

## What we heard

### Roundtable Dialogue with Family Members

Victoria, April 3, 2018

On April 3, 2018 the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 21 individuals who have, or have lost, a family member with mental illness or addiction issues.

This dialogue was part of the ministry's engagement process to develop a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include meeting with a broad spectrum of individuals, communities, as well as Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the BC Government Engage website. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The ministry recognizes that our mental health and addictions service system needs reform despite the passion and dedication of service providers who are working hard every day to care for others. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of families who have, or have lost, a loved one with mental illness or addiction issues.

Following opening remarks from Minister Darcy, roundtable participants introduced themselves in a circle and shared both what brought them to the dialogue and what they would like the Minister to understand about their experience. In small groups, participants then discussed their ideas on what will improve services, care and timely intervention and other supports for families who have loved ones living with serious mental health and addictions difficulties. In a closing circle, participants reflected on what they have heard that might give them a sense of hope and healing and what more needs to be done.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.<sup>1</sup> This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned by at least two of the participants in their worksheets. This means that the list does not indicate an order of priority chosen by participants.

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<sup>1</sup> The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

Increased support for families was among the most frequently mentioned suggestions, which includes not only financial support but also counselling, peer-support groups and respite leave for those who are supporting a family member dealing with mental illness and addictions. An equal number of participants called for more and improved treatment services in order to reduce wait times for clients and patients. Mandatory treatment was another prominent theme as many participants felt that the right to reduce treatment put their family members at risk and impeded their healing process. A large number of participants also called for holistic approaches to care that would involve family-centered responses, culturally-sensitive treatments and services that address housing and other social determinants of mental health. Addressing concurrent disorders was another common suggestion during the conversation, with participants citing examples of family members not receiving the appropriate care or being disqualified from accessing treatment for one disorder if they were suffering from another. A similar number of participants also called for improved coordination of services and addressing concurrent disorders. The full list of themes includes:

- Increased treatment services and reduced wait times
- Increased support for families (financial and other)
- Mandatory treatment
- Education and training
- Address concurrent disorders
- Improved coordination of services
- Holistic approaches to care
- Harm reduction and decriminalization
- Help in accessing and navigating services
- Long-term care
- Youth-specific services
- De-stigmatization
- Early detection and intervention
- Improved regulation of treatment
- Harm-reduction
- Housing support
- More services in areas outside of Southwestern BC

# 1. Participant experiences

## What brought you here?

*“Our peoples (Métis) have the same problems that the First Nations peoples have: they are over-represented in corrections system, alcohol and drugs system.”*

*“I’m here because I lost my son. He was addicted to methamphetamines for about 6 months. He died not because of the drugs, but after the drugs when he was in treatment.”*

*“I have worked in the substance use field as a researcher and educator with affected families affected. This summer, my own brother passed away from a methamphetamines addiction. I’m grateful to be a conduit with my own experience.”*

*“I’m looking for some way to share what I learned with our son who was a difficult person to raise. He ultimately got into substance use. He was in and out of prison, and last November we were still holding on hope for him. He was in and out of treatment, but he succumbed to a fentanyl overdose. That was the loss of our hope for him, but I have to be hopeful for others.”*

*“I have a son with severe mental health issues. The wait time for rehab facilities is way way too long.”*

*“My daughter is 17 and almost 6 months into recovery from heroin, fentanyl, methamphetamines. She was introduced to drugs by her boyfriend at age 13.”*

*“My son is 18, had 13 overdoses (has been hospitalized 13 times). He nearly died many times. We ended up creating a safe injection site in our bathroom, which is very traumatizing. My younger daughter has developed some very severe trauma around reviving her brother. Our hope was always to get him arrested—that that would help him. It was unfortunate that there were so many closed doors. He would ask for help on a Thursday, but the help wasn’t available until Monday and that didn’t work. I can’t mention the number of times that happened. There is nothing available in Victoria on the weekends.”*

*“My daughter has been struggling with mental health and addiction issues since her late teens. We were trying to get her some help and contacted urgent care, where we were told that she couldn’t get admitted for another 6 months. We were trying to get her into detox and treatment, but then she stopped responding to text messages and e-mails. I got worried and I googled her name and found her obituary—she had died a month earlier. I want to move forward, to be able to provide a voice for her. She would be very happy to be able to help some of her friends, she was a caregiver.”*

