

FRASER EAST OVERDOSE RESPONSE PROJECT (FEOR)

Findings from linked studies
highlighting the needs of
affected family members in
the context of a toxic drug crisis

DR. AMY SALMON, ASSOCIATE DIRECTOR, CENTRE FOR ADVANCING HEALTH OUTCOMES, UNIVERSITY OF BRITISH COLUMBIA

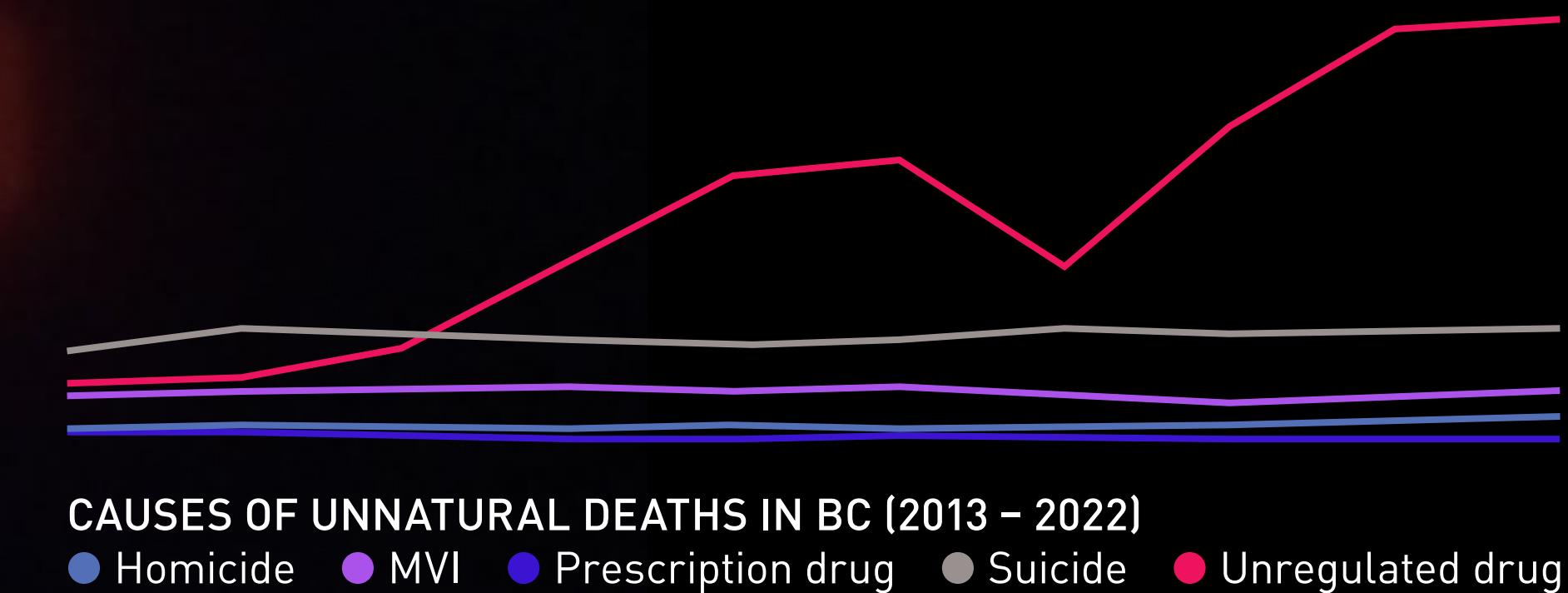
Toxic drug poisoning is now the leading cause of death for British Columbians aged 10-59.¹



2X

Rural and semi-urban areas of the province face particular challenges, yet evidence to support changes in policy and practice are largely generated in highly urban areas.

When we began the research, **people in the Fraser East were twice as likely to die as the result of a toxic drug poisoning event** (1:15) compared to people living in Vancouver's Downtown Eastside (1:29).²





Fraser East Overdose Response Project (FEOR)

FEOR is a community-based, participatory action research project initiated in 2018 to **address gaps in the toxic drug response pertinent to rural and semi-urban areas.**

Our FEOR partnerships have engendered a number of linked projects and spin-off studies.

