "favors."

With the barriers and stigma firmly in place, it wasn't hard to understand why people opted to use someone else's already used syringe or re-use their own syringe until it became so dull that injecting was an excruciating, skin tearing ordeal.

Fast forward to present day Vancouver.

There are literally dozens and dozens of places in the DTES who's main purpose is to provide harm reduction, both in "traditional" supplies and in client centered services and resources.

Many of the sites that offer harm reduction supplies to the

With the barriers and stigma firmly in place, it wasn't hard to understand why people opted to use someone else's already used syringe

people who need them, also offer supervised injection services. A person can go in, pick up syringes, cookers, filters, water, etc. and then safely inject their drugs in a booth under the watchful, trained, caring eyes of the staff, many of who are active drug users themselves. If the person using runs into trouble, it's a matter of seconds before someone notices. An overdose can be reversed, and a life saved, in just a couple of minutes.

Drug use today can be very risky. A tainted, unpredictable street supply has caused thousands of overdoses and deaths. To this day, there have been thousands of overdoses and zero overdose deaths in any supervised injection site or overdose prevention site.

One example of the impact of harm reduction is empowerment. Giving people the option and tools to make their drug use as safe as possible. By using harm reduction services, a person is taking back their power from a risky situation and taking some control back for their lives and health outcomes.

Some other impacts of harm reduction are helping people gain access to medical care, knowledge and access to treatment (eg. OAT) and information about other community resources.

She found it very shameful to have someone witness her taking Suboxone daily, and so only went intermittently, and had three more overdoses.

NO-ONE NEEDS TO DIE FROM SUBSTANCE USE

By Debra Haile Bailey, with Isabella Mori

In 2015 my 21-year-old daughter Ola died from a fentanyl overdose. She had struggled with addiction for some time. She was an adopted daughter; both her parents had also struggled with addiction. Ola was very accomplished – she rode horses, played ice hockey, danced, was a cadet, played the bagpipe – but none of that was enough to sustain her once she crossed paths with crystal meth and heroin. She tried to break free many times. At one point she was in the hospital for five weeks with a blood infection from using tainted supplies. The infection went so deep, it compromised her thigh bone, and she had to walk with a cane.

A doctor in the hospital prescribed Suboxone, that worked very well for her. But when she left, her new doctor did not give her carries (medication she could take at home) but had her on the daily witness program (where the person goes to the pharmacy every day to have their medication intake witnessed). She found this very shameful and so only went intermittently, and had three more overdoses.

People don't want to be saddled with addiction but the craving is so intense and compulsive. Ola cried a lot – "Why can't I quit?" When she was able to use Suboxone on a daily basis without all the hassle, she started thinking about a future again. But then came the daily witnessing.

On December 22, 2015, she died of an overdose with a Suboxone prescription in her pocket. She got drugs from a person she didn't know, and used with a person she didn't know, in the stairwell of a building in the DTES. The person she was with reacted to her distress by leaving her, taking all her Christmas shopping and money with her. There was a naloxone kit two floors down but nobody knew she needed it. She had an appointment with a new addiction doctor on December 28 but it was too late.

Ola would have struggled anyway – she had bipolar disorder – but that could have been managed. Not being able to use Suboxone regularly impacted her.

One of the ways I'm dealing with my anger and grief is to advocate for people who struggle with addiction. I am a member of Moms Stop The Harm.

It's sad that everybody sees pictures of a dirty needle and a mud muddle when it comes to overdoses. They can't see the ordinary pictures of the people who are loved by family and friends. They don't see the picture of a strapping young guy working in construction or transportation. And that produces stigma. There is a great addiction treatment program for the Trades but it's underused because of stigma.

I'd also wish people listened as much to medical experts and scientists about addiction as they are when it comes to Covid-19. Even so, we're already lucky here in BC, at least we have places like Insite. In other provinces, they don't have nearly as many services.

