Darren



Interrupting the Vortex

Journeys Through Substance Use and Housing Precarity

Your name is Darren, and you're a husband, a father & a tradesman.



Your Background

You got married in your twenties to the girl of your dreams, and you made great money for your family as a commercial **glazier**[1]. At 26, you were the youngest in your company to get promoted from a **journeyman**[2] to **working foreman**[3]. Your employer told you that you demonstrated a lot of potential. Managing guys older than you could be tough, but you thought you could prove yourself. The promotion meant a bump in pay for your family, and you liked the fact that you would still be active on the job sites.

At the time of your promotion, you had a three-year-old daughter. at home and a baby on the way. Life felt great. You figured that you'd have enough to buy a boat for the family before the summer, and you and your wife Sarah even talked about saving up enough money to eventually get a cabin on a lake up north.

One rainy winter day, you were hoisting a 150-pound pane of glass on an uneven job site, and a gust of wind caused a sudden torque in your lower back. You were instantly hit with blinding pain. While there's a lot of pressure in trades to muscle through and tough it out, you could barely move. At the ER, the doctor told you that you had a herniated disk at L5-S1, and you would be at risk of permanent nerve damage if you did not stop lifting. She told you that as a young, healthy man, it would probably resolve on its own without surgery, but you would still need to take three months off work.

As a foreman, the pressure to return to work is strong. Nothing on the job site can happen without you, and replacing you would remove a foreman from another site, slowing down the whole work schedule

1 A **glazier** is a worker who cuts, fits, and installs glass in commercial buildings, storefronts, and curtain walls.

2 A **journeyman** is a skilled tradesperson who has completed an apprenticeship, passed rigorous exams and thousands of hours of on-site training to become a fully qualified professional.

3 A **working foreman** is a highly skilled journeyman who leads a team or crew on a job site. Unlike traditional or "non-working" foremen who strictly handle management, planning, and administration, a working foreman splits their time between actively performing the same physical work as their crew and managing operations.

across sites. But the doctor told you that your back would most likely never return to its original strength and you would be susceptible to re-injury.

So, you decide to play it safe and follow the doctor's orders to start strong in recovery.

Your Journey

start at PERSONAL — Darren's House

You are now trying to rest at home. The ER doctor prescribed T3s, but they don't do a thing. Your sleep is terrible, and you can barely move. After an excruciating trip across town to your primary care doctor, he switches you to oxycodone. It feels a lot better, and you can at least sleep better and focus on getting back to normal.

During your time off, you also have to deal with **WorkSafeBC**[4]. You're worried about your employer's **experience rating**[5], especially because they just promoted you. But you just bought a truck, and you can't afford not to make a claim. You receive 85% of your wage, but it takes weeks for the first cheque to arrive, and by that time you are already financially stressed, which adds to the pressure to return to work even though you're still experiencing intense pain when the meds wear off.

IN DARREN'S WORDS:
Scan the QR code or select the link below to listen to the next section.
Listen to Darren's story

Two months pass. Your baby (a son) is born. You want to be present, active, and providing — but you're still in pain. However, due to mounting financial pressure and the intense mental exhaustion of constantly proving your pain to the WorkSafeBC case manager, you feel forced to sign off on a premature **return-to-work (RTW) plan**[6]*. You just want to stop the paperwork and keep your employer happy, so you tell your physician what you think he needs to hear to fill out* **Form 11**[7]*. You figure you can take more oxycodone if you're desperate.*

go to WORK SITE

You return to the job site long before your body is healed, masking the pain with your oxycodone prescription just to survive your shifts. This sets off a dangerous cycle of escalating substance use. Because you are pushing your body past its limits, you start running out of pills weeks early. When you ask for an early refill, your doctor becomes alarmed and tells you it's time to start tapering down. Panic sets in. You don't want to flag yourself as "drug-seeking" or look suspicious, so you agree to the lower dose and walk out of the clinic terrified.

At home, you are increasingly irritable. Sarah is struggling to keep up with the overwhelming adjustment of two kids, and you feel like you have absolutely zero capacity to help. The physical toll of the job and the encroaching symptoms of opioid withdrawal are completely wearing you down. After work, you don't want to parent; you just want the oblivion of sleep.

