Kellee



Interrupting the Vortex

Journeys Through Substance Use and Housing Precarity

Your name is Kellee, and you're an 18-year-old female youth.



Your Background

The **Ministry of Children and Family Development (MCFD)**[1] has been involved in your life for as long as you can remember. Both your parents struggled with severe substance use disorders from the day you were born, and your dad went to federal prison when you were only three. Apprehended at age four by MCFD, the next eight years of your life were a blur of bouncing between temporary foster homes, changing schools, and packing your life into plastic garbage bags. MCFD tried to apply for a **Continuing Care Order**[2], but your mom repeatedly contested, keeping you trapped in legal limbo. Eventually, your mom lost the ability to contest, and you entered permanent MCFD care.

You don't remember a time when you weren't angry. Foster families labeled you "reactive" or "hostile." You lost count of the number of times you packed up and ran away. To numb the constant feeling of rejection and displacement, at a very young age you started dabbling with alcohol and cannabis. By age 11, you realized you could score free party drugs from older kids who hung around the places where you sometimes ditched school.

At 13, you were placed in a strict group home where you often felt like just a shift assignment with checked-out staff. The other youth there seemed even more messed up than you were. Around this time, an outreach worker named **Katelyn** from the **Youth Resource Centre (YRC)**[3] tried to connect with you. She seemed alright, but you didn't trust her—you couldn't understand why she cared, so her attempts at "safety planning" with you didn't resonate.

Within months, you found an escape: couch-surfing at an older friend's

1 **Ministry of Children and Family Development (MCFD)** is a provincial government agency in British Columbia that supports child protection, mental health services, and family development.

2 **A Continuing Care Order (CCO)** is a legal designation where the Ministry of Children and Family Development (MCFD) is granted permanent, sole custody of a child or youth. A CCO places the provincial government in the role of the legal guardian until the youth reaches adulthood.

3 **Youth Resource Centre (YRC)** is a specialized outreach-based service for youth and their families in need; operated by Archway Community Services.

house where parents allowed kids to drink and smoke. Ditching school here became the norm, especially after you started middle school. But after a volatile argument over stolen weed with your friend's older cousin, you were kicked out. Unwilling to return to the group home, you ran out of options and decided to try your mom's place.

Your Journey

go to **PERSONAL — Kellee's Mom's Apartment**

IN KELLEE'S WORDS:

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

Listen to Kellee's story

Your mom's apartment is in a known rough area, and you feel a bit nervous walking the streets alone. You knock on the door, your heart pounding, praying for the double miracle that she hasn't been evicted and that she won't turn you away. Because you are an MCFD ward, being here is a direct violation of your care plan, but you know the system, and nobody is going to intervene any time soon. Right now you just feel like a child who wants her mom. When the door opens, you can't read the look on her face, but she steps aside and lets you in.

Within hours of your arrival, there are lots of people coming and going from the apartment. You're mostly sitting beside your mom on the couch. You're offered a Twisted Tea, which you happily take. You are so happy to be spending time with your mom. Being with her makes you feel safe and connected, like you might belong somewhere.

School and meals don't really factor into your mom's daily routine. Katelyn has been trying to connect with you daily, so one day when you are hungry enough, you take her up on her offer to go to Cyrus Centre to pick up a small food hamper. While there, Katelyn introduces you to one of the workers, **Natasha**, who lets you know about times they serve meals. A couple of times a week you start walking to the Cyrus Centre during the day just to get food. The drop-in space feels safe, the other youth hanging around Cyrus are nice to you, and you slowly start getting to know the staff and volunteers.

Over the next couple of weeks, you notice that your mom's boyfriend is paying more attention to you. You're on your phone a lot to distract yourself from the chaos of constant visitors and the unwanted attention from the boyfriend. Sometimes you show up at school to get away, but you rarely attend any classes. Most of your middle school teachers don't even know who you are.