And why is the cure so much harder to get than the drugs? You can dial a dealer and have your drug in 5 minutes. Treatment is so much harder to get. It doesn't make sense to me not to do everything we can. Research shows that only 3 out of 10 people stay on OAT (opiate agonist treatment), and one of the barriers is the daily witnessing. We need to make it easier for people to get and stay on Suboxone. As it stands, pharmacists can't even give people an emergency supply.

There is a lot about addiction and its treatment that defies logic. Most people don't want to be addicted to the drug, they want treatment, and OAT works for many. There are many pathways to deal with addiction. People think it's a psychological ailment but research tells us there are very specific brain functions that are affected by continued substance use. It's a disease.

Some people object to the idea of providing people with clean drugs – "But then they all want fentanyl!" Well, give them fentanyl! It may just save their lives. Of course, as a mother, I wouldn't have been thrilled for my daughter to come home with it. But I would have been relieved. There would have been hope for the future. In the words of Vancouver addiction doctor Keith Ahamad: "No-one needs to die from addiction."

Ola's mother: "This is the face of addiction"

It's sad that everybody sees pictures of a dirty needle and a mud puddle when it comes to overdoses.

THE OVERDOSE OUTREACH TEAM

By Isabella Mori

We encourage families and service providers to give us a call if they think we could possibly help

The following is an interview with Jeff Woodyard, who works at the Overdose Outreach Team.

What does the Overdose Outreach Team do?
We work with people at high risk of overdose and help connect them to care if they are interested - e.g. we connect them to a doctor, to a clinic offering opioid agonist treatment (suboxone, methadone etc), to detox. We deal with people who are hard to reach, and always take their lead. Our main role is to help folks navigate the medical system.

Sometimes we help people for months on end but often it's just a day or two. Because the drug supply is so tainted right now, we consider basically anyone who uses more than cannabis to be at high risk. It can be more challenging to address people's needs beyond opioid use, for example access to housing, but we will connect them with other agencies and programs that do address those other needs.

Our team started in 2017. We've had almost 9,000 referrals so far. We have 26 staff including outreach workers, social workers, and peer support workers, and we work closely with community agencies like the Salvation Army or UGM.

I really appreciate what our team does. The team genuinely cares and works really hard to help.

We encourage families and service providers to give us a call if they think we could possibly help; we can then sort out whether or not we are able to.

We can be reached at 604 360 2874 from 8am-8pm 7 days a week.

Can you describe what a day in your life as an Overdose Outreach Worker looks like?
I work from 8am to 6pm,Tuesday to Friday. At 8am, I check in with my team, look at the list of things that need to be done, and make a plan. At 9 we have a team huddle.

This morning there was someone I wanted to check in on who was going to leave their shelter early in the morning, so I wanted to catch them before they left. It turned out they had found housing – what a miracle!

I then went out to try and find someone who had been living in a camp. When I arrived, his camp was torn apart. The other people in the camp said they hadn't seen him for a while. I made a note of that in the VCH database in case he pops up somewhere else; it's amazing how often that helps in finding someone.

After that, I went to connect with two people living in SROs (Single Room Occupancy buildings) to remind them of appointments. Some of the folks we work with can struggle remembering when certain appointments are, so we help them remember and offer them support in attending. While I was in the area, I received a notification from a colleague to check on someone who I knew could be found on Main and Hastings.

Another thing that happened today was that I was able to work with a client in their 70s who was going through cancer treatment. They didn't have a family doctor, so I connected them with one, and also made sure they got their hydromorphone (a painkiller) – that took some advocating with the pharmacy and their family doctor.

One of the things that are changing for the better with Covid-19 is virtual care. Going to a clinic or hospital can bring back old trauma around healthcare. Now what I often do is give a client a phone and I stand outside in the hallway while the client talks to the doctor.

I received a call from a community clinic regarding a mutual client. I'll head back out later on to go to South Vancouver, where I think I can locate that person.