*“My wife and I helped co-raise twins from when they were 6 months old. The girl had started to develop some mental health issues, but the boy was a star. However, we started to notice some changes in his hygiene and clothes, so we reached out to school counsellors. We went beyond the school, went to Social Services, but because we were not related by blood, they said they couldn’t do anything. He was 14, he wasn’t going to ask for help and his mom was in no position to get help. We got into a scuffle and he bit me, and I made the difficult decision to press charges so he could get help. He was taking anything that he could find (mom’s meds, sister’s meds, alcohol, drugs he could get on the corner). Fortunately for him, he had a great Probation Officer. He breached probation several times, but she kept him on. He screwed up again and so she mandated him to go to detox. Then upon release he decided to go to rehab, so he’s been there for 10 days. It was very*

*challenging to get help for him because we were not related. We were really like 'persona non-grata'. People ask why I do this [try to help] and I tell them I have a moral obligation to do this."*

*"I'm here because of my 17-year old daughter who is First Nations. When she was 14, she started drinking and smoking pot and quickly went down into many other drugs. She was revived by the RCMP from a fentanyl overdose. She's been revived—I lost count—around 20 times. She's had 3 suicide attempts. She ran away to Calgary, where they have legislative supports. She lives on the streets there now. She is also addicted to methamphetamines. As parents, we've lived this 24/7..."*

*"My son had a 10-year addiction to heroin and was then sober for many years until he fell off a roof, shattered his foot and was put on massive amounts of morphine. He is proceeding with his recovery. I'm doing what I can to support him but reminding myself to 'stay in my lane' when it comes to his recovery. In 2000, I started a group called 'Parents Forever,' which now has approximately 300 members. We try to get every parent/family member their own recovery toolkit (lending library, professional support, emotional support). We need to support the families because we're a really important resource that is often missed. If you support the families, they can support their loved one longer."*

*"My son is 24 and a recovering addict. He began with an addiction to opiates after a football injury at 15, when a surgeon insisted he take OxyContin against my wishes. He was using Heroin by 17 and had endocarditis at age 21. Our group (From Grief TO Action) has a list of action items we'd like to present to the Minister. The rights of the user trump those of the family member—this is a major challenge (e.g., my son would not admit he was using anything other than pot, but his counsellor knew he was smoking heroin and could not tell me because his confidentiality rights at 16-17 trumped a parent knowing their youth was using heroin). Most treatment centres will not accept you if you've been mandated [to seek treatment] this has to change. And you have to be clean for 6-8 days to get in to treatment. You can't go to detox if you are on Suboxone and you can't get into residential treatment if you are still on Suboxone. This has to change. I had to detox my own son off Suboxone, in 1 week, which is not recommended, in order to get him into residential treatment and try to keep him clean for minimum 5 days."*

*"My 13-year old son took a downward spiral 6 months ago. He does drugs every day. We couldn't keep him at home, so we made the big call to MCFD. He's been bounced around to different places, in and out of hospital. He was charged with severe vandalism (\$10,000) and has been in and out of court (6 times in the last 4 months). We couldn't control him, other people couldn't control him. We have a 12-year old daughter at home who is fine. It's a good house to live in. You have to be 18 to use a tanning bed, to drive, to vote, to go to a movie. But, at 13, he's allowed to make the decision to not get any kind of treatment. I can't understand that."*

*"I'm here on behalf of my daughter who was my best friend. And she died. She was a cadet, a horseback rider, a black belt, a hockey player—she could have gone places with that. She was born with an alcohol-affected brain. She was really vulnerable out there. She was a designated kid, but there was nothing I could do for her. Her mental illness kicked in when she was 13. She was the poster child for Suboxone. I hope we don't have to lose many more kids to make change. I hope we can stop butting heads with systems."*

*"My daughter is 33 years old and a social worker. She met someone much older than her who introduced her to cocaine. She tried to get away and this person told her if she left, they would commit suicide. She left and they did. And my daughter was left with that. It's a labyrinth. In the last 4 years, she's been in 13 different treatment situations and she's been asked to leave from everyone*

*because she has dual-diagnosis, because once her PTSD ceases, they tell her she no longer qualifies. She's developed Hepatitis C. She's a very sick young woman. She's speaking for Island Health through the new Action Committee and I'm trying to do the same. I don't know whether my daughter will live, but I will keep fighting because I don't want this to happen to other people's children."*