One night, you wake up to your mom's boyfriend reaching under your clothes. You are confused, scared and in complete shock. You try to push him away, but he is stronger than you are, and your brain is struggling to catch up to what is happening when he doesn't stop. The next day, you don't say anything to anyone about this while you consider what to do. Within a couple of days, he tries it again when he's drunk and you're awake. You run to the next room to tell your mom, but she doesn't believe you. She calls you a liar, and the argument turns explosive, so you grab your backpack and run. It is 11:30 p.m..

go to **NON-PROFIT – Cyrus Centre**

You bang on the door of the **Cyrus Centre**[4]**,** shivering, traumatized, and completely out of options. The night staff immediately recognize you and pull you into the warmth. They are deeply kind, but because they are a regulated youth agency and know you are an active MCFD runaway with an open file, they can only grant you an emergency one-night stay while they coordinate with **Kiara**, your **MCFD social worker**[5]. You are too ashamed and broken to tell them about the assault.

In the meantime, Cyrus Centre staff connect with Kiara, and they allow you to stay for a few more days. While there, you connect with an older girl, about 17, who sometimes comes to Cyrus for meals. You leave together one morning after breakfast and go to visit some of her friends at a local homeless camp.

4 Due to limited beds, **Cyrus Centre** has a **policy** that if you have a safe place to go, they can't give you a bed longer-term.

5 An **MCFD social worker** is a provincial government professional in BC who supports vulnerable children, youth, and families by assessing safety concerns, providing family development support, and managing foster care or protection services.

go to ENCAMPMENT

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

Your new friend emerges from a newer-looking tent and takes out a small glass straw and a piece of tinfoil. She offers you some, says it will help you forget, and you accept. It's an act that feels like inclusion and care. Suddenly, your world goes quiet, time floats away, and your cares disappear. The feeling is like nothing you've ever felt before in your life, and it keeps you going back. You end up staying with your friend in her boyfriend's tent, unsure of how long it will last but happy to coast along on this incredible new feeling of well-being you've discovered.

At first, everything at the camp seems pretty chill. Nobody judges you, and some of the guys are really sweet to you. They don't care about your behaviour, don't check your file, don't give you a curfew, and they aren't threatening to move you. Katelyn checks in on you daily and offers to bring you back to the group home for a shower, but you don't want to get stuck there.

One freezing November morning, however, you wake up on a thin piece of foam on the floor of a nylon tent and realize that you are surrounded by people whose real names you don't even know. You suddenly need to escape the suffocating smell of stale urine, cigarettes, and unwashed blankets and bodies. Some people in the camp are kind, but others are completely unpredictable, violent, and terrifying. You haven't slept a full night in days because you know that once you're asleep, everything you have will get stolen. The group home may have felt like prison, but now, the reality of the street feels infinitely worse. You're thirteen years old, vastly younger than everyone around you, and it's only when you're high that you forget how awful it is.

You reach out to Katelyn, who calls Kiara (your MCFD social worker). When Kiara arrives to bring you back to the group home, she notices your pale skin and shaking hands. She asks if you've been using, but you deny it out of terror that they will put you in custody. You still haven't told anyone about the assault at your mom's.

go to GOVERNMENT — Group Home

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

By morning, you're dope sick, but you don't know it. You wake up covered in a cold sweat, your bones aching and your stomach cramping. You think you must have caught the flu and have no idea that your body has developed a severe chemical dependency and you are experiencing your very first opioid withdrawal. Another youth in the facility takes one look at your dilated pupils and tells you flatly: "You aren't sick, Kellee. You're dope sick. You need to go pick up or you're gonna feel like death for a week." The realization hits you like a physical blow—you can't feel okay again without dope.

As soon as you get the chance, you slip out and run back to the camp to find a fix. An older man in his 40s tells you he can give you a bag of down in exchange for a blow job. Your disgust is overridden by the physical agony of withdrawal; you comply just to make it stop.

For the next year, this becomes your normal. You loop between the camp and the group home, quickly becoming exploited by the men at the camps and even by some of the women (who you thought were your friends). By the time you're 14, your school attendance—always patchy and intermittent—drops to zero. The severity of your disconnection may have been noticed, but nobody can actually force you to attend, even if your name comes up at the SD34 high-risk middle school meeting. Kiara (MCFD), Katelyn (YRC), and Natasha (Cyrus Centre) know who you are, but you're hard to track and they can't force you into anything.