A few weeks into the taper, a coworker notices you sweating and shaking through a shift. He pulls you aside and says he has a buddy who gets oxys on the side. You trust your coworker, and you need to feed your family. So you buy a few. To your relief, it works. For a while, the pain is gone, and you feel supported and hopeful. You think you have a handle on this.

IN DARREN'S WORDS:
Scan the QR code or select the link below to listen to the next section.
Listen to Darren's story

4 **WorkSafeBC** is the provincial agency tasked with enforcing the Workers Compensation Act and the Occupational Health and Safety Regulation. It protects B.C. workers and employers by preventing workplace injuries, managing claims, and providing no-fault insurance coverage.

5 An **experience rating** is a financial adjustment mechanism that modifies an employer's base workers' compensation premium based on their individual claims-cost history. Firms with lower-than-average injury costs earn premium discounts, while those with higher-than-average costs face premium surcharges.

6 A **return-to-work plan** is a customized, collabourative employment strategy designed to help individuals facing physical, mental, or medical barriers safely re-enter the labour market.

7 **Form 11** is a Physician's Progress Report, used for follow-up visits. It is submitted when a worker's condition changes, treatment updates are required, or they are deemed ready to return to work.

But increased tolerance is inescapable. Soon, swallowing the pills doesn't stop the sickness anymore. Your coworker tells you that if you crush and snort them, it hits faster and stronger. You've never done anything like that in your life, but tomorrow your crew is craning in a heavy glass install on a tight deadline, and you really need to be fully functional. So you try it.

go to **HEALTHCARE — Family Doctor**

Sarah has asked—demanded—that you go to the doctor. At home you are exhausted and irritable. You're not sleeping. So far, Sarah doesn't suspect your reliance on the side supply of pills, and you are trying to keep your own growing suspicions of serious addiction at bay. Needing the medicine doesn't feel like an addiction; it just feels like survival pain management. It's not like you are getting high.

Still, you're scared to talk to your doctor. And honestly, your coworker feels like the main person you trust with your health, even if there's a small voice in the back of your head that says this isn't going to end well. But he gets you and the pressures you face, and he's giving you what you need without any judgement or demands. So you just tell your doctor that you're not sleeping and still struggling "a bit" with pain. You don't describe any of the withdrawal symptoms you've experienced.

Your doctor listens, checks your charts, and tells you that your poor sleep is likely a side effect of the opioid taper. He tells you that the worst thing you could do for your recovery is increase the oxycodone, and he writes you a prescription for a mild, non-addictive sleep aid and tells you to stick to the taper schedule. You nod and thank him, but you know that a sleeping pill won't stop the violent body aches, cold sweats, and crushing fatigue that hit you on the job site when you don't have opioids. Walking out of the clinic, you feel a sense of hopelessness and oppression. that the medical system is a dead end. It seems that your coworker is the only one who can keep you functional.

go back to **WORK SITE**

The exhaustion is consuming you. Between the physical demands of the job, the heavy doses of street opioids, and the sleeping pills from your doctor, your brain feels like concrete. You are nodding off at the wheel of your truck and losing focus on site—which you know can be deadly not just for you but for your crew. Desperate to snap out of the fog and stay awake, you confess your exhaustion to your coworker. He offers you a line of his coke to lock in your focus. He tells you it's what the guys use to power through. You've always drawn a line at hard street drugs, but right now, survival means staying awake. It works instantly. Your heart races, the fog clears, and you are sharp again. You think you've found the perfect chemical balance to manage your life.

Due to the unpredictable drug supply, you get a batch that is tainted with fentanyl. You pass out against the wall of a porta-potty, as your breathing slows and eventually stops. A coworker finds you, slumped over and unresponsive.

go to **EMERGENCY ROOM**

IN DARREN'S WORDS:

Scan the QR code or select the link below to listen to the next section.

Listen to Darren's story

You wake up in a daze, the harsh fluorescent lights of the ER overhead. Sarah is crying, holding your hand. You briefly wonder where the kids are, then you see them with your mother-in-law, who is huddled over them protectively in the corner. You learn that you have survived an overdose. The emergency team used multiple doses of naloxone to drag you back from the edge of respiratory failure. Everyone is profoundly relieved that you are alive, but the relief quickly morphs into anger, confusion, and shock. They had no idea you were using street drugs. Your family has always looked down on people who use street drugs, and this just adds to your shame. You feel exposed and on the defensive because you feel like you're being judged for what you've done, but no one understands why you did it.