MULTI-SECTORAL RESEARCH TEAM

academic researchers
community non-profit leaders
creative consultants
municipal government staff
people with lived and living experience
public health practitioners



We interviewed **22 people** at risk of a toxic drug poisoning in the Fraser East.



FEOR PARTICIPANT

“I used alone to keep it from my kids, right? I didn’t want other people to know.”

Our **first study** examined the reasons why people decide to use drugs alone, the social-relational contexts in which these decisions are made, and implications for overdose prevention.

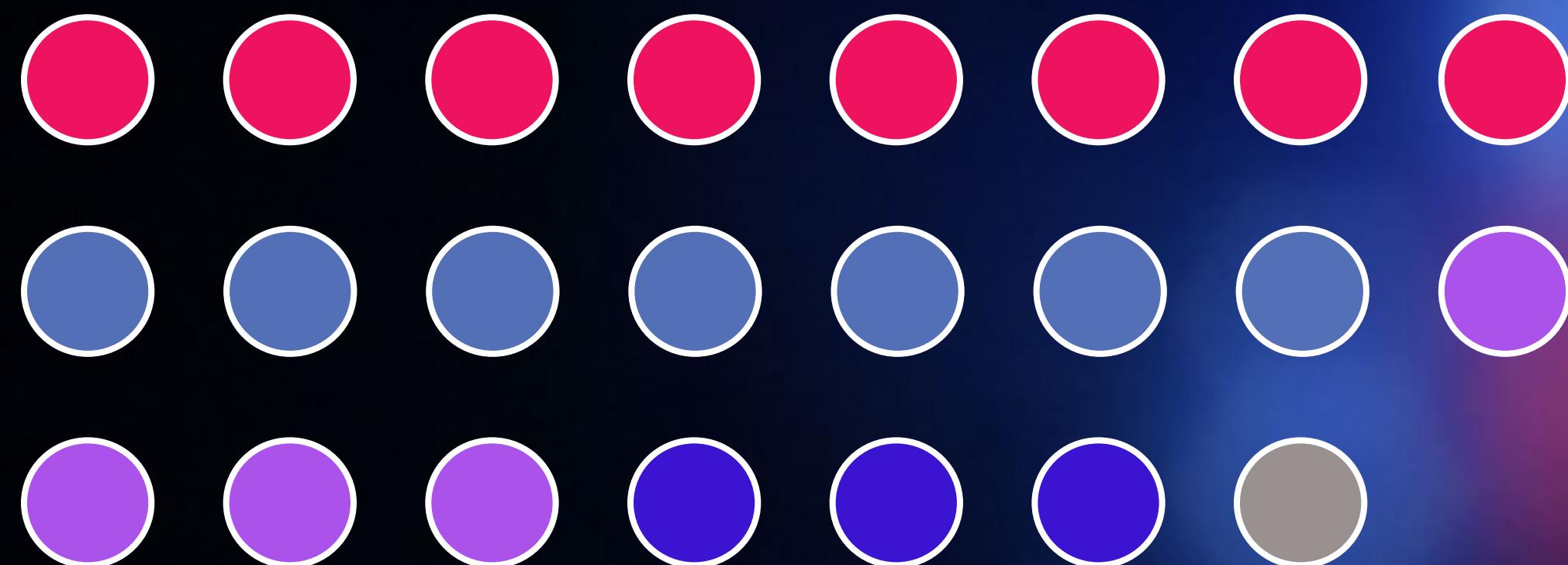
Our findings² indicated:

- › People who use alone consider “risk” in complex and nuanced ways.
- › Social networks and relationships emerged as a particularly salient factor influencing drug use behaviours.
- › Loved ones often provided much-needed supports.
- › Participants assessed risk of overdose alongside the risk of harming connections to loved ones.
- › Shame was often experienced within family systems.

“It was a shame factor. To me, addiction is a very shameful thing, so I wanted to keep it hidden. Like my Dad, he could tell right away. . . .I would use by myself because I didn’t want anyone to know.”