Of course, in between there's phone calls and paperwork, and I still have four hours of work ahead of me.

So you work outside of the Downtown Eastside as well?
Yes, many people don't know that we work all over VCH, which goes from Richmond all the way to the Squamish/Whistler/Pemberton area, as well as Powell River. The other day I helped a person out who is camping in the bush on the North Shore. I gave him meal tickets for a place where he wouldn't have to line up for food because he felt nervous about standing in line because of Covid-19.

Do you ever talk to families?
Anybody can make referrals to our team. With some families we have lots of conversations. I remember a dad who wanted me to do some outreach to his son, and who called frequently. His son had given permission to give information to his dad; I ended up supporting the father, as well.

What's a particularly successful interaction you've had with a client?
We got a referral for a client from a shelter when concerns about Covid-19 were pretty high. They were using opioids for pain management as well as alcohol daily. In addition they had some health concerns that would put them at high risk of contracting COVID-19. They were trying to isolate at the shelter which of course was difficult. I connected them with a physician – they had no family doctor – and also negotiated with the shelter where they could store their beer safely, as long as they did not drink at the shelter. Unfortunately a little later, the shelter decided they did not want them to store beer there. I had to find them a new place just around the time when everyone was moved out of Oppenheimer Park. Within a day, I was able to move them to one of the hotels where people who were camping went during the height of the pandemic crisis. I also connected them with income assistance, and their new doctor was able to care for the long-term consequences of injuries they had received at work. It was amazing to see so many changes so fast!

What can you say about harm reduction?
My definition of harm reduction: Harm reduction is health care. It's providing people with adequate supplies so that they can use drugs as safely as possible so that they don't get more sick or die. It's keeping people alive, it doesn't even have to have the ulterior goal of recovery. People deserve dignity and respect, and providing people with safe and clean supplies is an appropriate use of our resources. Compassion and empathy help people feel normal. In harm reduction, I make sure clients are educated, get them safe supplies, and help them know the resources that are helpful for them.

Harm reduction is health care … It's keeping people alive

LANGUAGE MATTERS

By Isabella Mori

The Addiction Matters Kamloops (AMK) coalition recently invited people to take a pledge to use people-first language when talking about substance use/addiction. (Here's a photo of me taking the pledge.) People-first language recognizes that language influences our perception, attention, and thoughts, and ultimately how we interact with people. People-first language is respectful, non-judgmental and does not define an individual based on their health status. So what language could we use to talk about addiction? On the next page, you'll see what the Office of National Drug Control Policy recommends as a starting point.

Words to avoid	Words to use
Addict	Person with substance use disorder
Alcoholic	Person with alcohol use disorder
Drug problem, drug habit	Substance use disorder
Drug abuse	Drug misuse, harmful use
Drug abuser	Person with substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medications for addiction treatment

The AMK was formed in 2015 on the ancestral, traditional and unceded territory of the Secwepemc people to bring together community groups, organizations and individuals who are working in the field of substance use and are committed to increasing compassion and awareness and ending the stigma directed to individuals and families impacted by substance use. Since its start, AMK has lead various community projects and engagement initiatives and continues to be committed to supporting community level coordination and collaboration.

Go to the AMK web site and download their pledge—you can take it, too!

References: AMK: https://www.addictionmatters.ca/takethepledge/
US Office of National Drug Control Policy: https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf
How the language we speak affects the way we think: https://www.psychologytoday.com/ca/blog/the-biolinguistic-turn/201702/how-the-language-we-speak-affects-the-way-we-think

ROBERT BUSH, NEW DIRECTOR FOR ACUTE AND URGENT SERVICES

Interview by Isabella Mori

What is your role?