The ER team focuses on stabilizing your vitals and clearing you for discharge, but they do not assess you for an hypoxic-anoxic brain injury. The hospital doctor recommends one to two weeks of complete rest from work to recover from the physical trauma. The social worker at the hospital mentions that you might be eligible for an employer-sponsored program to get you to treatment. You're pretty out of it, so she mostly talks to Sarah, but you're feeling that you don't need "rehab." You aren't a street addict; you're a tradesman with a bad back. You just need to find the right cocktail of meds to deal with your now-chronic pain in a way that actually works.

go back to **PERSONAL** — Darren's House

By the time you get home, acute withdrawal sets in: sweats, severe muscle cramping, vomiting, racing heart, and intense psychological cravings. Sarah's stress and your crying baby are sending you over the edge. You're acutely aware that your cell phone contains the numbers of people who can instantly fix how you feel, so… you score some oxys to keep the edge off. But your brain still feels broken. Your short-term memory is shot, your attention span is nonexistent, and you can't seem to make even a simple decision. Emotionally, you are unrecognizable. Your usual calm, foreman persona is gone, replaced by a short fuse and sudden personality changes that terrify your family.

Meanwhile, Sarah has been frantically making phone calls and researching options. The information you receive is confusing and frustrating. This is a whole new world—one where you still don't believe you belong. While you feel resistant to treatment, Sarah thinks differently.

Within a few days she lays things out for you:

1. Your employer's insurance will fully cover private, intensive bed-based treatment at **Edgewood**[8] in Nanaimo. But you have to have medical clearance, meaning you need to **detox**[9].
2. Edgewood can detox you in-house, but it will cost at least an extra $700 a day out-of-pocket because your employer's insurance excludes coverage for acute medical stabilization.
3. To bypass the cost, Sarah tried to get you connected to **Creekside**[10], the Fraser Health medical detox facility in Surrey. She spent way too much time on websites and phone calls figuring out the process, and she says that you have to call the **RAAC clinic**[11] to get an appointment before things move forward.

8 **Edgewood** is a private residential treatment facility in BC that specializes in treating substance use, process and behavioural addictions, and co-occurring mental health disorders. Services include medical detox and holistic therapy.

9 **Detox** is the medically supervised process of helping a person overcome physical dependence on alcohol or drugs; also referred to as medically supervised withdrawal management.

10 **Creekside** is a Fraser Health-funded withdrawal management ("detox") centre that provides medically monitored care for individuals at risk of medically complicated or severe withdrawal. This qualification excludes some individuals on street drugs who are considered lower risk.

You know that you don't want to go, but you feel too guilty to say no to Sarah. So you pick up the phone and call the RAAC clinic. You attend the RAAC and the addictions doctor puts in a referral to Creekside. Sarah says that Edgewood will hold a bed for you until you get out of detox. This feels like an impossible puzzle that you have zero knowledge or experience to help you solve, and you're still having trouble thinking straight. But you've given consent and Sarah is able to help you manage all the details. Her mother has been watching the kids, and she is relentlessly badgering everyone she can to get you help.

go to **BED BASED TREATMENT** — Edgewood

You're in Nanaimo. It feels like a miracle, but you are grumpy about it. Somehow, the stars magically aligned: You survived a brutal five-day detox at Creekside, and Edgewood had a bed ready for you the exact morning you were discharged. Apparently that doesn't always happen.

Yet you still don't feel that you need to be here. In fact, you feel ridiculous. The toxins are out of your system and you are physically stable. You think you could—and should—be back at work managing your crew. You are a foreman; you give orders and solve practical problems. You don't want to sit in a plastic chair in a circle talking about your feelings and your childhood. You just want to be back on your job site.

It's excruciating, but for Sarah's sake you play along until you can get the hell out of there.

go to **HEALTHCARE** — Family Doctor

Sarah was relieved when you came home. You felt a new, fragile tenderness between you. When you walked in the door and your daughter flung her arms around your neck with her squeaky voice shouting, "Daddy!" your heart constricted under a powerful surge of joy, pride, and a terrible sense of guilt and fear. But you swore to yourself that you would survive this. You just need

11 The **Rapid Access to Addictions Care (RAAC) clinic** is a Fraser Health clinic that provides low-barrier, responsive care to patients with substance use concerns with the aim of providing assessment, initial stabilization and transition to community-based clinics and services.

to survive at work.

