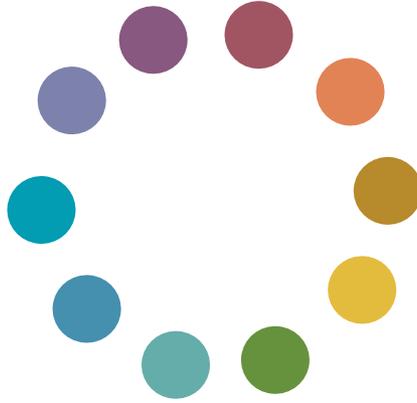


Parents like us.

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

written by parents
for parents

adapted by parents in Sault Ste. Marie, Ontario



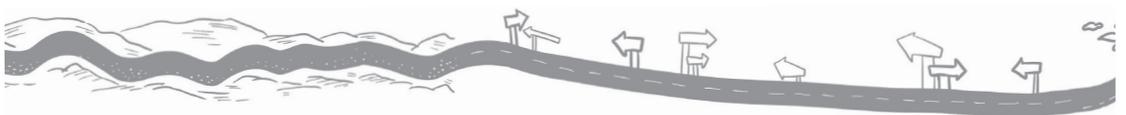
***“One day you will tell your story of how you
overcame what you went through and it will be
someone else’s survival guide.”***

– Brené Brown



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Acknowledgements

LAND ACKNOWLEDGEMENT

We would like to begin by acknowledging that this handbook was developed in Sault Ste. Marie ON which is situated upon the traditional territory of the Anishinaabeg, specifically Garden River First Nation and Batchewana First Nation, as well as the Métis People. This land, Bawating, is the historic meeting place for Indigenous people across North America. This territory is included in the Robinson Huron Treaty of 1850. We say miigwech to all of the Indigenous partners for sharing this land and recognize their enduring presence.

PARENTS IN SAULT STE. MARIE

We are parents and caregivers in Sault Ste. Marie, Ontario, who contributed to the development of this handbook over many facilitated group sessions. Thank you to those who took part in the creation of this handbook and have shared their stories and experiences to help other parents and caregivers who are supporting a young person with substance use disorder. This handbook would not have been possible without you.

PARENTS IN VICTORIA, B.C

We would like to acknowledge the substantial work of parents in Victoria B.C for the creation of the original version of the Parents Like Us handbook, which can be found here: <https://foundrybc.ca/parents-like-us-handbook/> Many of the thoughts, ideas and experiences shared in this handbook originated with you but were shared among us as parents in Sault Ste. Marie. Your words resonated deeply, so we have built off your voice in our efforts to produce a local handbook to support our community. Without your efforts, this work would not have been possible.

SAULT AREA HOSPITAL, SAULT STE. MARIE ONTARIO

We would like to acknowledge the role of Sault Area Hospital in the creation of this handbook. The dedication to improving care for this vulnerable population has not wavered. Sault Area Hospital is committed to working with our community partners and provide evidenced-informed care, closer to home, focusing on individual needs within a safe and suitable environment. The team continues to be driven to improve the experiences of patients and their families navigating substance use disorders. Our hope is that this handbook will support you as you navigate the care of your loved one.

CANADIAN CENTRE ON SUBSTANCE USE AND ADDICTION

Production of this handbook has been made possible through a financial contribution from a partnership between Sault Area Hospital and the Canadian Centre on Substance Use and Addiction (CCSA). The views expressed herein do not necessarily represent the views of SAH, CCSA, or its funders.

ABOUT THE ARTWORK

During the months of April to June 2022, members of the ‘Parents Like Us Project’ advisory group as well as clients of Sault Area Hospital ‘A New Day’ Concurrent Disorders Intensive Day Treatment Pilot Project were invited to engage in non-clinical Art-as-Therapy processes in the creation of art works to be included in the *Parents Like Us* booklet.

Facilitated by art therapist and visual artist, Maria Parrella-Ilaria, the six two-hour (2hr) art-making sessions were offered on Fridays and Saturdays and featured access to a variety of mark making materials such as oil/chalk pastels, tempera paint sticks, watercolour markers, acrylic paints and a

variety of papers. Participants were asked to share concepts and feelings that best described their experiences in coping with a loved one struggling with addictions; in the case of 'New Day' participants, the focus was more clearly delineated by the struggle of moving from 'addiction' to 'recovery' via a rollercoaster of emotional peaks and valleys.

For the most part, participants in the sessions created their own art pieces; at times 'group works' were created with the art therapist taking the lead in starting the image. Advisory group members also asked that the art therapist photograph the 'Wings and Stars' memorial, currently installed on the lawn of the Sault Ste. Marie Civic Centre, which was created by grieving community members to memorialize those lost to addictions.

New Day clients presented as more anxious about how to proceed and over a number of sessions, asked the art therapist to draw/paint concepts they felt needed to be shared in a double panel group piece titled 'Addiction + Recovery'. The work depicts a chaotic disruption along the yellow brick road of everyday life. This abrupt 'break' results in a reliance on addictive behaviors/substances to soothe and numb. Clients report that abusing substances (straight dark road—panel 1) is seen as 'easier' than dealing with the pain of one's trauma. The struggle starts when one commits to recovery (jagged road—panel 2) and must face the truth of one's lived experience. Ultimately, it is discovered that in facing one's grief and pain, one may find peace and be reborn, much like the Phoenix.