One night, the inevitable happens, and you overdose for the first time at fourteen and a half years old. Staff find you in the group home bathroom, administer three doses of nasal **naloxone**[6], and call 911.

6 **Naloxone** is a fast-acting medication that temporarily reverses the life-threatening effects of an opioid overdose by quickly blocking opioid receptors in the brain and restoring normal breathing. Sometimes it is used interchangeably with Narcan, a brand of naloxone.

go to **EMERGENCY ROOM**

You wake up under the harsh lights of the ARH ER, vomiting and shivering. A nurse has already been trying to contact MCFD. For the first time in your life, you feel the immediacy of death and you're terrified. When Kiara finally calls back, you tell her that you need help, you don't want to die. She suggests **Traverse**[7] in Chilliwack, but you tell her you don't want treatment; you just want to detox and then you'll be fine. Due to the risks involved, however, the ER physician tells you that instead you need to go on **Opioid Agonist Treatment (OAT)**[8]. They stabilize you with a temporary bridging prescription and discharge you with an immediate, next-day appointment at the RAAC Clinic.

At the RAAC Clinic, the addictions doctor doesn't know that you've been exposed to life in the camps. Kiara was taking other calls in the waiting room, and you still look like most other kids. The doctor explains that you will take **Suboxone**[9] daily, slowly increasing the dose (titration) until your cravings stop. The doctor writes it as a "daily witnessed dose"—meaning you must let a pharmacist watch you take it every day. This sounds a bit embarrassing, complicated and like a lot to manage, but you're desperate and agree to try.

go back to **GOVERNMENT — Group Home**

The initial Suboxone titration is agonizingly slow. Because the medical guidelines require a cautious increase to prevent heart arrhythmias or complications, the dose isn't high enough to tamp down your cravings. You keep sneaking out to the camps to supplement with street supply (Kiara has been trying to work with your school to get you back into class, but the process is slow, and you have plenty of free time). You are trying to engage with the RAAC doctor, but the streets move faster.

7 **Traverse** is a 20-bed youth treatment centre in Chilliwack operated by the Pacific Community Resources Society (PCRS). Financed in partnership with BC Housing and Fraser Health, it provides specialized team-based care, nature-based treatment, and culturally safe Indigenous programming for youth aged 13 to 18 for up to six months.

8 **Opioid Agonist Treatment (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.

9 **Suboxone** is a prescription medication used to treat opioid use disorder that combines buprenorphine (a partial opioid agonist that reduces cravings and withdrawal symptoms) with naloxone (an opioid blocker that prevents misuse by causing withdrawal if injected).

One rainy evening at the camp, you smoke a batch that has been cut with **medetomidine**[10]. You drop instantly. A camp resident shouts your name and administers repeated doses of naloxone, but it doesn't work. Miraculously, a dedicated group home worker had just happened to have gone to the camp to look for you. She pulls you out of the tent and performs CPR until the paramedics arrive.

go back to **EMERGENCY ROOM**

You wake up in the ER for the second time in three months. A hospital social worker comes to see you and explains why the naloxone didn't work. You are terrified about what just happened and tell her you want to be done with this, and you'll do whatever it takes. She immediately contacts the Fraser Health **START**[11] program. She says that a START worker can probably return a call within 48 hours. The hospital calls the Cyrus Centre to take you until the START youth crisis clinician can transition you. The START team is able to get you into one of the emergency stabilization beds at Creekside Withdrawal Management within 24 hours.

go to **CREEKSIDE**

At Creekside, you spend eight agonizing days detoxing from a toxic cocktail of fentanyl, benzos, and medetomidine. The clinical team manages your severe withdrawal with comfort medications. Because daily compliance was too difficult to manage, the OAT doctor says he can switch you to **Sublocade**[12], which seems like much lower-maintenance than Suboxone. By the time you are medically stable, the physical craving for drugs is quieter than you can ever remember.

10 **Medetomidine** is a potent, non-opioid veterinary sedative and painkiller that has recently emerged as an illicit adulterant in the street drug supply. Because it is a heavy tranquilizer and not an opioid, overdoses involving medetomidine will not respond to naloxone reversal.