You go to your family doctor to get a sustainable pain-management plan in place, but because of the overdose record on your chart, he is hesitant to prescribe any controlled substances. Instead he offers you high-dose naproxen and gabapentin for nerve pain. He strongly suggests an intensive, multi-week chronic pain management course at a regional clinic. You don't have time for it. You've already been away from your family for weeks. But you thank him for the recommendation and say you'll think about it. You want to ask him about your mood swings, but you feel embarrassed and don't have the first clue about how to talk about it (Abbotsford Regional Hospital does not currently have a standardized assessment protocol for hypoxia, so you're on your own with no knowledge of what you could be dealing with). So you leave the clinic with the prescriptions and hope against hope that you can do this.

go back to **WORK SITE**

You're back at work, but so is your pain. Once again, your coworker comes to your rescue. He notices you wincing and gripping the guardrail in agony. You're trying to cope, but how can you help it? On-site, you are constantly climbing scaffolding, leaning over ledges to check alignments, and helping hoist massive, commercial storefront panels. By noon every day, the gabapentin makes you feel dizzy and sluggish, while your lower back feels like it's on fire. Your coworker tells you he has a clean, reliable source for actual "down" (fentanyl powder) this time. He says you can smoke or snort it in small, controlled amounts to manage the pain. You tell yourself you'll only take a tiny bit at night, just to manage.

go back to **PERSONAL — Darren's House**

IN DARREN'S WORDS:

Scan the QR code or select the link below to listen to the next section.

Listen to Darren's story

This time, you overdose in your own living room. You had taken your nightly dose after the kids were asleep. Sarah was out for dinner with friends, and you were on bedtime duty. You had been expecting Sarah home any minute, so you quickly snorted your supply while you were still alone.

But your now-four-year-old daughter wakes up when the dog starts barking and finds you hunched over, blue in the face, and making a terrible choking sound. Sarah arrives home to hear her daughter screaming, and she frantically administers the nasal naloxone spray you brought home from detox while dialing 911.

The paramedics arrive, revive you on your living room floor, and stabilize your breathing. But because a young child discovered an unconscious parent in a setting with unsecured illicit drugs, the attending paramedic is legally mandated to file a report with the Ministry of Children and Family Development (**MCFD**[12]).

Sarah is absolutely terrified, and absolutely furious. Desperate to save your marriage and keep your family together, you are willing to do anything. The MCFD social worker develops a safety plan with you, and you agree to go to the RAAC clinic to begin **Opioid Agonist Therapy (OAT)**[13]. Sarah considers taking the kids to live with her mom for a few weeks while you get things sorted, but you beg her to stay and give you another chance.

go to **OUTPATIENT ADDICTION SERVICES — RAAC**

You tell the addictions physician at RAAC that you want Suboxone instead of methadone. You heard at Edgewood that with methadone, you have to have a "daily witnessed dose," which seems intrusive and like a major logistical pain. You've also heard that it makes people feel drowsy, and you're already dealing with brain fog and can't imagine methadone fog on top of it.

The physician agrees and tells you that it would take too long to titrate to a therapeutic dose of methadone anyway. But he also tells you that because you have been on straight fentanyl, Suboxone will put you into precipitated withdrawal, something that would feel ten times worse than regular

12 The **Ministry of Children and Family Development (MCFD)** is a BC government ministry responsible for child protection, adoption, and family support services.

13 **Opioid Agonist Therapy (OAT)** is a medical treatment for opioid use disorder that involves prescribing long-acting medications like methadone or buprenorphine under clinical supervision. These medications attach to the same receptors in the brain as illicit opioids, safely reducing withdrawal symptoms and cravings without producing a destabilizing high.

withdrawal. He then tells you about **Sublocade**[14], which involves a monthly injection instead of daily witnessed doses. He explains that you will titrate small, gradually increasing doses of Suboxone to the point where you are ready for the Sublocade injection.