Maria Parrella-ilaria, AOCA, BFA, MA

Art Therapist/Visual Artist

www.OpenArtStudios.ca





WRITTEN BY PARENTS, FOR PARENTS.

We are a group of parents from Sault Ste. Marie, Ontario, who have cared for young people with substance use disorder. By sharing our experiences, we hope you will find refuge, support and the courage to reach out for help.

We encourage you to use the Notes pages to make this guide your own.

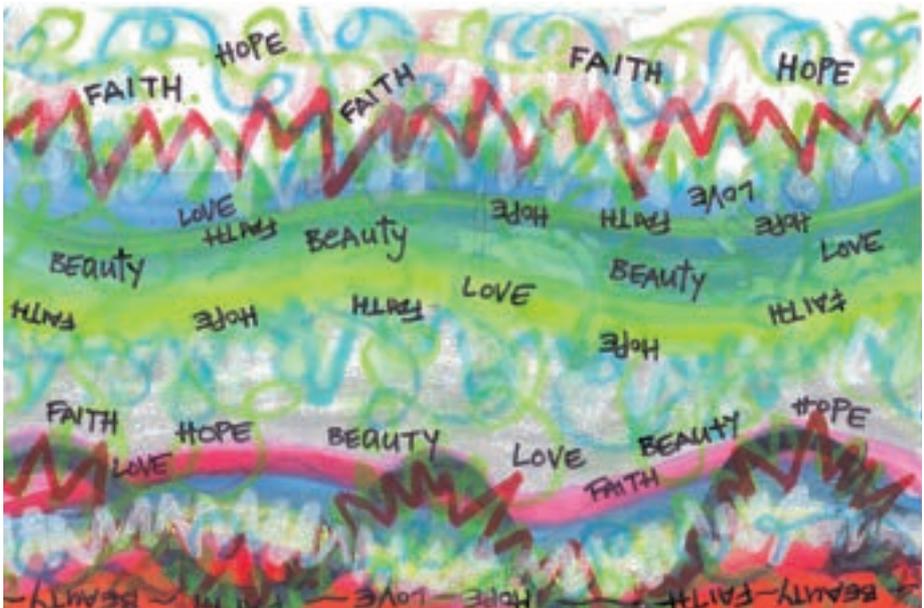


Figure 1: Faith, Hope, Love, Beauty

Introduction

WHO WE ARE

Contributors to this book are parents from across Canada. Parents like you. We have many similarities and differences, but one thing that we all have in common is that we have parented a young person who has had a severe substance use disorder. We have built on the substantial foundation from parents in Victoria, B.C to produce a handbook that meets the local needs of Algoma.¹

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

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

Whether your young person is experimenting with substances or has developed a substance use disorder, this handbook may help you feel connected with other parents and caregivers going through similar experiences. This handbook is a starting point in the search for connection, understanding, support and resources. You do not have to read this

1. We would like to acknowledge the work of parents in Victoria B.C for the creation of the original version of the *Parents Like Us* handbook. Without your efforts, this work would not have been possible.

handbook from front to back. Each section contains information and stories that we hope will help you with different parts of your journey.

The parents who contributed to this adapted handbook all live in Sault Ste. Marie, Ontario, Canada. We have all navigated the system here in different ways and have accessed different resources. We have learned that there is no straight line for our young people or our families to recover.

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

We are thankful to Sault Area Hospital and the Canadian Centre for Substance Use and Addiction for leading this work and believing that this handbook will be helpful for families who navigate the uncharted waters of parenting a young person with a substance use disorder.

The Algoma district in Northern Ontario is a highly impacted region of the country, which is mainly due to the increasing toxicity of the drug market. Fentanyl is a synthetic opioid that has severely contaminated the illicit drug supply, as it is cheaper to produce given its potency.² Fentanyl is 20–40 times stronger than heroin, 100 times stronger than morphine and has been linked with a striking increase in overdose deaths. As parents, we want to advocate for a harm reduction approach that recognizes substance use as a health condition rather than criminal behaviour, to minimize health and social harms related to substance use, including drug overdoses.

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

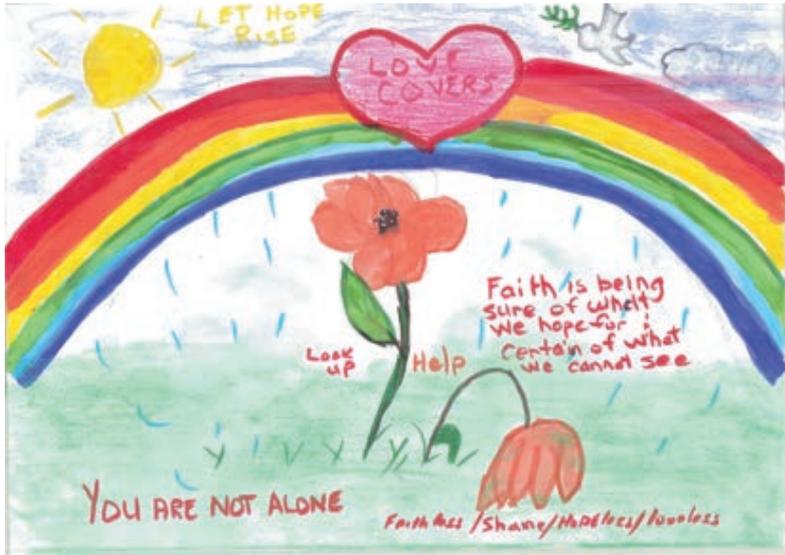


Figure 2: *We are Never Alone. A cry for help can change a life.* (Artist: S. Celetti)

“There is always hope. Everyday is a new day and you’re not alone.”- SMS Parent

LANGUAGE

Throughout this handbook, we refer to our children as ‘young people’ to include caregivers and guardians who also parent a young person with a substance use disorder. We have also made an effort to use non-stigmatizing language to talk about our young people’s substance use. You can refer to **Overcoming Stigma Through Language (CCSA & CAPSA)**³ for practical language tips to reduce the stigma around substance use and addiction.