As the director for Acute and Urgent services in Mental Health and Substance Use Services, my role is to make sure we have adequate supports in place to meet the demands for inpatient psychiatry and urgent mental health and substance use services at VGH. The role has many aspects such as building a strong, cohesive team and embracing a client and family centered focus to deliver that care. We want people with mental health and substance use challenges to come here, be supported and then advance towards the next phase of their recovery. To achieve this we need to use our physical resources — beds, building, etc.— to be welcoming and supportive and staffed by a strong, dynamic, integrated team that is fully engaged and ready to meet patients' needs along their recovery journey. People choose professions for many reasons, but in this area it is a vocation with great dedicated and determined people. I strive to strengthen our team, because this will allow us to be most effective.

What's your passion?

I love learning! I have spent a lifetime learning - lots of time in universities. I enjoy meeting people, discovering and learning about their particular history. I love outdoor activities even though I haven't done as much camping and hiking with this current pandemic. I am delighted that I've discovered local basketball courts; physical activity is important to me. I've discovered people at Segal who also like basketball and hope to find an opportunity to play some basketball games. Willow has a basketball court, and sometimes I can see them shooting the ball. Right now I'm in discussion with our recreation leader to see whether we can have a basketball setup on the roof at Segal. They are already playing soccer up there.

What is your vision?

When I arrived at the Joseph and Rosalie Segal and Family Health Center I was immediately struck by the opportunity for us to be a Centre of Excellence for the Province. Our Department Head and Medical Director, Dr. Sidhu, had been using this phrase, long before I got here. We would love for this Segal family legacy that has been gifted to the many people that come to this facility, to be recognized as a leader in quality patient care and cutting edge health care strategies. We want the foundations of patient care reinforced with research and innovation. We have staff and physician leaders working here that are interested in research. The vision is to move research and learning from the bench back to the bedside and generating really good research questions for further investigation that will enhance pa-

The vision is to move research and learning from the bench back to the bedside

tient care - the two need to go together.

How do families fit in?

Families are indispensable to supporting their loved ones, and to connecting them to a stable, happy life back within their communities. When people come to the hospital, they experience many changes to their daily living imposed by the structures and routines of the hospital unit. These can be unsettling and emotional. Families provide an essential link for the patient towards their recovery and ultimately back to their community life. At times it may feel like families are thwarted in their efforts to give support or trying to share information. COVID restrictions have required strict conditions on visiting and we are looking at ways to enhance virtual communication opportunities. As well, we will always welcome hearing from families and the information they can provide to assist us in caring for their family member. I acknowledge that it must at times feel frustrating for families when that spirit of communication with information flowing from healthcare providers back to the family is not as smooth. Even though we are bound by clear limitation, I believe we can learn to navigate these limitations more effectively to bring families into the circle of care.

We will always welcome hearing from families and the information they can provide to assist us in caring for their family members

What is your background?

My formal education started with English Literature, Psychology, then to Neuroscience and a Masters in Business Administration. My position immediately before this one was a very similar role in Calgary with Alberta Health Services. However, my background is in Community Development. My early career was with the City of Montreal in the Department of Recreation and Community Development, working with community organizations trying to better their local condition. That entire work career could be an article in itself! Community development is my foundation. I believe in encouraging and supporting people to achieve their common interests, where everyone has something to contribute to improve our collective condition. When that is achieved we can refocus our efforts on a new initiative. That is ultimately my approach to work - let's get our patients to a place where we are no longer needed at this point in their care. It's important to me to support our teams so they continue to grow in a supportive environment, challenged with interesting work that inspires and fosters innovation.

What are your views on harm reduction?

I am absolutely in favour of having a full range of opportunities for people to participate and engage in ways that meet them where they are in their recovery and that reduce any potential risk and harm. Abstinence has a place in that spectrum, but it cannot be the only thing. Harm reduction gives us the greatest opportunity to maintain contact and get people to the next place along their path to recovery.

WANT TO LEARN MORE ABOUT HARM REDUCTION?

By Danielle Cousineau

Danielle Cousineau is the Clinical Nurse Specialist for the Regional Addiction Program at Vancouver Coastal Health. She has worked as a registered nurse providing direct care and nursing leadership in the areas of harm reduction, addictions, and primary care since 2012.