*"I lost my son last April, he was 26, had just finished eight months of recovery. He was a third-year electrician. They found him at his jobsite on his lunch break. What brings me here is to keep a face to a number—he was one of 124 victims last April. And I have to fight to get rid of the stigma that's attached to this ugly, ugly disease. And I have to fight because I truly believe that the prohibition against drugs is killing the user. We should treat all substances the same. These f\*\*\*ing drugs are taking lives. I know that if our son was getting out of treatment today, he wouldn't be saved. We know that relapse is part of recovery. He'd die again because of these poisoned drugs out there. We need to provide clean substances. I wish my son had been an alcoholic. If you're an alcoholic, you get to go buy some clean vodka, but with others, we send them to the alley."*

*"Addiction is not a choice, it's a difference in peoples' brains. We're not treating it properly. We're using old methods that wouldn't be used for any other disease—abstinence does not cure addiction. Help us provide other options."*

*"I'm here as a parent who has lost a child. My daughter was struggling with drugs since she was 14. I went to wake her up to bring her to her drug & alcohol counsellor. I'm grateful that she died at home, with her family around her, not on the street or in some flophouse somewhere. I'm also here to highlight a particular mental disorder: borderline personality disorder. I knew my daughter had this disorder from the time she was 13 or 14, but whenever I brought it up to a psychiatrist he shrugged. I asked if there was anywhere I could go to learn more about this disorder and he told me, 'Why? It wouldn't help anyways.' And that's when I realized that the biggest stigma for this disorder is within the medical profession. I talked to three different child psychiatrists and they said, 'she has to deal with her addictions before anything else.' I also learned that with this illness, there's no specific medication that can treat it—I think that's another reason for the stigma with it—these people can be very hard to deal with. There needs to be a lot more focus on this particular disorder: 30% of people who have addictions have borderline disorder; and 50-80% of people with borderline disorder have addictions. The other thing is that it can't be diagnosed in adolescence. My daughter didn't live beyond adolescence, she died at 17. If she had lived a year longer, maybe we could have got a diagnosis."*

*"As a Drug & Alcohol Counsellor, I've dealt with a lot of suicide attempts. I had a bunch of ropes I had taken away from people, I had knives still with blood on them, I had guns I'd taken away from people. My youngest was eight years old. He had a plan to take his own life, and it was a good plan. But I talked to him, I used our cultural ways and, after an hour and a half, he said, 'I think I want to live.'"*

*"We have done a lot of work to overcome the effects of intergenerational trauma in my family. My family has survived war. Both of my parents have mental health challenges, but we didn't have the words for it, so then, how do we treat it?"*

### **What would you like the Minister to know about your experience?**

*"Giving a person the right to decide if they want treatment or not, does not work. They are not in the right state of mind. We need mandatory treatment."*

*“We already have a model for non-voluntary treatment—my daughter was in a 30-day assessment facility for mental health, but we don’t have this for addictions. We need a non-punitive way—we’re missing the Secure Care legislation that exists in 7 other provinces, but not in BC. It helps people who are being trafficked. We’ve come close, but it has been blocked in BC. I have used that legislation because my daughter is in Alberta. The police in BC said, unless there’s a witness or the victim says something, they can’t do anything. Under Secure Care legislation, they have a program where they could remove her and protect her. She didn’t have to identify the man, she was protected. She was able to see a counsellor and receive treatment.”*

*“We are the frontline, we are the first responders. When you support the family, you support the substance users. We need financial support, we need counselling, we need the support.”*

*“The rights of the user trump those of the family member—this is a major challenge (e.g., my son would not admit he was using anything other than pot, but his counsellor knew he was smoking heroin and could not tell me because his confidentiality rights at 16-17 trumped a parent knowing their youth was using heroin).*

*“Most treatment centres will not accept you if you’ve been mandated [to seek treatment] this has to change. And you have to be clean for 6-8 days to get in to treatment. You can’t go to detox if you are on until you’re on Suboxone and you can’t get into residential treatment if you are still on suboxone. This has to change. I had to detox my own son, get him off Suboxone, in 1 week, which is not recommended, in order to get him into residential treatment and try to keep him clean for a minimum 5 days.”*

*“Being a parent of a child in addiction is:*

- *isolating: stigma limits likelihood of reaching out*
- *powerless: "right to choice" outweighs ability to keep kids safe*
- *expensive: resources are limited*
- *disjointed communication: 'right to privacy' and lack of cohesive information prohibits the parent from making fully informed decisions.”*