11 **Fraser Health Short-term Assessment Response Team (START)** is a crisis intervention service that provides rapid mental health assessments, stabilization, and short-term support to individuals experiencing acute psychiatric or psychological distress.

12 **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.

The staff at Creekside try to transition you directly to Traverse. But when you look at the paperwork and think about all the group work and programming, it feels overwhelming. Because the Sublocade has made you feel physically normal and strong for the first time since you can remember, you convince yourself you don't need rehab. You decline the spot and decide to take your chances going back to the group home and school.

go back to GOVERNMENT — Bakerview

Kiara helps you enroll at Bakerview Centre for Learning, the local alternative school. The environment is a relief—the classes are smaller, the teachers give you flexibility, and you don't feel judged for your past. For a few months, the Sublocade injection keeps you stable, and for the first time in a really long time, you don't feel like your addiction is ruling your every decision. It feels like you can start to make choices to take control of your life. You begin to open up to Kiara, who has become the main stable adult in your life. You actually start to feel a tiny glimmer of hope.

Six months after your 15th birthday, however, Kiara burns out and goes on leave with the ministry. Your file is left unassigned on a supervisor's desk. You're not sure when you'll get a new worker, and you're not sure you want one. The feeling of loss and abandonment triggers a massive spiral. Bakerview is full of kids who are still actively using, and soon you become one of them. You skip a day, then a week, and soon you stop showing up entirely.

go back to **ENCAMPMENT**

Your Sublocade care plan has lapsed, your tolerance resets to street fentanyl, and you're back at the camps. You've been going to the Cyrus Centre drop-in regularly for meals, showers, and laundry. The staff there have been trying to help you find out who your new MCFD social worker is, but just after they find out that you've actually been assigned someone, he goes on a three-week leave. You know your file will most likely fall through the cracks, but at this point you don't care.

By 16, you are living at the camp full-time and have moved into a tent with an older man in his late 40s. He provides you with a steady supply of down and protection from the more violent elements of the camp environment, but the price is compliance with his ongoing sexual demands. His protection is an illusion, paid for in frequent physical violence and cruel, constant degradation. He tells you he's keeping you safe from the real sex trade, but it's a soul-crushing survival.

A year passes in a blur of exploitation and dependency. One summer night you overdose in Jubilee Park. A passerby calls 911.

go back to **EMERGENCY ROOM**

IN KELLEE'S WORDS:

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

Listen to Kellee's story

You wake up in the ER at 17 years old, completely numb. You've survived the overdose, but as the triage nurse goes through a routine medical screening, she asks when your last period was. You can't remember, but think it's been a few months. You've never been regular due to your heavy substance use, but you had noticed some nausea in the mornings. The nurse performs point-of-care ultrasound. He looks at you with deep compassion and confirms the reality: you are roughly sixteen weeks pregnant.

The shock paralyzes you. The nurse asks gently if there is anyone you can notify, anyone who can take you somewhere safe. You don't even know if you have a legal right to a bed anywhere at this point, and you can't remember the last time you talked with your latest MCFD social worker. So you ask him to call the Cyrus Centre, and Natasha arrives within an hour. She holds your hand and promises she will help you navigate this, and that you have options. For now, you can stay at the emergency shelter there.

go to **OUTPATIENT ADDICTION SERVICES — RAAC**

The next day, Natasha goes with you to the RAAC clinic because you need to get stabilized on OAT as soon as possible. There, the addictions doctor sits eye-to-eye with you and explains your new reality:

“Kellee,” he says gently, “your pregnancy changes how we need to do this. Your baby is being affected by the street supply—if you go into sudden, unmanaged withdrawal on the street, the baby goes into distress. But if we stabilize you on OAT, your baby has a far better chance of being healthy.”

You feel flooded. You don’t know what to do. You don’t know how you feel. Again, Natasha holds your hand and assures you that you are not alone. She promises to help walk you through this. You’re not sure you want an abortion, so you agree to allow the doctor to initiate a Rapid Induction Protocol for Sublocade, and after a couple of hours, you can receive your first dose.

You and Natasha return to the Cyrus Centre to map out some next steps.

please return to your **TABLE**

Ending A

You have a massive fatal overdose within 6 months of delivering your child.