Video: Flood: The overdose epidemic in Canada https://caughtintheflood.com/
Lives are being senselessly taken at the hands of increasingly-frightening overdoses. Between January 2016 and December 2018, there have been more than 12,800 apparent opioid-related deaths. That means that every two hours, another Canadian life is taken because of opioids. Flood: The Overdose Epidemic in Canada is a documentary that aims to reduce the stigma around substance use disorder (SUD) and inspire others to take action.

Podcast: Crackdown https://crackdownpod.com/
Crackdown is a monthly podcast about drugs, drug policy, and the drug war led by drug user activists and supported by research. Each episode tells the story of a community fighting for their lives. It also focuses on solutions, justice for those who we have lost, and saving lives. In particular, episode 4: Blame, is a powerful episode focused on the family perspective.

Video: Guy Felicella – I died 6 times… let's stop the stigma of harm reduction
https://www.ted.com/talks/guy_felicella_i_died_six_times_let_s_stop_the_stigma_of_harm_reduction
Giving people perspective from a lived experience that no matter what the odds are against an individual struggling in addiction, people do get better. People do get their lives and families back and do become productive members of society. When we remove the stigma of addiction and harm reduction and look at the individual with compassion, amazing things can happen!

Video: Johann Hari – Everything you think you know about addiction is wrong
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en
What really causes addiction -- to everything from cocaine to smart-phones? And how can we overcome it? Johann Hari has seen our current methods fail firsthand, as he has watched loved ones struggle to manage their addictions. He started to wonder why we treat people with addictions the way we do -- and if there might be a better way. As he shares in this deeply personal talk, his questions took him around the world, and unearthed some surprising and hopeful ways of thinking about an age-old problem.

Video: Guy Felicella – Is safe supply a viable option to the overdose crisis?
https://www.ted.com/talks/guy_felicella_is_safe_supply_a_viable_option_to_the_overdose_crisis
Canada's contaminated street drugs are forcing people to gamble with their lives. Every day, eleven Canadians lose that gamble: they overdose and die. Guy Felicella played that deadly game of Russian Roulette for twenty years while struggling with a heroin addiction in the Vancouver Downtown Eastside. He argues that, with a radical shift in thinking, we can change the narrative of Canada's overdose epidemic and it can also change the approach of other jurisdictions around the world.

Every two hours, another Canadian life is taken because of opioids

Harm reduction services and resources:

Drug Checking

Drug checking services (drugcheckingbc.ca) offer one of the only means of consumer safety in the context of an illegal and unregulated street drug supply. Drug checking is a low-barrier harm reduction service that allows clients to anonymously submit their drug samples to be analyzed and receive personalized, fact-based information about their samples. The main goal of drug checking is to empower people who use drugs to make informed decisions about the substances they intend to use. Drug checking also provides public health with timely information about what is in the drug supply.

On-site testing:

- Overdose Prevention Site OPS (58 E Hastings St): Wednesday to Friday 10am-12pm and 2pm-4:30pm
- Get Your Drugs Tested (880 E Hastings St): everyday 12pm-8pm (drop-off only)

Overdose prevention and supervised consumption services

Teams of trained staff provide people who use illicit drugs with a safe space to be monitored while they use, to help prevent and recover from overdoses.

- St. Paul's Hospital: Corner of Comox and Thurlow
- OPS: 58 E Hastings & 62 E Hastings (alley for smoking)
- Insite: 139 E Hastings
- Molson Hotel: 166 E Hastings (alley access)
- VANDU: 380 E Hastings
- Powell Street Getaway: 528 Powell St
- SisterSpace (women only): Corner of Jackson & Powell
- Get You Drugs Tested: 880 E Hastings

For details on hours of operation please see the service map http://www.vch.ca/Documents/VCH-overdose-alert.pdf