*“Jail is a treatment and it should not be. The judge at the Vancouver Drug Court knew me by my first name and at that time jail was the only way my son could be forced to get clean and go to treatment. This is very wrong – it should not have taken him getting a record before he could get help. Mandatory treatment for youth/young adult before they go to jail for drug related offences is essential.”*

*“There is a lack of release plans, they are sending someone home (on the bus) after they’ve been revived from an overdose with no support, no follow up.”*

*“We need more residential treatment centres. When a kid decides they need to go, they need to be able to go.”*

*“There have been tremendous strides in terms of how we describe dependency. If we had multiple ways of really knowing substance use, we might be more open to understanding the relational contexts for substance use. That substance use is not just a function of the person, but that the family system has relevance. We could broaden this if we had multiple ways of conceptualizing substance use—we need to look at wellness as being a function of family and community. We need to measure well-being by how the family and community are functioning as a whole, rather than just as a problem of the individual.”*

*“The system needs more teeth; more consequences early on.”*

*“If a stray dog was wandering in the city, I could call the City and they would come and collect him, give him a safe place to sleep, food to eat, attend to any medical issues. How come we treat stray dogs better than our children?”*

*“Supporting the families will improve early detection. We are the centre ring of a tree that grows outward. We are a wealth of knowledge.”*

*“For many families, at least one parent has to stop working to support their loved ones. This affects everything, your ability to meet your needs, to take vacations together to be as a family, etc.”*

*“We need more health care professionals in general. In Fort St John, we had two out of ten counsellor positions with MCFD that were filled and we had no psychiatrists for three years. It was a revolving door—my daughter had to keep retelling her story. She went into hospital and the doctor told her, ‘you can’t be here, you did this to yourself.’ The medical profession needs more education about what addiction is and what it is not.”*

*“There is a lack of step-down care. A family had to release guardianship of their son to the Ministry because they couldn’t access care to help him.”*

*“Where I am, we have social workers doing the job of counsellors. We can’t get enough people with proper credentials and the ones we do have are burning out.”*

*“We need preventative, non-voluntary, concurrent treatment—every dollar spent on prevention saves \$4 on medical costs and \$7 in the courts. It just makes sense.”*

*“My son’s Métis culture was dismissed as ‘not relevant’ or ‘not important.’ Case workers did not make the effort to know him (or me, or his mom). There was a lack of communication from the caseworker. Refusal to use email.”*

## 2. Suggested changes and improvements

### Increased support for families (financial and other)

- Support families to support their loved ones and include them in solutions
- More family support groups throughout the province
- Provide respite care for parents/families who are caring for a loved one
- Free counselling for parents
- Ensure families have early access to support before they are 'at the end of their line'
- Offer ways for parents to interact without stigma

### More and improved treatment services / reduced wait times

- Immediate access to treatment
- More residential treatment centres
- More funded beds for detox/rehab
- 24/7 admittance for kids who want to detox
- 24/7 crisis line
- Step-down care in the mental health system
- More detox/rehab and 2nd stage facilities readily available on the island.
- Funding for neurological treatment options
- More access to early psychiatric diagnosis
- More treatment programs for people with borderline personality disorder, especially youth
- More counsellors qualified in MHA at Master's level for early intervention in elementary schools for emerging mental health issues.
- Professional (e.g. mental health nurses) outreach support (mandatory if necessary for mental health issues)
- Better training for foster families and better pay for all staff involved in this process

*"Mental health and addiction puts massive strain on families. It also causes financial hardship."*

*"We both had to take a year off of work to take care of our son. We would have loved a night, a week, a month break from having to watch him breathe at night."*

*"Without close to 28 years of mutual support, first with Parents Together (parents struggling with teens) and Parents Forever (parents of adult children struggling with substance use), I would not have the tools and skills to cope with the long and difficult journey of supporting a loved one with a substance use disorder."*

*"Need parent supportive groups such as EPIC (Empowering Parents in Choices)"*

*"We experienced no support for our son when he asked for help. We had to source and fund his recovery twice."*

*"3-hour waits at the youth clinic are unacceptable."*

*"In Victoria, a clinic/Foundry/youth mental health centre would be great at Uptown."*

*"The only helpful recommendation that we received through 13 overdoses was to get our son arrested. But he wasn't a criminal."*

*"Our addictions system of care needs to be just like our cancer treatment. It needs to be funded and treated like the disease it is."*