You're shocked that a doctor is talking so matter-of-factly about street drug use. For the first time, you start to lose some of your shame and embarrassment. For a minute you wonder about whether or not you can talk with him about some of your mood swings and brain fog, but after he starts to explain more about the microdosing process, you forget.

go back to **PERSONAL — Darren's House**

For the first time in over a year, the constant, frantic mental noise of getting your next dose goes completely quiet. Your head is clear, your withdrawal is gone, and you can finally face Sarah without any secrets.

Even though your substance use feels under control, however, you still forget simple tasks, your temper flashes unexpectedly, and you're struggling with the complex scheduling required of a foreman. The fragile tenderness you experienced with Sarah after Edgewood has dissolved under strained suspicion. She wonders if you're using drugs again, so you tell her that you'll go to the doctor to see about your mental health.

please return to your **TABLE**

Ending A

You're dead in less than 6 years.

How you ended up here was the result of a tragically common confluence of factors. Your ABI symptoms go unassessed and untreated. To Sarah, your memory lapses look like carelessness, your sudden flashes of rage look like a return to street drugs, and your depression feels like a wall. Exhausted, terrified for the safety of the children, and entirely out of empathy, Sarah files for legal separation.

During the family court proceedings, Sarah is awarded exclusive occupancy of your home. Deprived of your family, your identity as a provider, stable housing, and the cognitive stability needed to manage your own life, you stop going to the RAAC clinic. Without the Sublocade blocking your receptors, the physical pain of your back and the emotional agony of what you've been through are too much to handle. You relapse heavily on street fentanyl.

IN DARREN'S WORDS:
Scan the QR code or select the link below to listen to the next section.
Listen to Darren's story

Soon afterward, you're fired from your job due to your erratic behaviour and the dangerous effects on site of your spiralling substance use. With no income, your phone goes out of service and you lose your truck. Within months, you are completely unsheltered, drifting between emergency mats at local shelters and outdoor encampments in the Fraser Valley. It's scary how soon you acclimate to this survival existence, but when you think about it (which you don't), it's actually the fog of drugs that enables you to exist. Your life now revolves around procuring and maintaining that thing that keeps you alive.

Within a shorter time than you could have imagined, you are now fully trapped in the "Vortex Effect," a downward spiral where the combination of toxic drugs and their effects on your brain, chaotic and dangerous street environments, fragmented policies, intake barriers, and zero affordable and stable housing options keep you trapped in the encampment survival scene. In short, you don't have any off-ramps—even when you have moments where you're desperate to get out and seek help.

For example, one morning you wake up in a freezing downpour feeling done and desperate. You remember your daughter's smile and voice, and you do everything you can to follow that light. You talk to one of the harm reduction outreach workers who comes to the camp and tell her that you'll do anything, you just want out. But because you lack a phone or a stable address, it's almost impossible to contact you when a bed opens up. And you really need detox. The outreach worker is told to tell you to "sit tight and wait" on an invisible, weeks-long waitlist, but you don't have the physical stamina or mental stability to survive acute street withdrawal without help.

14 **Sublocade** is a once-monthly injectable prescription medication used to treat moderate to severe Opioid Use Disorder (OUD). It contains buprenorphine, an opioid partial agonist that helps block the effects of other opioids, reduce cravings, and ease withdrawal symptoms.

So the system loops back on itself, and you're caught in a cruel paradox where you need high-level executive functioning skills to access the very help meant to treat your lack of executive functioning. You may or may not be able to get into treatment with the support of a street outreach worker, but if you complete it, you won't have the right kind of housing that will help you further stabilize when you get out. Drugs are constantly around you in low-barrier housing, making it impossible to maintain sobriety.

In the end, you overdose and become a tragic statistic of the poly-crisis of addiction, toxic drugs and unaffordable and/or inappropriate housing.

Ending B

You survive, and it's a long process of love, acceptance, and the right combination of supports.

Sarah sticks with you. Her mom helps out a lot, which you try to feel grateful for even though relying on a parent's support rubs you the wrong way, and it sometimes feels like she judges you. One of the biggest helping factors is that one of Sarah's friends suggests that you might have a brain injury. You're able to talk to your doctor and eventually get an ABI diagnosis. Although it's really hard, you eventually accept the reality that you're going to need to swap your lucrative trades career for rehabilitation.