Take Home Naloxone – complete online training for responding to an overdose and find a site to get a naloxone kit https://towardtheheart.com/site-finder

Mobile needle exchange 604-657-6561

Family resources:

Al-Anon Family Group Locator https://www.bcyukon-al-anon.org/
From Grief to Action https://www.fromgrieftoaction.com/
Moms Stop the Harm https://www.momsstoptheharm.com/
Nar-Anon Family Support Group Locator https://naranonbc.com/meetings-in-bc
Parents Forever https://www.parentsforever.ca/index.html

A handbook by the BC Centre on Substance Use, BC Bereavement Helpline, and the Affected Persons Liaison with the BC Coroners Service, Gone Too Soon (https://www.heretohelp.bc.ca/workbook/gone-too-soon-navigating-grief-and-loss-as-a-result-of-substance-use) for people who have lost loved ones due to substance use.

While youth aged 10 to 18 are not considered high risk for an overdose death, school-aged youth are not untouched by tragedy, either directly or through family, friends, and media attention to this emergency.
Letter to parents and caregivers about drug overdose
http://www.vch.ca/Documents/letter-parents-drug-overdoses.pdf
Talking to youth about drug overdoses http://www.vch.ca/Documents/talking-to-youth-drug-overdoses.pdf

SOME THOUGHTS ON HARM REDUCTION, SEX WORK AND STIGMA

By Olive Bing

As sex workers, we practice harm reduction by screening clients individually through email, text or phone calls to negotiate rates for services, assess clients' attitude, and conduct a risk/reward analysis. As a community, we have bad date reports, digital and face to face community forums, and share data. We can often spot predators and trends in crime. Information can help workers find safer, more consistent clients.

We develop and use practical skills, especially observation. Outdoor workers will take note of vehicle information, for example. Both indoor and outdoor workers will take note of physical surroundings, client appearance details, as well as any digital footprints. We assess the safety of our physical environments as well as the details of our client. An awareness of mental and physical health helps us spot signs of disease, stress, and other tangible indicators of potential danger or need in an individual.

We use Kitestring (an app that alerts friends when you're out and haven't responded) and check in protocols. This and other ways of communicating makes it safer for us to work, even remotely. We share spaces, rides and other physical resources (such as meal sharing). That allows us to provide mental health check ins, as well as literal protection in providing safe spaces for each other to work. We may drive with someone to an appointment and stay on site, or nearby.

We have communities that provide substance use support through the lenses of intersectionality: work, gender, ethnicity, etc. Thus, we have AA for sex workers, an LGBT+ support group for sex workers, Weight Watchers for sex workers, groups for Black sex workers, single parent sex workers, senior sex workers, etc. We share information about safe substance supply and use safe consumption practices. All this also helps us with greater understanding of clients who also have or have had substance use issues, including recognizing signs of danger in the client or ourselves. This gives us a greater range of tools to understand and manage our mental health and those of people around us.

Because our health depends on it, our knowledge of disease control is greater on average and relies on practical experiential knowledge as well as up to date scientific information. Quite a few workers have a health background, from practicing various forms of medicine and body and mind therapies. In addition to formal education, many workers also continue education through research as well as practical experience of interacting with people's bodies. We get STI/STD tested more often than the average population, and are aware of spikes in disease transmission (everything from the flu to syphilis) much more quickly. As compared to average society, our use of condoms, for example, is more consistent. "Civilians" as we refer to them, are more likely to have an unprotected one night stand than a sex worker, and are likely less prepared with supplies on hand. Access to supplies can range from sharing Costco memberships to free supplies at outreach offices, and donating to each other. Some of our colleagues are on low income. Folks with low income tend to become trapped in the poverty cycle much more easily than folks with moderate income and above. Small or unexpected

We share spaces, rides and other physical resources (such as meal sharing). That allows us to provide mental health check ins, as well as literal protection in providing safe spaces

expenses become incredibly detrimental and will cause the person to take work out of desperation, work in unsafe conditions, resort to unstable means of generating money (gambling, loans, credit debt, etc.), and isolate due to shame and anxiety. Sex workers tend to spend our money in the hyperlocal economy (e.g. corner stores.) When people spend money in their local communities, it increases visibility and networking. That builds a community of people, organizations and small businesses who can recognize and address it when a person is having a hard time before that person becomes a burden or takes unnecessary risks. This creates a certain stability, which allows folks to make better choices and pursue safer situations. In contrast, in larger society, people often tend toward more anonymous businesses such as big box stores and supermarkets that benefit non-local people.