*"Changes in policies need to be quick."*



## Mandatory treatment

- Give parents greater legal authority to get their children into care
- Implement Secure Care legislation
- Safeguard youth who are being sexually exploited in return for drugs, so youth do not have to come forward as a witness against the perpetrator
- Mandate care as in Alberta's Protection of Children Abusing Drugs Act (PChAD)
- Enable medical doctors to recommend non-voluntary treatment for young teenagers

## Holistic approaches to care

- Human development: healthy human beings as core curriculum – mental, emotional and spiritual health, thoughts, feelings, behaviours link, regulating self, helping regulate others
- Family-centered approach
- Culturally centered case management plans
- Second and third-stage supported housing
- Continued support for post-treatment exploration and activities to help kids heal and rebuild healthy lifestyles
- Naturopathic medicine as healing vehicle as well, not just western medicine

## Improved coordination of services

- Unified system for support throughout province
- Coordination or integration of mental illness and addiction issues
- Collaborative support between the Justice system and the Ministry to work together to help children get out of drugs.
- Information-sharing between care team and parents
- Health authorities need to be more integrated so kids can access beds in different regions

*"Foster family/family must have authority to decide for the well-being of the child."*

*"There is a misunderstanding about children's rights. I am suffering seeing my son use drugs and not being able to help him, because it is up to him to decide to go to voluntary treatment. He is only 13 years old, his brain is not completely developed and he has no desire to change. It is like seeing my child die right in front my eyes."*

*"DEALERS use youth that will not get charged in court."*

*"Non-voluntary is better than no treatment."*

*"Families, parents are a wealth of lived experience and many people, including my daughter, have asked that parents and friends be involved and yet this doesn't happen."*

*"Use community to heal the community: if people get clean but are thrown back on the street they will not thrive."*

*"Medical/Justice system bearing brunt of what happens when people are out of balance if we don't understand what it is to be a human – we're not just a physical body with skills."*

*"[My daughter] struggled with addiction and a mood disorder. It was incredibly difficult, if not impossible, to find resources to deal with both issues. [...] Once when she was in the hospital and I asked for her to be transferred to a concurrent unit, I was told 'Oh we don't transfer between Health Authorities!'"*

*"In our experience, there is no wraparound, just a lot of holes in the system. The hospital, detox, treatment... don't seem to know about each others' programs."*

## Addressing concurrent disorders

- Concurrent treatment: mental health support/help to treatment for drug use
- Need more treatment programs for people with border-line personality disorder

## Education, training and de-stigmatization

- Reduce the stigma: educate people that it's not a choice but a neurobiological disease and be proud of self-identifying
- Educate doctors about addictions so they understand addiction is a disease
- Educate high schools, middle schools, universities as to what the resources are. Psychological education needs to be in the curriculum
- Offer classes for family members
- Better training for foster families
- More education in health profession and public on borderline personality disorder
- Provide funding for research to allow us to fast-track what works

## Decriminalization and harm-reduction

- Decriminalize drugs and spend enforcement money on treatment.
- Provide safe sources so substance users can have clean sources
- Decriminalize personal possession
- Non-punitive ways of stabilizing people

## Youth specific services

- Need youth support groups for addicted youth who are in recovery
- Youth hubs/clinics outside of downtown core for kids with probation conditions who cannot travel.
- More youth treatment beds with better programming.

## Long-term care and housing support

- Places where someone can stay longer than 3 months for recovery/treatment.
- Long term care that helps repair employment situation
- Continued support for post-treatment exploration and activities to help kids rebuild healthy lifestyle/healing
- Continued care for children in the system after 19: help with housing, cover school education as incentive/reward for young adults

*"Our family doctors need to be educated to deal with this disease."*

*"I learned/realized about my eating disorder in my first psych class in University. I should have had education about this earlier."*

*"Use youth: we are a resource. I am 23 and just completed a Psych BA and Certificate in Addictions, all my classmates were so passionate about these topics, and we are all bursting with ideas to research, policy to put in, etc."*

*"Nanaimo needs a safe injection site"*

*"We're 100 years behind because we're still using the AA model. It's punitive."*

*"Kids with probation conditions cannot travel downtown. Also, they get triggered to buy drugs and are afraid to run into dealers they might owe money to."*

## **Help in accessing and navigating the system**

- Provide support for accessing and navigating the system
- Provide central phone service that family members can call to access up-to-date information
- Ensure clients have strong advocates