FEOR PARTICIPANT

In 2022, we initiated a **second study** examining the experiences and perspectives of affected family members (AFMs).

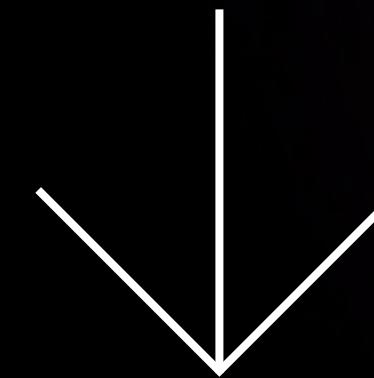


8 Close friends **7 Mothers** **4 Intimate partners**
3 Siblings **1 Cousin**



We collected a heterogeneous sample of **22 participants:**

- Seven participants had lost their loved one to a toxic drug death.
- Some had high levels of lived experience with substance use, and others had little to none.
- Approximately 1/3 were also involved in formal frontline work in substance use services.



The study examined:

- › How AFMs perceived their loved one's use
- › Their experiences surrounding toxic drug poisonings and the toxic drug crisis
- › Impacts on their relationship with their loved one
- › Barriers and facilitators to support

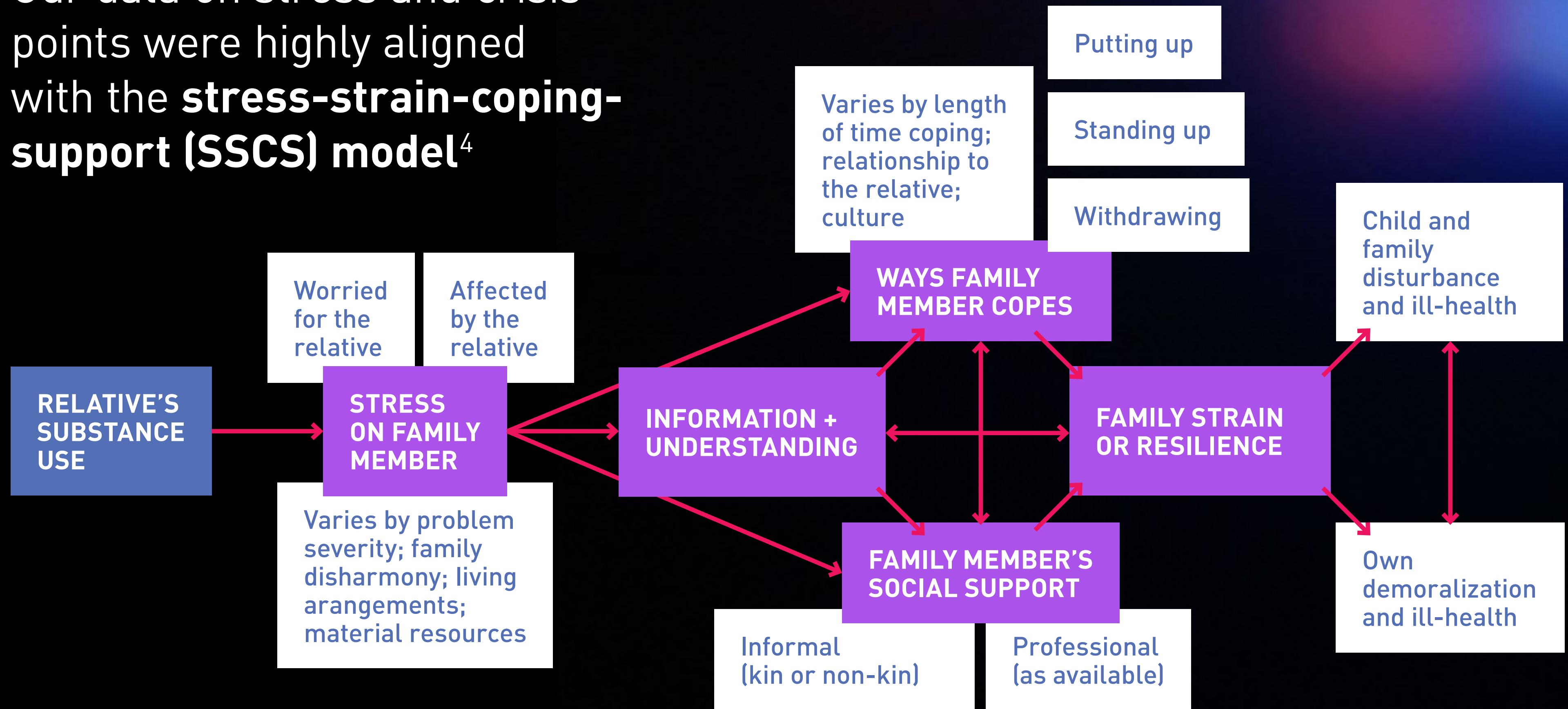
Our data was rich and complex, and the results of multiple sub-analyses were shared widely in community, covering themes such as:

Main stressors and alleviators of stress

Stressors unique to the toxic drug emergency

Perceptions and experiences around the concept of “tough love”³

Our data on stress and crisis points were highly aligned with the **stress-strain-coping-support (SSCS) model**⁴



Adapted from the "stress-strain-coping-support (SSCS)" model J. Orford et. al. Social Science & Medicine 78 (2013) 70-77

THE FEAR PROJECT



SOCIAL SUPPORT

SIGNIFICANT RELATIONSHIPS

Family
Peers
Community
Personal God

PROFESSIONAL SUPPORTS

Groups
Counselling
System
Key Ally

POSITIVE EXPERIENCES

Helping
Recovery
Knowledge

BELIEFS + VALUES

Acceptance
Personal
Philosophies
Self Reliance

SOMETIMES STRESSORS CAN LEAD INTO HEALING

EXPERIENCES

Close contact with the impacts of substance use
Negative System Interactions
Strained Relationships
Personal Harm (trauma, abuse, housing insecurity, relapse)
Competing Life Stressors

FEELINGS AND PERCEPTIONS

Feeling Alone
Feeling Used
Overwhelming Pain
Moral Distress
Shame and Stigma
Exhaustion
Denial
Dissapointed Hopes
Uncertainty
Guilt

MOST OFTEN STRESSORS LEAD INTO CRISIS

COPING CONUNDRUMS

BROKEN RELATIONSHIPS

ISOLATION
WITHDRAWL OF SUPPORT
GIVING UP

DEATH

STRAIN

SICKNESS
HOMELESSNESS
RELAPSE
PARALYSIS
BURNOUT

Experiences of FEOR participants suggest that **unmitigated stress can lead to disconnection from loved ones that can heighten overdose-related risks**, particularly when individual resilience is worn thin and AFMs have “run out of cope.”

MOTHER: “**At this point I’m so consumed with my kid, I don’t know how to help.**”

MOTHER: “**I can navigate the disability, I can navigate the mental illness. You can’t navigate drug use and the chaos that brings.**”

SIBLING: “**I had to ask him to leave. I said, ‘You’re not putting our house at risk right now.’**”

SIBLING: “My dad went downstairs in the morning and found my brother crumpled up, with no clothes on, in a closet, and he had been there for six to eight hours, needle beside him. And he was borderline dead.”

CLOSE FRIEND: “No one can be up 24/7 monitoring another human being.”

CLOSE FRIEND: “It’s like Russian Roulette.”

We also tracked stressors specific to the toxic drug context.³

Toxic drug-related stress

Acute risk awareness and heightened fear

Witness and responder trauma

Accumulated grief and shutting down

SIBLING: **“Anybody who knows somebody that uses drugs, is always waiting for that phone call... in the back of their mind there’s always the fear of that call.”**

MOTHER: **“My son probably overdosed 20 times in the course of two years.”**

MOTHER: **“I don’t even really know what’s helpful and what’s not helpful. I just know that everything out there right now is not fucking working. It’s not working.”**

Accumulated grief: loss + damage builds up



“I have a Facebook account full of dead people from overdoses.”