Generally, among sex workers, there's a larger focus on active prevention/working with what is and how people are, versus the passive reaction to potential harms as taken by most parts of society. We don't approach risk or potential harms with rose-coloured glasses, we take what are our real conditions and make the best of it. In sex work, we work with people (clients, fellow workers, and affiliates) as they are: disabled, mentally ill, struggling with substance use, single parents, etc, and show them how to use the work as a means of not being bound by those limitations found in other industries, jobs, or interactions.

We need to talk about morality based stigma

But we also need to talk about morality based, multiple (or "intersectional") stigma. There are biases (perceptions of drug use, for example), sex and body stigma (sexuality and appearance based discriminations), human trafficking myths (see https://j-source.ca/article/stop-spreading-the-sex-trafficking-myths-derailing-news-coverage/,) gender discrimination, etc. Whorephobia and lateral violence are examples of intersectionality. For example, a high priced call girl may think herself better than a girl who walks the street, or a burlesque dancer may think themselves more scrupulous than a stripper. Additionally, gender, income, ethnicity, etc. are just some of the ways folks may seek to discriminate against, or distinguish themselves from, other workers. And partly because of the language used to describe our work, we have less legal protections; we are not entitled to the same protections as many other industries. This causes a lot of exclusion from society that only creates more division, further stigmatization, and increased misinformation. Society has made it difficult for sex workers to function as regular citizens and that makes efforts at harm reduction staggered and inconsistently available to the populations that need them the most.

Olive Bing is a dorky humanist who loves fighting for the underdog and promoting equality for all. As an aerial yogi and aspiring pole dancer, she strongly encourages embracing the self and celebrating sexuality in all its forms. Olive uses her corporate background to bring a confident voice to sex worker and consent culture advocacy. She has been a dedicated volunteer at PACE Society since 2016, focusing on ending stigma and violence against her peers. Her free spirit and non-judgemental attitude makes Olive a safe and approachable person members can talk to while they access various services in our drop-in. Olive hopes to bring people together to unite against hatred and intolerance through love and community. PACE is a nonprofit "By, With & For Sex Workers since 1994."

A space in which family members can share their experiences with each other and feel supported

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 Isabella 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.*

For questions or more information please contact:

isabella.mori@vch.ca 604 314-9032

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 on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

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

GRASP Support Group – GRASP offers peer-led mutual support groups for families or individuals who have had a loved one die as a result of substance use or addiction. Check online to find a group near you. http://grasphelp.org/community/meetings/canadachapters/british-columbia/ or email graspvancouverarea@gmail.com

First Nations Talking Circle - Weekly Talking Circle co-ed group for adult family and clients interested in learning more about First Nations Culture, sharing, expressing thoughts, and experiencing traditional ceremonies. Contact Perry Omeasoo @ 604-306-7474 for more information.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Please pre-register at 604-682-2344 local 62403

VCH Eating Disorder Program – Family Support Group – for friends and family members of individuals living with an eating disorder. Contact Hella @ 604-675-2531 ext 20689.

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 Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. Contact kathryn@pathwayssmi.org 604-926-0856

Hope 4 Families Support Group
This group is a regular support and information meeting for family members of those in the acute care unit at the Hope Centre in **North Vancouver. Contact: 604-984-5000**

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, on alternating days of the week. Call 604 925 0856 or email info@pathwayssmi.org