*“211 does not work for family/parents, who need a regularly updated place to call for resources including detox, residential treatment, sober homes, med/psych support for youth/young adults.”*

*“I am a strong and resourceful person with a Master's degree. I advocated for my daughter and even I was often stymied by systemic barriers. [...] But what happens when someone has no one to advocate for them?”*

## **More services in areas outside of Southwestern BC**

- More qualified professionals in the North
- Secure beds in all regions

## **Improved regulation of treatment**

- Evidence-based: regulated treatment and recovery homes
- Second-stage/sober homes need to be standardized

## **Early diagnosis and intervention**

- Ensure early diagnosis and intervention help at the start of addiction similar to EPI (Early Psychosis Intervention) - not just crisis.
- Need more early intervention with trained counsellors at a very young age through the school system

## **Other specific suggestions:**

- Prevention in terms of revising our school system kindergarten through grade 12.
- Detox Suboxone in medical detox or allow tapers in rehab (residential treatment) (80-100%)
- We need to follow the Portuguese model [decriminalized drug use, safe drugs and a public health focus]
- Hold this roundtable with our children.

### 3. What gives you a sense of hope and healing?

*"Thank you so much for this, Minister of Mental Health and Addictions. Thank you for listening. Thank you for bringing this together. I hope changes happen. Thank you for giving priority to children and youth. Thank you for your leadership!"*

*"There have been changes like the BC Centre of Substance Use, Ministry of MHA, de-regulation of MAT (medication-assisted treatment) resources."*

*"I believe BC can be a "lighthouse". We can show the rest of North America how to deal with Mental Health and Addictions."*

*"I am grateful for:*

- Support for Gord Johns for decriminalization*
- Action of current BC government by opening centre at VGH, of ads showing real people as drug users*
- Continual focus by BC government to address crisis and their discussions with a variety of interest groups."*

*"I am fearful for:*

- Families we know whose children are addicted and are in various stages of relapse and recovery: how can we ensure they'll survive this crisis?*
- Families whose children are young still and have yet to experience substance use: how can we ensure they'll be safe? How can we ensure they don't become addicted?*

*"What gives me hope:*

- To be heard, to see changes in the system coming.*
- As I read over my notes I see in my own way I've said many of the same things I've heard this evening."*

*"That the Minister was willing to sit and listen to the true "first responders". Thank you.*

*"Government is finally taking the situation seriously."*

*"The new Ministry and ad campaign."*

*"Sharing with parents who have lived through similar trauma/death."*

*"Hearing other people's stories makes me feel not alone...in losing a child, in having the feelings that I have, in having the ideas that I have."*

*"The courage in the room gives me hope."*

*"GRASS group was a great group for me to not feel alone. Everyone there had lost a child."*

*"What gave me the most hope is that you've already heard most of what we've been saying. Yet there are so many holes and so many things that need to be fixed right now."*

*"They say 'it takes a village to raise a child' and our community has destroyed our children. Opportunities like this evening make me feel hopeful that we can go out and raise healthier children."*

*A community is as weak as its weakest member. I'm not willing to sit in my own shame anymore, the shame of raising a daughter who is difficult, who is a problem."*

*"Yes, it's complex, but don't let the complexity freeze you."*

*"I think together, we'll get it done. When someone from your office called me in Fort St John and said 'do you want to come to this meeting?' – it made me feel that somebody's listening and that means a lot to me. So, I'm putting hope in that. In dealing with our children, we've had many hopes dashed. And I'm hoping that this hope can be realized."*

*"So many people with so much passion for this, so to keep the communication open is the best way to do that."*

*"What I heard tonight about your experience in your family, Minister—that was very honest and open and I appreciate you sharing."*

*"We can help people to rebuild their strength and their resiliency because it's a lifelong journey and we, the families, need to have our own recovery path."*

*"I hope you're going to see a few more terms in your future. It was incredibly empowering for me to share my story with you here in the room."*

*"Struggling with a child who is 13 is very scary. We are finding our identity as a family."*

*"I hope that no other parent has to go to the places we have gone to."*

*"The name of your ministry and the action that it's taking gives me hope. And that other families will have more offered to them than our son had because drugs are always going to be part of our lives. At the end of the day, we need to save lives. I hope your government will have the courage to change the language that is used to talk about these issues."*

*"The hope I have is that the voices of wisdom in this room are finally being heard."*