DISCLAIMER

Disclaimer: We recognize that our experiences and perspectives may not reflect your own. We encourage you to make this handbook your own to reflect the needs and experiences of parents and caregivers.

Contact the Canadian Centre on Substance Use and Addiction at **info@ccsa.ca** to learn about our process and how to create a handbook in your community.

3. Available at: www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf



Figure 3: *Addiction + Recovery* (New Day group mural design)

(Left panel)

Addiction – “Disruption in the yellow brick road of normal life. Gravitating towards substances seemed like an easier thing to do than face the pain needed for recovery.”

(Right panel)

Recovery – “Full of peaks and valleys and it’s a tough go but so worth it if you face the pain at the end there is peace and one raises like the Phoenix, re-made and re-born.”



1. Signs of Problematic Substance Use

RECOGNIZING ESCALATION

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

At the time, we did not have the experience to understand where the road would lead and did not know where it could take our young person, nor that it could drag parents like us along for the ride. Like you, we love our young person fiercely. Maybe also like you, we were paying attention but still managed to miss the subtle and not so subtle clues. Sometimes we know our young person so well that we filter out the possibility that they could be involved in something so dangerous and harmful. Saying to ourselves, 'not my child', can make us one of the last ones to fully see the precarious place that our young person has found themselves in.

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



The good news?

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

EARLY WARNING SIGNS

Each young person’s story, and each family’s journey in (and out) of substance use is unique. That said, like a growth chart for a child’s first years of life, their substance use also follows a development chart of sorts.

Here are common changes in behaviour and signs to watch for:

CHANGES AT SCHOOL <ul style="list-style-type: none">• Declining grades• Skipping out• Late for school	DISINTEREST IN <ul style="list-style-type: none">• Hobbies• Sports• Music• Family events and activities
RELATIONSHIP CHANGES <ul style="list-style-type: none">• Peer groups• Boyfriend/girlfriend/ partners• Toxic relationships	ELEVATED DESIRE FOR PRIVACY <ul style="list-style-type: none">• Phone calls• Social media accounts• Personal space• Backpack/purse• Having more than one phone



CHANGES IN PHYSICAL APPEARANCE

- Dirty clothes
- Long sleeves
- Grubby
- Poor skin tone
- Losing weight
- Large/small pupils

ILLNESS

- Mysterious sicknesses
- Tummy aches
- Vomiting
- No appetite

**ALTERED BEHAVIOUR/
EXTREME EMOTIONS**

- Moody
- Aggressive
- Violent
- Overly loving/affectionate
- Overly energetic/jittery/talkative
- Unusual sleep patterns
- Nodding off/lack of energy
- Picking at skin
- Self-harming behavior
- Dishonesty
- Catastrophizing
- Paranoia
- Spending a long time in the bathroom
- Time spent downtown
- Chronically late
- Isolation
- Anger
- Threatening to leave home



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



VIOLENT BEHAVIOUR

Violent behaviour might seem to come out of nowhere. It can be scary when you do not recognize this new behaviour and it is not clear what is happening. Remember that this behaviour is likely due to their reaction to the substances they are using or their reaction to your attempts to limit their access to substances.

The first time it happens, feelings of guilt may arise based on how you handled the situation. However, your safety and the safety of your other children matters. Avoid getting physical with your young person. Find a solution that works for you and your family.

Although you cannot prepare for everything, it might be helpful to make a plan for the *what-ifs* so that you do not have to make a rash decision in the moment.

For more information on signs of problematic substance use, check out the ***From Grief to Action Coping Kit: Dealing with Addiction in Your Family.***⁴