FEOR PARTICIPANT

Dense, complex, and painful narratives of system-related stress were prominent in our data:

- › Navigational complexity and confounding **barriers**
- › Perceived **stigma** and lack of adequate care
- › Anger, exhaustion, hopelessness, **giving up**

"The systems aren't designed around people who use substances. I don't know who they're designed for, but it's not for their supposed clients."

FEOR PARTICIPANT

"And then he made me feel like a complete idiot. And I'm thinking how may other parents show up with your kids everyday "What can I do? What can I do? What can I do?" Maybe lots of them do but shouldn't you be nicer to them? Shouldn't you be helpful to them? So that was pretty horrific."

FEOR PARTICIPANT

“And to not be able to get my brother into those programs, it—mind-boggling, it was mind-boggling. I was shocked at the barriers to that. I mean, you want collateral, I can give you fifteen years of collateral for him. You want doctors' notes, you want all this information? You want me to drive him there, do you want me to pay for that? Do you want me to get him here in thirty minutes, or call a cab, because I'm at work? Then let's get it done. **Nothing, it would not happen, it could not happen.**”

MOTHER: “Just listening to people, what they’ve gone through, how they handled things, how they’re still handling things on a day-to-day basis. Just being able to reach out to somebody else without feeling judged or belittled or things like that.”

Our FEOR findings highlighted the need for an **increase in services** that directly address gaps in knowledge and social support. In particular, **finding someone else who “gets it”** offered strong support that was not often found through other family relationships.

In response, we initiated the **Family Matters Project**, which received Canadian Institute of Health Research (CIHR) funds to develop and test an intervention for AFMs.



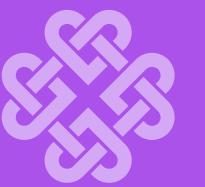
Our goal is to **develop an intervention that enhances relationship resilience between AFMs and loved ones**, specifically buffering against crisis points that precipitate episodes of isolation and increase risks of fatal drug poisoning.

From the beginning of the FEOR project, we have been connected with **Parents Forever**, a support group for parents of adult children struggling with substance use issues. We found that Parents Forever's program included modalities that aligned with themes in our data as well as the SSCS model:

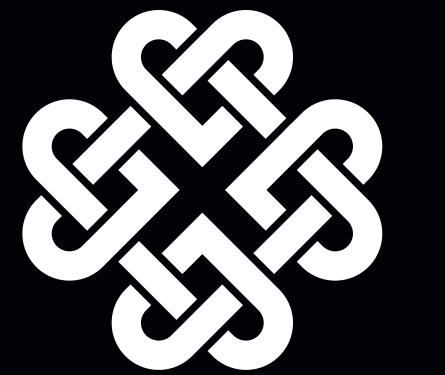
Provision of **educational support** addressing participant-driven needs in the local context