How you ended here was the result of a tragically common confluence of factors:

After confirming that you want to keep your baby and move forward in recovery, Natasha calls the Maxxine Wright Centre in Surrey. They have an immediate opening in their women’s shelter, but they cannot confirm if you can get into their second stage transitional housing for expecting and new mothers. Still, they operate under a low-barrier, harm-reduction model, and you feel like they would know more about situations like yours than any place in Abbotsford.

You arrive in Surrey unanchored; it’s the first time you’ve left Abbotsford in your life. When you settle into the shelter, you’re shocked and unsettled when you find out that the person in the bed beside you is still accessing a street supply. But soon you face a choice when she offers to share. At first, you refuse, but she insists that down doesn’t harm your baby. Notably, you haven’t yet connected with a local obstetrician for prenatal checkups, so you’re now completely without any medical support and accountability.

After a few weeks you cave and share your new friend’s batch, which triggers self-doubt and shame, and you start to succumb to the fears that have been threatening to surface ever since you found out you were pregnant. You soon leave Surrey and find your way back to the familiarity of the camps in Abbotsford, and you disappear from the medical grid for the final four months of your pregnancy, using street down daily just to numb the dread of what’s coming.

You go into sudden labour during a severe rainstorm. Paramedics are called to a muddy path down to the encampment, and you are rushed to the ER in advanced distress. Your son is born prematurely, testing positive for fentanyl, carfentanil, and non-commercial sedatives. Because there is zero prenatal history, no stable housing, and active severe substance use documented in your tox screen, the hospital social worker contacts MCFD to see if an adequate safety plan can be made for you to keep your son. MCFD quickly assesses that protective intervention is necessary, and as there are no viable kinship ties in your file, they arrange for temporary, emergency foster care.

IN KELLEE’S WORDS:
Scan the QR code or select the link below to listen to the next section.
Listen to Kellee’s story

While you are still recovering in the maternity ward, your baby is wheeled away to the Neonatal Intensive Care Unit (NICU) to be, in your mind, “given away.” Watching them leave, you experience a raw, primal trauma you’ve never felt before. Because you have been using high volumes of street down up until the moment of labour, combined with the hospital’s rigid pain management protocols, you soon go into a rapid, post-delivery state of acute, violent withdrawal. Shaking, vomiting, and desperately needing an immediate fix, you scream at the nurses, pull out your IV, and discharge yourself against medical advice within twenty-four hours of giving birth. You walk straight out of the maternity ward and back to the camps.

You return to the encampment completely broken. You remain passively on the margins, your health deteriorating rapidly as you use the illicit supply simply to survive. Until one day you don’t. You’re found dead of an overdose in your boyfriend’s tent at 18 years old.

Ending B

You choose to fight and caring, equally determined staff meet your choice and weave together enough supports to give you and your baby a chance.

Natasha sticks with you. You think you want to keep your baby, but you're terrified; you don't want to end up like your mom, repeating a cycle of apprehension and abandonment. Natasha encourages you, assuring you that if you are convinced you want to keep this child, they can help. She says this can be the start of a new beginning. You're not so sure, but you're willing to try. Now that you are stable on Sublocade and no longer trapped in a fog of toxic drugs and survival sex, your mind begins to clear. Anything seems better than the hell you were just living.

Natasha confirms that you can stay at the Cyrus Centre emergency youth shelter for the next few months while you wait for a specialized spot to open up at the FIR (**Families in Recovery**[13]) program at BC Women's Hospital. In the meantime, she attempts to connect you with local prenatal supports through the Abbotsford Public Health Unit.

However, you immediately hit a painful roadblock. Although the public health nurses run the Best Beginnings program—which is technically mandated to support higher-risk pregnancies—the traditional system isn't truly equipped to handle a homeless teen on OAT. Their safety policies prohibit outreach at the camps, and the clinical judgment you feel in their questions cuts deep into your fears of unworthiness. But Natasha steps in as your advocate; she anchors you, attends prenatal appointments with you, and ensures your Sublocade injections remain uninterrupted.