4. Available at: www.bccsu.ca/wp-content/uploads/2018/11/Coping-Kit.pdf



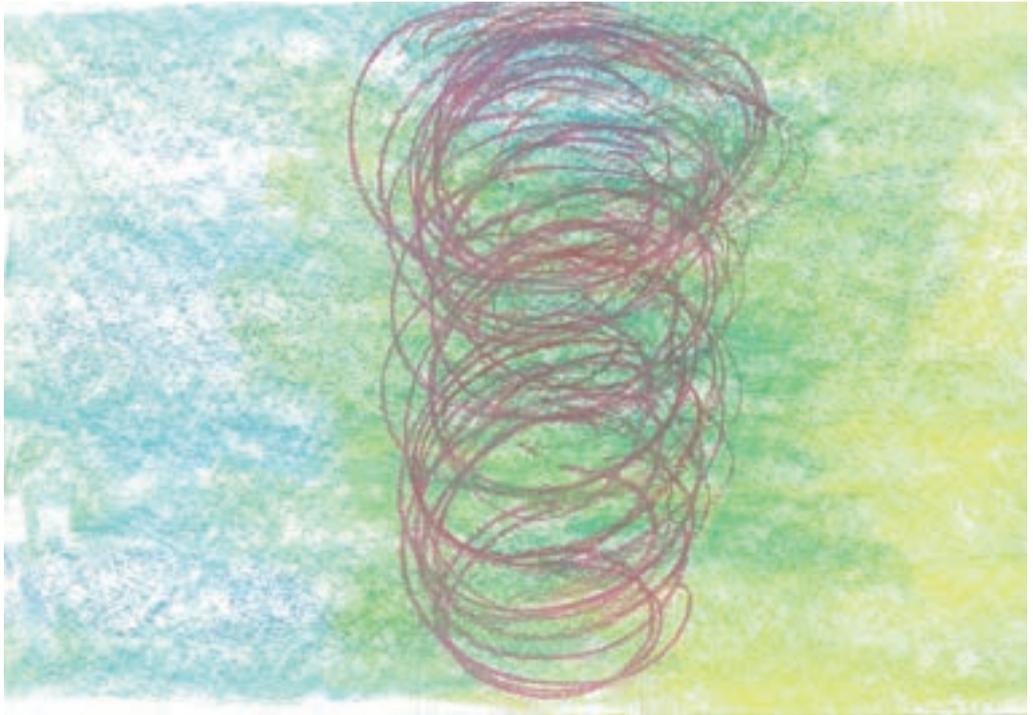


Figure 4: *Love Never Fails* (Artist: J. Correa)

2. The Science of Addiction

HOW SUBSTANCES AFFECT THE BRAIN - THE SCIENCE BEHIND IT

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

Insights from animal and human research studies suggest that psychoactive substances alter this reward system. Stimulants and empathogens directly increase dopamine levels, while depressants and opioids indirectly increase dopamine levels. These substances cause dopamine to be released in the reward pathway, which reinforces the behaviour of taking the substance.⁵

To learn more about the effects of opioids on your brain, watch this video:
https://www.youtube.com/watch?v=NDVV_M__CSI

When substances are taken frequently and regularly, brain circuits, including the reward system, adapt over time. Because of their effect on the reward system, the brain comes to think that the substances are essential for our survival and become necessary to feel normal. Other pathways also adapt to drive negative mood states and cravings when the substance is not taken. These pathways can lead to excessive 'wanting' even if the individual no longer experiences pleasure from using the substance.⁶

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

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

TYPES OF SUBSTANCES AND THEIR EFFECTS

Stimulants



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

Examples: amphetamines, cocaine, crystal meth

Depressants



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

Examples: alcohol, benzodiazepines, GHB

Cannabinoids



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

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

Opioids



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

Examples: oxycodone, methadone, heroin, fentanyl

Empathogens



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

Examples: MDMA, ecstasy, ethylone

Psychedelics



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

Examples: psilocybin (magic mushrooms), LSD, ayahuasca

Dissociatives



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

Examples: ketamine, nitrous oxide, PCP

For more information about the effects of different substances see the **Alcohol and Drug Foundation's Interactive Drug List and Wheel.**⁷

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

THE DEVELOPING BRAIN

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

There may be a lack of impulse control tied to the substance use and addiction among young people. Young people are granted independence and freedom but there is still a judgment gap. To learn more about the developing brain in young people and how it relates to substance use, check out the video from the National Institute on Drug Abuse, about Teen Brain Development.⁸

SUBSTANCE USE CONTINUUM

Substance use disorder is a chronic relapsing health condition that can impact anyone, regardless of socioeconomic status. The reasons people develop substance use disorders are complex. Often, there is a combination of biological, psychological and social factors that can contribute to your young person's substance use. Risk factors include genetic predispositions, adverse childhood experiences (ACEs), negative social influences, and mental health disorders.⁹

8. Available at: www.youtube.com/watch?v=Epfndijz2d8&feature=emb_logo

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

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

RECOVERY CAPITAL

The more resources your young person has to support their recovery, the easier it will be to maintain. We call this *recovery capital*. It can include things like supportive relationships, nutrition, sleep, school, work, self-esteem, and life meaning. If a young person has high recovery capital, they may require fewer resources to prevent relapses, while those who have low recovery capital may require more treatment services and supports.¹⁰

Take a deeper dive into these concepts by exploring the following resources:

- www.ccsa.ca/brain-builder-learning-cards
- www.albertafamilywellness.org/brain-story-tookit/
- <https://youtu.be/W-8jTTIsJ7Q>
- www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