Integration of **emotional support** through sharing and mutual understanding



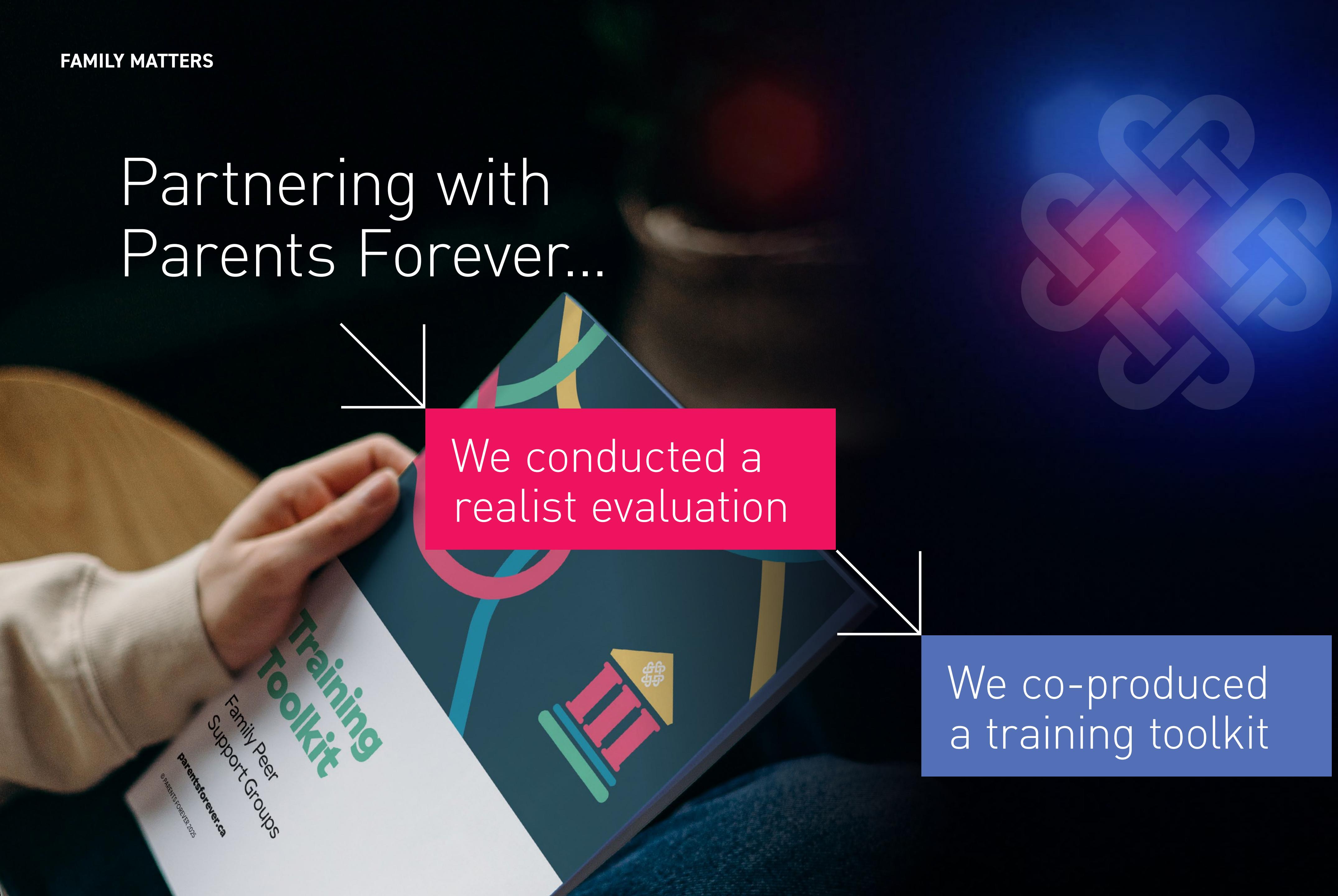
Development of skills and strategies that **enhance coping** and build resilience