You swallow your pride and go on long-term disability, supplemented eventually by the Canada Pension Plan disability benefits. The income is significantly lower than your foreman wage, which creates extra pressure at home. You eventually have to sell your duplex and find a smaller, more affordable place. When you think of your previous dreams, the disappointment feels crushingly unbearable and you have to fight hard against bitterness and depression.

At times, your marriage feels like an open wound. You even start to wonder sometimes if it's even worth it. You try counselling at Abby Addictions, but you're still uncomfortable just sitting there talking about feelings with someone you don't really know. A contact from Edgewood suggests NA, and while you don't really relate to the religious kind of talk, you appreciate being connected to people who feel like they are committed to something and are willing to walk beside you without looking down on you. It doesn't feel like therapy, it feels more like friendship.

IN DARREN'S WORDS:

Scan the QR code or select the link below to listen to the next section.

Listen to Darren's story

Eventually you're connected to cognitive remediation services at the Fraser Valley Brain Injury Association, where you learn to use external memory aids, pacing strategies to handle neuro-fatigue, and emotional regulation techniques. Sarah is also connected to healthy supports (she has good friends that don't judge either of you, and she also joined a support group for loved ones at Abby Addictions), and your marriage slowly improves. As your kids grow, you learn to bask in simple joys like a squeeze hug, a tickle war, or a nature walk with your son where you watch him catch a caterpillar. You begin to rely more and more on the network of friendships in the recovery community. Sometimes it's tempting to disappear into the vast array of online entertainment, but you know that you have too much to lose to disconnect.

Your life wasn't what you thought it was going to be, but you're making it.

Walk a different path...



KELLEE'S STORY

Scan the QR code or select the link below to follow a vulnerable teen through the vortex.

Download Kellee's journey (PDF)