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

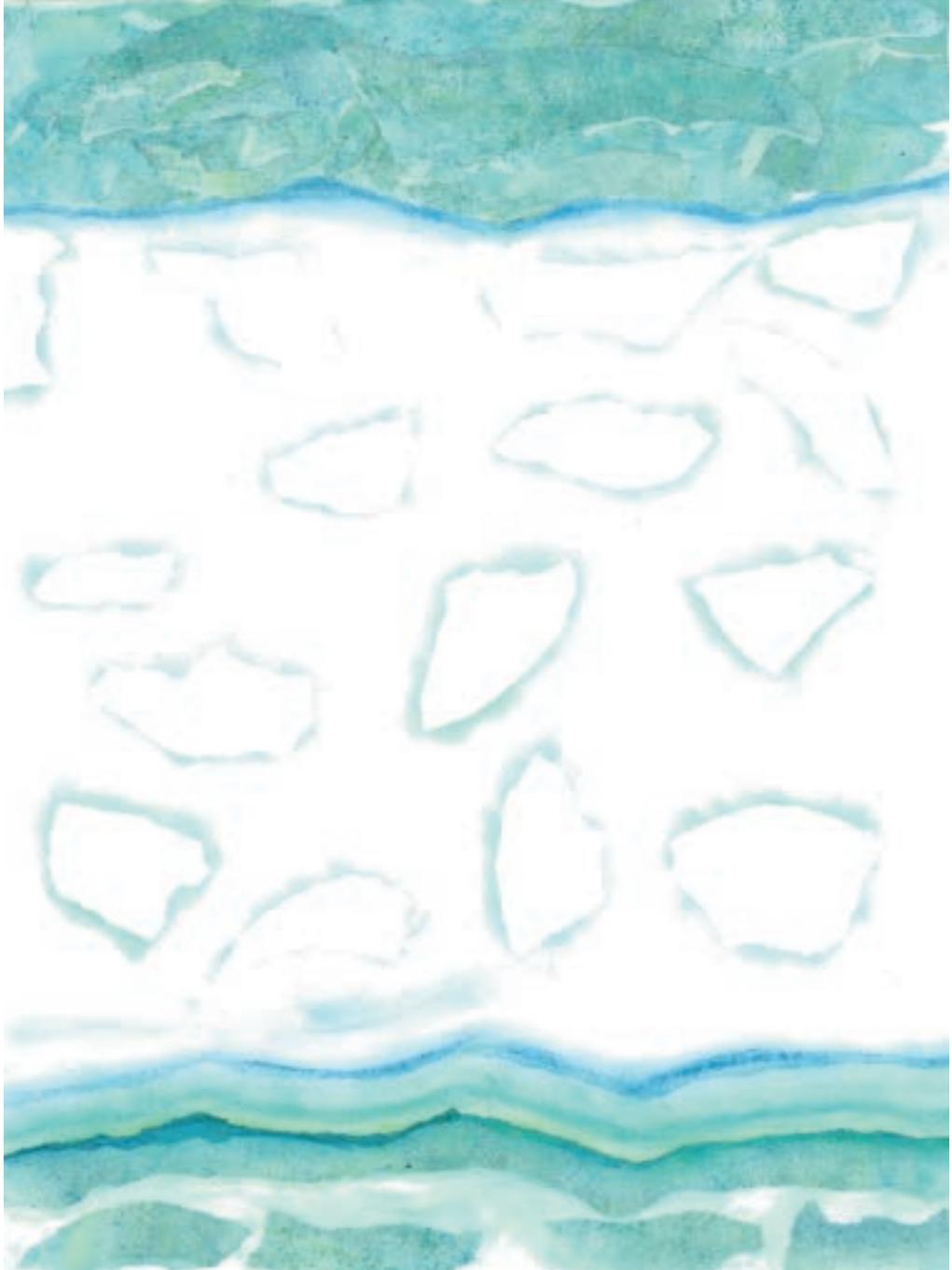


Figure 5: *Lost Souls float as clouds* (Artist: S. Whalen)

3. Harm Reduction

WHAT IS HARM REDUCTION?

Harm reduction is a term that many parents had never heard before parenting a young person with a substance use disorder, and if they had, it certainly wouldn't apply to them.

Harm reduction really boils down to this:

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

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

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

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

“Harm reduction can be a tool to build relationships”- SSM Parent

HARM REDUCTION TIPS

In this section, we’ve collected some harm reduction tips that we, as parents, have used with our young people who have substance use disorder.

Harm reduction for your young person who is using illicit substances:

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

“Not all young people may feel comfortable speaking to their parents about their substance use. In that case, parents should encourage their child / loved one to speak to another adult that they trust”SSM Parent

Harm reduction tips for parents / caregivers themselves may include:

- Staying current / up-to-date on the drug situation in Canada through ongoing learning.
- Tools to monitor / assess their own substance use, gambling:
 - <https://gamblingguidelines.ca/>
 - www.ccsa.ca/canadas-low-risk-alcohol-drinking-guidelines-brochure

1

HAVE AN OPEN DIALOGUE WITH YOUR YOUNG PERSON ABOUT THEIR SUBSTANCE USE:

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

Things you may want to discuss with them include:

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

Ask them how they might handle an emergency. Encourage them to:

- **Call for help if their friend is having an overdose and to ask their friends to do the same for them.**
- **Use the Lifeguard App (<https://lifeguarddh.com>), if they are using alone. The app will contact emergency responders if they become unresponsive in the event of an overdose.**

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

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

3 **PICK UP NEW HARM REDUCTION SUPPLIES:** Or encourage your young person to pick some up. These will help prevent blood-borne infections such as HIV or Hepatitis C. Talk to them about the impact of sharing supplies, not just needles but straws, pipes, bongs, etc. Encourage them to get their drugs tested.

Practice safe disposal of supplies. Get a Sharp's container or use a plastic milk jug to hold needles, and wear gloves when picking up needles and paraphernalia, preferably using tweezers. They can be taken to the hospital or wherever you pick up supplies.