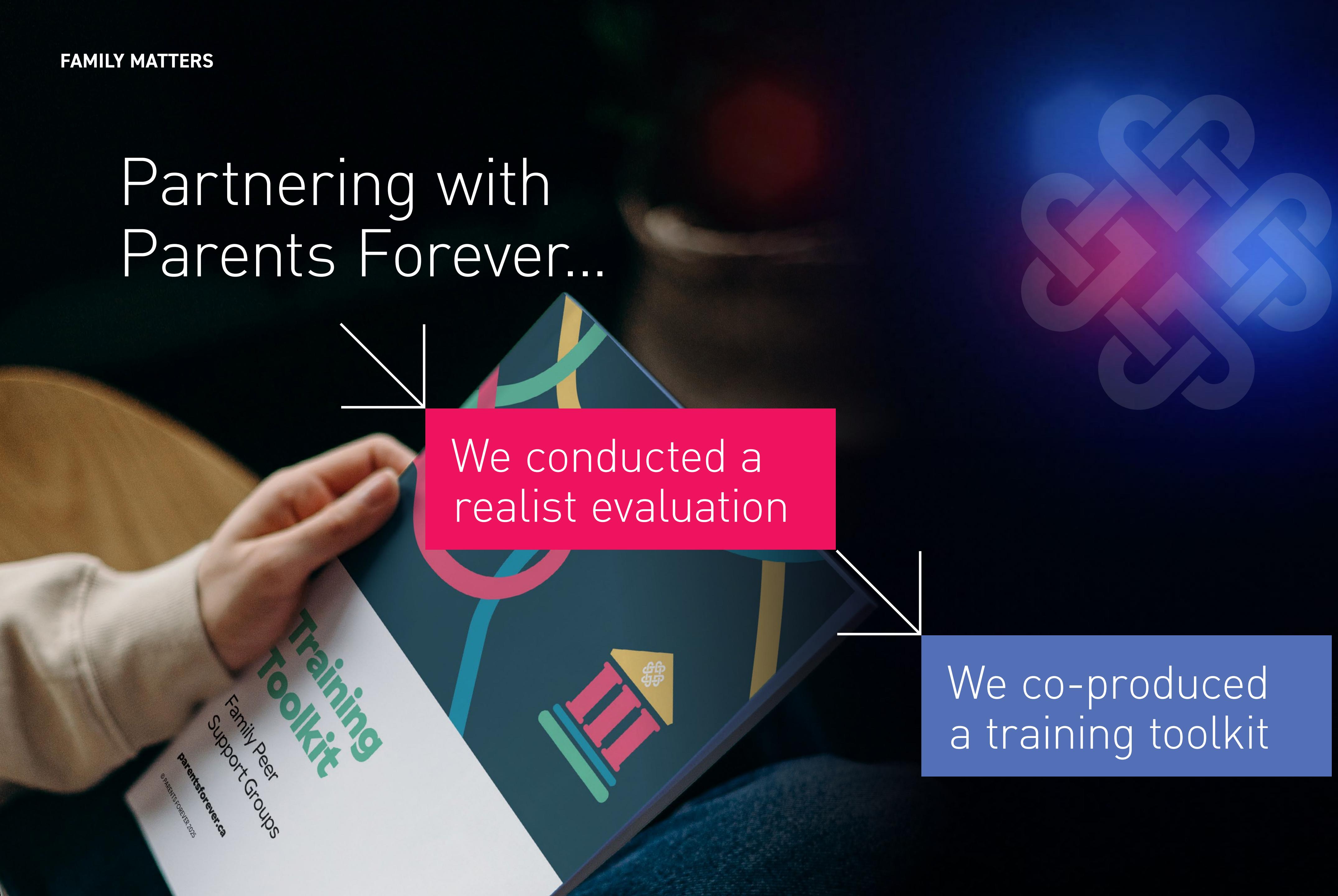
**Parents
Forever**

BOUND BY EXPERIENCE

Partnering with Parents Forever...



We conducted a
realist evaluation



We co-produced
a training toolkit



Fraser East Overdose Response Project (FEOR): Findings from linked studies highlighting the needs of affected family members in the context of a toxic drug crisis

Dr. Amy Salmon, Associate Director, Centre for Advancing Health Outcomes,
University of British Columbia

General, Public Safety and Solicitor. 2024. "BC Coroners Service Drug Toxicity Death Update through June 2024." BC Gov News. July 30, 2024. <https://news.gov.bc.ca/releases/2024PSSG0063-001183>.

Fernando, S., Hawkins, J., Kniseley, M., Sikora, M., Robson, J., Snyer, D., et al. (2022). The overdose crisis and using alone: Perspectives of people who use drugs in rural and semi-urban areas of British Columbia. *Substance Use & Misuse*. 1864-1872. <https://doi.org/10.1080/102826084.2022.2120361>

Hawkins, J., Salmon, A., Fernando, S., Battle, C., Esau, S., Snyder, D., et al. (2025). 'I don't know what we should have done differently': A qualitative study on the dilemmas of 'tough love' an toxic drugs in British Columbia, Canada. *Drugs: Education, Prevention, Policy*. 1-10. <https://doi.org/10.1080/09687637.2025.2493140>

Orford, J., Velleman, R., Natera, G., Templeton, L., Copello, A. 2013. "Addiction in the Family is a Major but Neglected Contributor to the Global Burden of Adult Ill Health." *Social Science & Medicine*. (78):70-77. <https://doi.org/10.1016/j.socscimed.2012.11.036>