IN KELLEE'S WORDS:

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Listen to Kellee's story

At 38 weeks pregnant, you are admitted to FIR in Vancouver with early signs of labour. The environment is unlike any medical institution you've ever experienced. Instead of judgment, you are met with deep compassion and an elite level of concurrent disorders expertise. The doctors and nurses don't treat your addiction as a moral failure. The ministry is still involved, but because you are at FIR, it is a much more supportive process, and the social worker from the ministry works with you and the FIR staff to create a plan that will allow you to parent your baby. They stabilize your health, teach you about infant withdrawal, and help you bond with your growing baby in a safe, trauma-informed space.

As your discharge date from FIR approaches, Natasha works tirelessly behind the scenes with FIR staff to secure your next steps back in the Fraser Valley. She thinks you would be a good fit for the Housing Hub in Chilliwack, but they don't take anyone under 19. The Cheryl Smith residence with SARA for Women in Abbotsford doesn't currently have any openings. So Natasha eventually secures a place for you with the EFry Cradle program in Surrey, where you can stay for 8 months. By the time you're ready for discharge there, you're almost 19 and the Housing Hub agrees to bend the rules for you.

By the time your son is almost a year old, you're settled in Chilliwack in a substance-free and supported apartment. Because you're in Chilliwack, none of your old friends and acquaintances can reach you easily. You have been enrolled in Sardis Doorway, a specialized community program for single mothers, where you receive childcare assistance, wrap-around support, life-skills programming, service referrals, and a community of women who accept you without conditions.

You have a whole new life, and though it is still more precarious than you fully understand, you love your son like nothing you've ever felt before.

Walk a different path...



DARREN'S STORY

Scan the QR code or select the link below to follow a tradesman, husband, and father through the vortex.

Download Darren'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)

13 **Families in Recovery (FIR)** is a unit at BC Women's Hospital and Health Centre that provides specialized inpatient (hospital-based) support to individuals who are pregnant or newly parenting, who have substance use and mental health concerns. Services encompass pregnancy to after-birth care.

You’re thirteen years old, vastly younger than everyone else around you.















You don’t want to end up like your mom, repeating a cycle of apprehension and abandonment.

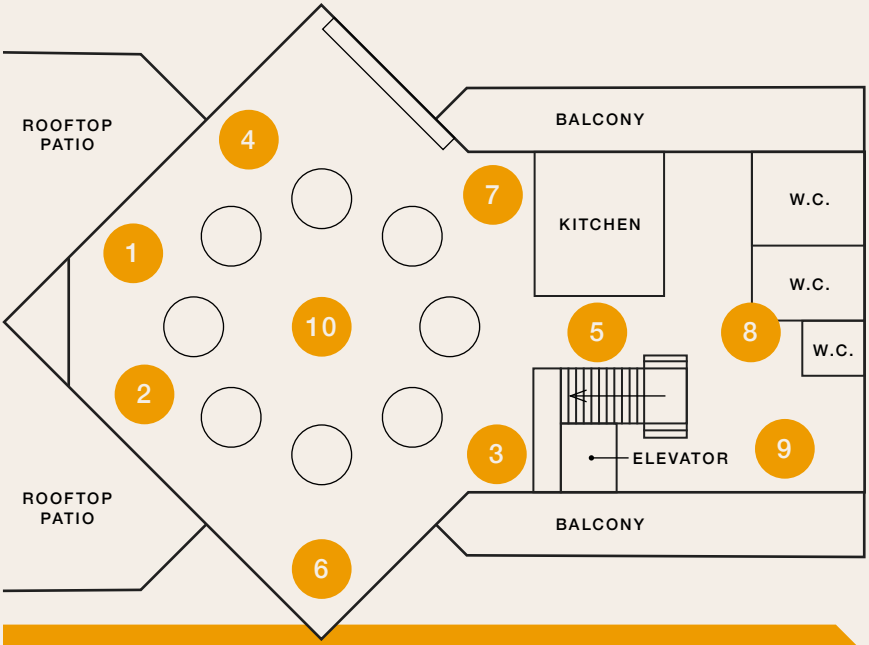
Station Map

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



Kellee's Journey

1 → 4 → 10 → 3 → 5 → 3 → 5 → 9 → 10 → 5 → 8

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