*"What's heartening to me is that we're moving away from this model that there's some kind of moral failing to addiction and that we're moving towards this viewing this as an illness. Looking at how it is used to quell the existing trauma, the existing mental illness, a dysregulated nervous system. Helping people learn the skills to regulate things."*

*"The bottom line is compassion. If there is compassion, there is hope. I had to learn to see the world through my daughter's eyes, as much as one can do, to have compassion. And I feel hope that this government ministry has compassion. I felt compassion from you and from everybody in this room and that's where the hope lies."*

## 4. What more needs to be done?

*“When the number of people losing their life to this crisis starts to decrease I will be able to hope and heal. I don’t believe this will happen until we have governments brave enough to say we have to treat all substance users the same and provide a clean source to stop poisonings. We need to treat all drugs like we treat alcohol or marijuana. The revenue from taxation and savings from the justice system can then be used to fund addiction and recovery and education.”*

*“We’re asking the federal government to declare the current opioid overdose crisis as a national health crisis, to reform our current drug possession policy to decriminalize personal possession, and to create safe, unaltered access to safe substances so people are not at risk due to a contaminated source.”*

*“I go back to the Safe Care Act. It wasn’t perfect, but it was better than nothing and then that government fell and it’s back to nothing. Your government is weak and could fall. Pass as much legislation as you can—lock it in. It’s time society takes care of the rest of the people who do not have the opportunities that I had or that my family had.”*

*“Many different pathways to wellness—acknowledge the uniqueness of each individual who is struggling.”*

*“Families need to be provided with opportunities to speak out, to get involved, to take action.”*

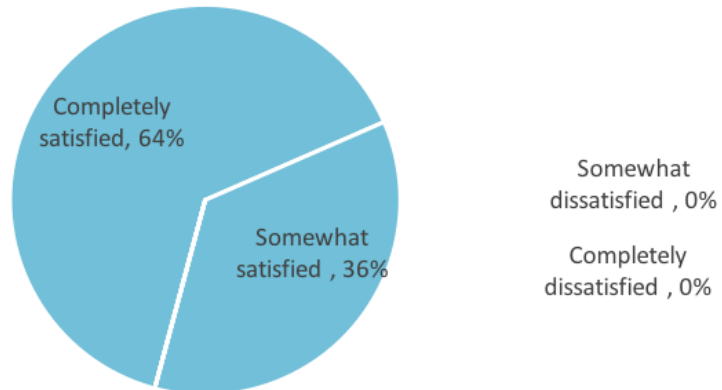
*“Professionals to help our son become independent and function in the community e.g. help to get permanent employment, housing, in a safe/low risk neighbourhood with support.*

*“Open communication between professionals and caregivers/parents. When a young person has severe mental health issues including suicidal tendencies confidentiality can cost a life!”*

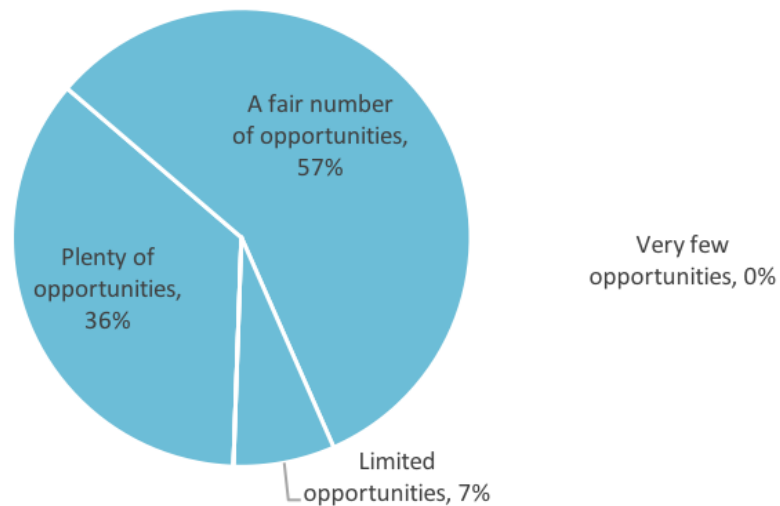
*Talk to us (like today)*

## 5. Participant feedback about the session

Overall, how satisfied or dissatisfied are you with your experience as a participant of today's dialogue?



Did you feel you had enough opportunities to express your views in a way that felt comfortable to you?



To what extent did you feel your needs as a participant were taken care of?