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

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

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

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

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

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

TIPS FROM SSM PARENTS:

- Don't share leftover medications with your young person.
- Encourage other family members to educate themselves about safe storage practices and to not share leftover medications with their grandchildren (i.e., grandparents).

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

8 **COMMUNICATION TIPS FROM SSM PARENTS:**

- Reflect on your personal biases and leaving them at the door
- Share and present the information (i.e., facts) in an unbiased way
- Don't lecture, have a two-way conversation
- Be mindful of your tone of voice
- Be mindful of non-verbal body language
- Refrain from judgment

Any New Opportunity Can Be a Building Block...





Figure 6: *Coming Back to Life* (Artist: L. Foggia)



4. Overdose/Drug Poisoning

NALOXONE

Naloxone (or Narcan ©) is a safe medication that temporarily reverses the effects of an opioid overdose. Naloxone works by temporarily removing the opioid off of the brain's opioid receptors. If you suspect someone is overdosing, and you are unsure of what they have taken, you will do no harm by administering naloxone.



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

WHERE TO GET NALOXONE

You can find out where to get naloxone through:

www.alomapublichealth.com/addictions-mental-health/naloxone

Ontario Wide:

www.ontario.ca/page/where-get-free-naloxone-kit



WHERE TO GET NALOXONE TRAINING

NaloxoneCare.com is an online learning portal to help individuals learn how to recognize the signs and symptoms of an opioid overdose and how to give naloxone. You can get a free nasal naloxone kit once the training is completed.

ADDITIONAL RESOURCES

- Naloxone North: <https://naloxonenorth.ca>
- Recognize, Reach & Reverse Program (St. John Ambulance):
<https://reactandreverse.ca>
- Carry Naloxone: <https://ohrn.org/naloxone>

The Good Samaritan Drug Overdose Act protects you, the person who is overdosing, and anyone at the scene from being charged with:

- Possession of controlled substances (example, drugs)
- Breaches in pre-trial release, probation orders, conditional sentences, or parole related to simple possession

The Good Samaritan Drug Overdose Act does not provide protection against charges for:

- Outstanding arrest warrants
- Making and selling of controlled substances (example, drugs)
- All other crimes not outlined within the Act

For more information, visit the Government of Canada website:

www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html

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



SIGNS OF AN OVERDOSE

THE FOLLOWING ARE SIGNS OF AN OVERDOSE:

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

WHAT TO DO IN THE EVENT OF AN OVERDOSE

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

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

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

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

Administer one dose every two minutes:

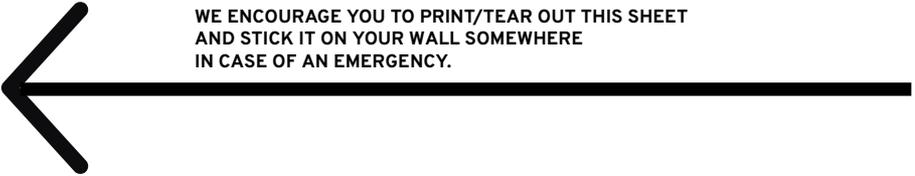
- **Injectable:** Draw up the entire vial and inject into thigh muscle (this can be through clothes).
- **Nasal:** Stick the device all the way up one nostril and click the plunger, make sure the device is inserted fully (medication will absorb through the sinuses).

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

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



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



*“Every path is different for everyone; what might work for one person might not work for another; stay open minded”*SSM Parent



Figure 7: *The way, the truth and the life* (Artist: J. Correa)



5. Navigating the System

NAVIGATING THE MEDICAL SYSTEM

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

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

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



One thing to keep in mind is that you can access a lot of these services without your young person and get support for yourself (see *Support for Yourself*, p. 59).

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

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

YOUR YOUNG PERSON’S RIGHTS

In Ontario, under the Health Care Consent Act, there is no set age when a young person is considered capable of giving consent to a medical treatment, even if they are considered minors (under the age of 19). If a young person can understand what the medical treatment involves, why it is being offered, and the associated risks and benefits, they are deemed to have the ability to consent to their own medical care. This means that they can accept or refuse treatment without parental consent. They can also choose to keep information about their personal health private.

As a parent or caregiver, you may be used to having some say in what your young person does. It can be a shock to realize that you do not have control over whether they get help to address their substance use.

For more information on the medical rights of young people in Ontario, please access the Health Care Consent Act:

www.ontario.ca/laws/statute/96h02

NAVIGATING THE LEGAL SYSTEM

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

- Your young person may be assigned a lawyer, or you may have to contact legal aid to get legal representation for your young person. You may also hire private counsel at your expense if it is within your means.
- The lawyer represents your young person and their rights. They do not have to communicate with you or share anything that your young person has not consented for them to share.
- If possible, attend court appearances to be kept in the loop and hear what is happening with your young person's case. Even if your young person is not living with you, you can request copies of court reports and psychiatric/psychological assessments prepared in your young person's case.
- Parents may also address the court (judge/Crown counsel) directly and judges often appreciate the input of family members when making important decisions about a young person.