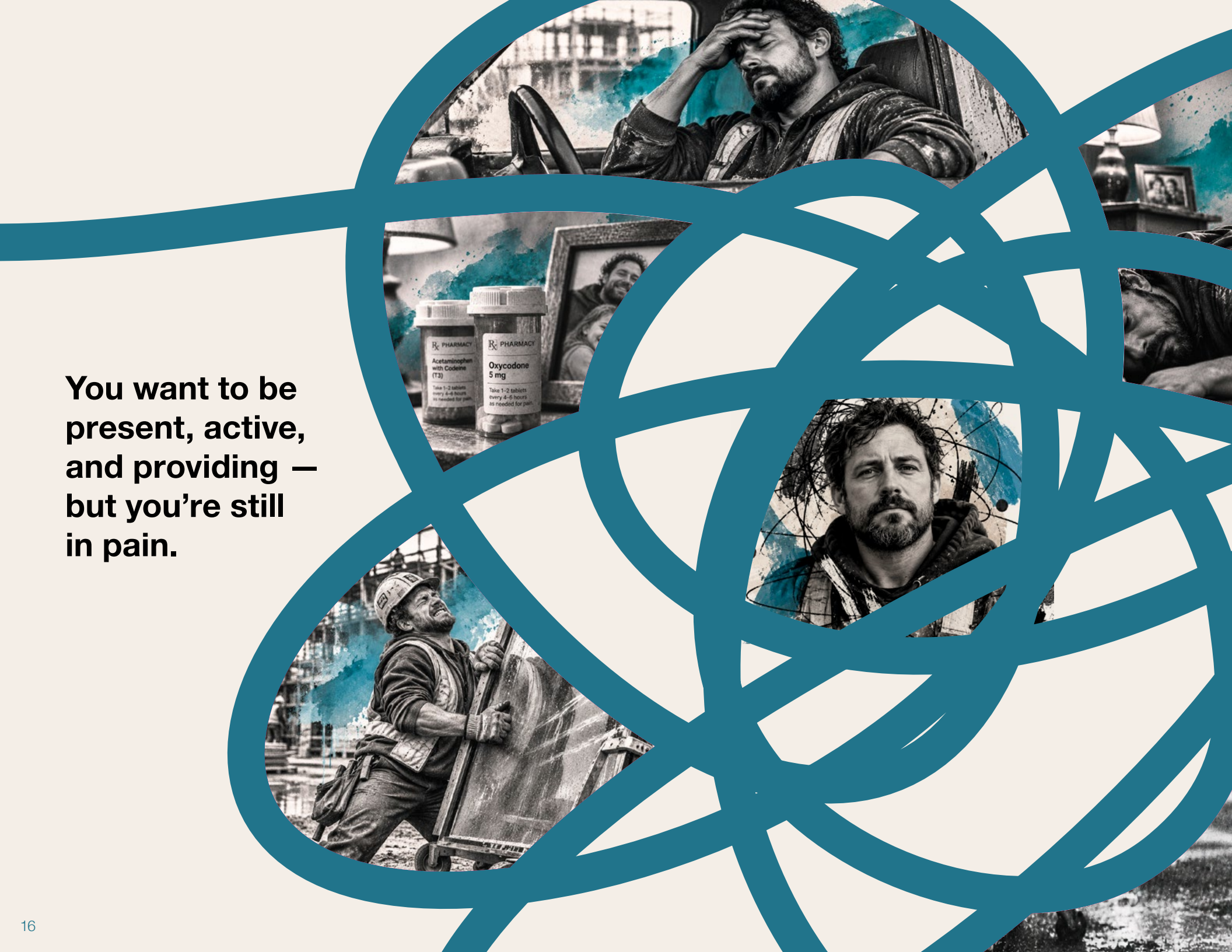


MATT'S STORY

Scan the QR code or select the link below to travel through the vortex with an Indigenous oil-field worker.

Download Matt's journey (PDF)

You want to be present, active, and providing — but you're still in pain.







You remember your daughter's smile and voice, and you do everything you can to follow that light.

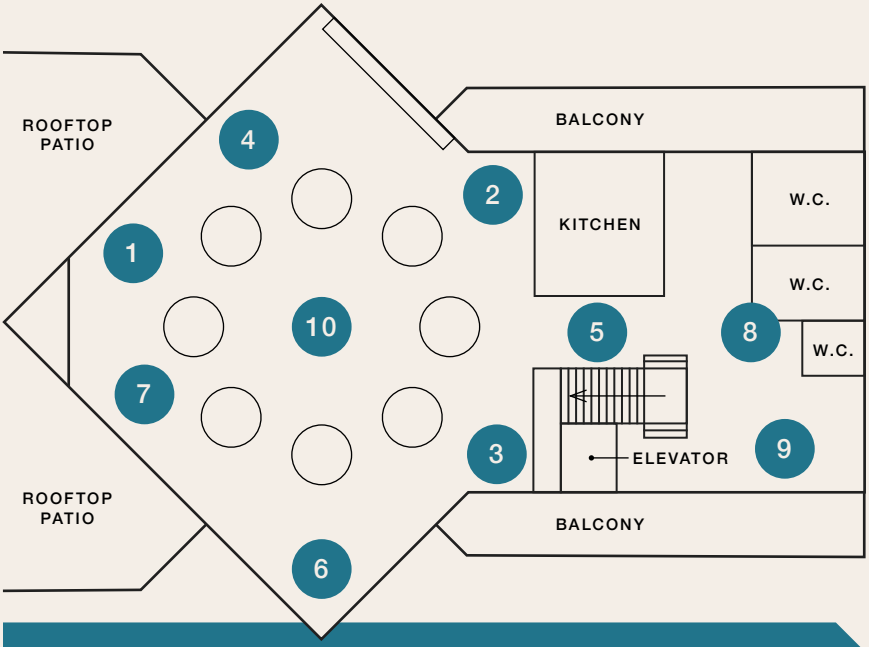
Station Map

Follow your journey in the order shown below the floor plan. Match each number to its station. Stations may be visited more than once or not at all. At each stop, read the next part of your story before moving on.

Please be mindful of other participants and allow space for those completing their journeys.

Legend

1. Personal
2. Healthcare
3. Government
4. Non-profit
5. Emergency Room
6. Bed-based Treatment
7. Work Site
8. Outpatient Addiction Services
9. Creekside
10. Encampment



Darren's Journey

1 → 7 → 2 → 7 → 5 → 1 → 6 → 2 → 7 → 1 → 8 → 1

Every journey is different. Every encounter matters.

This event installation invites participants to experience the barriers, decisions, and systems that shape journeys through substance use and housing precarity.

Learn more about the initiative and how to bring this experience to your community at **abbotsford.ca/journeymapping**.

Interrupting the Vortex

Journeys Through Substance Use and Housing Precarity