- Find out who your young person's probation officer is and keep in contact with them. They can be an excellent resource and provide you extra support and resources.
- Your young person's case might be diverted from the criminal courts (i.e., alternative measures).
- Prior to sentencing, there will be a pre-sentence report compiled by the probation officer. They will go over your family history, as well as your young person's academic, health and substance use history. Any other relevant information will be presented to the judge for consideration when deciding on what legal ramifications they will be imposing.
- If your young person requires mental health support, ask that they be referred to Youth or Adult Forensic Psychiatric Services. Their team has a psychiatrist, psychologist, counsellors, mental health social worker, psychiatric nurse and family therapists. Attending these services can be included in your young person's court order if they are under 18.
- Do not give up. You will most likely have to keep advocating for your young person to get results.

Seek
legal
counsel.



A PARENT'S EXPERIENCE

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

This describes some of the places where we found help:

- *concerned friend*
- *concerned sibling*
- *private counsellor*
- *high school counsellor*
- *private treatment centre including second stage housing*
- *AA/NA*
- *sponsors*
- *online parent group for families of treatment centre attendees*





Figure 8: *Family, Faith and Love* (Artist: L. McLeod)

**Take Care
of Yourself**

It is important that you take care of yourself and speak to someone so that you can express your sorrow, whether it is with trusted friends and family, a counsellor, or peers.

Please refer to **Support for Yourself** (p. 59)



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

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

WAYS TO STAY CONNECTED WITH YOUR YOUNG PERSON

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

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

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

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

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

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

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

Everyone expresses love in different ways. Read the ***The 5 Love Languages*** by Gary Chapman (<https://5lovelanguages.com>), learn what your young person's love language is and communicate this way.

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

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

***“They don't love themselves, they're already beating themselves up.”** SSM Parent*



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



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

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

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

“Learn to use your words properly. Don’t say what you don’t mean.” SSM Parent

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

Sometimes you are able to listen, to hold it together, and say all of the *right things* and then you need to go and fall apart. *That is okay*. If it feels like too much you can also hold off on having this conversation and reach out for support. (See **Support for Yourself**, p.59 and **Resources**, p. 74). It is okay to set boundaries with your young person and give yourself a break when you need it. Give them the same opportunity. It is hard as a parent, not being able to fix everything, and it can feel like by talking with them, you can help them figure it all out. Accepting that you cannot always help is humbling and it can be hard to come to terms with the reality of how you are feeling.

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

Be honest with them and try your best to focus less on how their behaviour is impacting you. Maybe they cannot care, or it is hurting them because of the shame that they feel, so it is not always a helpful topic of conversation. It is hard to switch your brain from protecting your young person to letting them make their own choices. Try to acknowledge how it is impacting them and how difficult and uncomfortable it might be for them to talk to you about these things. Encourage them to get support (see **Resources**, p.74).

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



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



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

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

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

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

Other tips for connecting with your young person:

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



Figure 9: Star Memorial (Artist: Group)



7. Family Dynamics

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

RELATIONSHIP WITH PARTNER/CO-PARENT

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

“Children might choose to side with the parent that is more lax when there’s no united front.” SSM Parent

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

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



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

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

RELATIONSHIPS WITH SIBLINGS

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

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

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

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

It is also important to get support for your other children. There are many community groups that can offer support to family members.

“Encourage the love between siblings.” SSM Parent

RELATIONSHIPS WITH FRIENDS AND EXTENDED FAMILY

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

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

Get support
for
your other
children

“Friends and family wouldn’t stigmatize you if you were sick with cancer or another physical condition, but it’s not the same with substance use, there is a stigma.”SM Parent

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

“Make sure to have people in your life who get it.”SM Parent





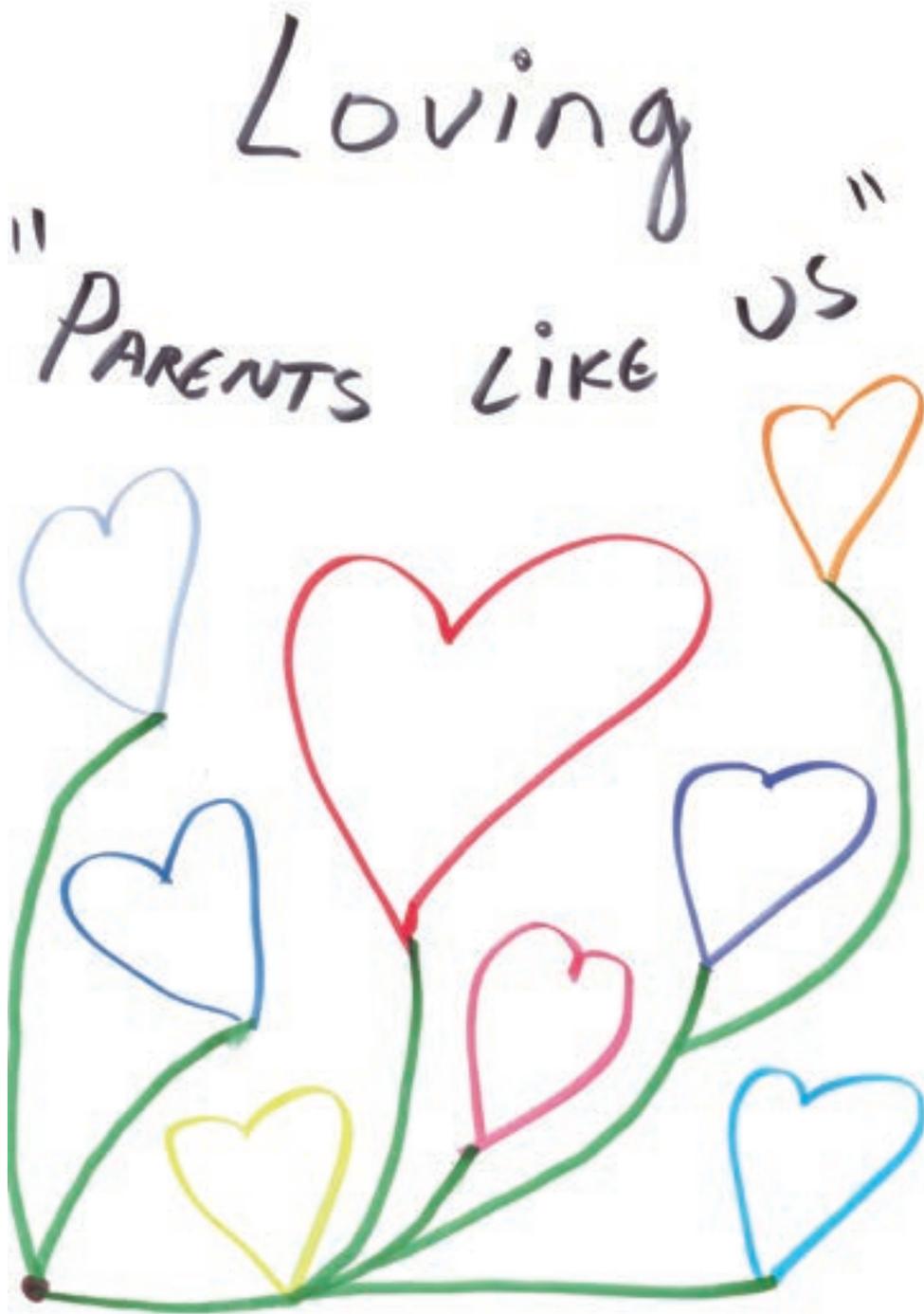


Figure 10: Empathetic, Unconditional Love (Artist: L. Barnard)

8. Support for Yourself

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

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

Parent/Caregiver education groups

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

“You deserve happiness, sanity, your health, meaningful relationships, sleep. You need to know your own limitations, your triggers and stressors. It’s a process and you need time.”SSM Parent

Parent/Caregiver support groups

It is an opportunity to find other parents who can hear and relate to what you are going through. Many parents find it harder to relate to friends and relatives whose experiences with their children are very different. It is also important to find a group you feel comfortable with. Often you can learn from parents whose struggles are more or less challenging experiences than your own. You may form friendships with them too.

“Meeting with other parents [who get it] is important to talk through things, so you can hear each other out.”SM Parent

It is important to find a support group that works for you. If your young person has a severe substance use disorder, you may feel alienated in certain support groups where other families’ problems seem relatively minor in comparison. In contrast, you may be shocked to hear the problems of others if your young person does not have a substance use disorder, or if you are not quite ready to accept the reality of what is happening. It is normal to change support groups throughout your journey.

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

Counselling

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



Keeping a journal

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

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

Reaching out in your community

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

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

“Meeting other parents and talking to one another is a gift.” SSM Parent



Setting boundaries

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

“Love never fails, but you need to have big boundaries.”- SSM Parent

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

What boundaries are you working on?



What does self-care mean to you?



9. Your Support Systems

This section provides space to keep track of your list of supports:

Your supports

Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	

Your supports

Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	
Organization:	Service Provider:
Contact Info:	Date:
Notes:	

Support Systems

This section provides space to keep track of your young person's supports:

Your young person's supports

Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	

Your young person's supports

Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	

Support Systems

Your young person's supports

Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date of incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	

Your young person's supports

Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	

Support Systems

Your young person's supports

Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	
Organization:	Service Provider:
Contact Info:	Date incident:
Notes:	

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10. Local SSM Resources

Disclaimer – The contact information below is intended to connect you to local services. This list is not exhaustive but will certainly get you started. Please be sure to use the notes section to document the contact information and services you find most helpful.

Canadian Mental Health Association Algoma

Providing information on mental health addictions, the services available, and linking and referring to the appropriate level of service.

Walk ins welcome at:

344 Queen Street East, Sault Ste. Marie, ON

Local: **(705) 759-5989** | Toll-free: **1 (855) 366-1466**

Email: information@cmhassm.com

ConnexOntario

Discover mental health and addictions and gambling services. Providing free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness, or gambling by connecting them with services in their area. Services funded by the Government of Ontario.

Website: <https://www.connexontario.ca/en-ca/>

Phone: **1 (866) 531-2600**

Sault Area Hospital Crisis Services

24/7 telephone support service is available to individuals of all age groups.

Local: **(705) 759-3398** | Toll-free: **1 (800) 721-0077**

Website: <https://sah.on.ca/programs-services/mental-health-addictions/crisis-services/>

Therapeutic intervention and service referrals will be provided as necessary.

Notes



PROJECT CONTACTS



Canadian Centre on Substance Use and Addiction

75 Albert St #500,

Ottawa, ON

K1P 5E7

Phone: 613-235-4048

www.ccsa.ca



Sault Area Hospital

750 Great Northern Road

Sault Ste. Marie, ON

P6B 0A8

www.sah.on.ca

