Matt



Interrupting the Vortex

Journeys Through Substance Use and Housing Precarity

Your name is Matt, and you're a 42 year-old Indigenous man.



Your Background

You grew up on an isolated reserve north of Prince George in a remote area with very few services except for what the band could bring in. Your parents and your grandparents were residential school survivors, and both your parents were in addiction. Since you were often the main caregiver to your younger siblings, you learned to take on responsibility early. From the time you were 9 years old, you were raised mostly by your auntie. She—along with many others on your reserve—had a zero-tolerance attitude towards substance use, and you were raised with a strong anti-drug mentality. Despite the trauma you experienced, your auntie kept you deeply grounded in Carrier[1] (Dakelh) cultural practices. Your fondest childhood memories are anchored in community fish camps along the rivers, learning to smoke salmon, and listening to the elders; these moments gave you a profound sense of pride, belonging, and connection to the land that your family's struggles couldn't erase. In contrast, while you graduated from high school, it was not a positive experience for you.

When you were 18, you got a job on the drilling rigs operating in the massive oil and gas fields just outside of Fort St. John. You were always responsible, and you found that you were disciplined with the gruelling physical labour and genuinely liked the predictable routine. You started at the bottom as a **leasehand**[2], throwing around heavy chains and scrubbing the decks, before quickly moving up to a **floorhand**[3] on the drill floor.

Almost everyone in the camp used drugs. The party culture seemed to be just part of the gig, as there wasn't really much else to do in such an isolated area. You were suddenly making more money than you had ever seen in your entire life, and you got caught up in the lifestyle

1 The Carrier **(Dakelh)** people, who are also called Dakelh, are an Indigenous group whose traditional territory spans a large region of the central interior of BC. Dakelh translates roughly to "people who travel by water" or "people of the top of the earth."

2 A **leasehand** is an entry-level, general labourer on a drilling rig. They do the dirtiest, most physically demanding work, including general cleanup, sweeping the decks, moving heavy supplies, painting, and assisting the rest of the crew with basic tasks.

3 A **floorhand** is a step up from leasehand. They work directly on the drill floor, doing the heavy lifting during operations. They handle the massive iron tongs used to wrench drill pipes together or apart, set the slips that hold the pipe in place, and maintain the heavy machinery on the main deck.

and started experimenting with substance use, including alcohol and various party drugs. You knew that you had a lot to lose, however, and you promised yourself you wouldn't let it get too far. And for quite a while, it didn't.

Early on in your employment, you experienced racism on the job site. At first it was just a few "jokes" from co-workers, but then your supervisor began making overt, derogatory comments. Soon this tolerated behaviour began to escalate, and after a while you couldn't just shrug it off. You knew you were a hard worker and were gaining a lot of experience, but everyone seemed to get promoted except you. You felt like you were doing the heavy lifting for the entire crew, but when a derrickhand[4] position opened up, it was handed to a supervisor's buddy who barely knew how to handle the pipe.

While your auntie's upbringing had taught you to avoid substance abuse, you weren't yet equipped to navigate targeted workplace abuse and isolation. Lacking healthy coping skills to process the resentment, you started to use substances more heavily, which made you increasingly volatile and reactive around co-workers. You also started switching drilling companies frequently, hoping for a better situation, but the racism persisted. No matter what lease you moved to, it was the same thing. Eventually, you started to get cited by local RCMP for minor infractions, but your reputation as a hard worker and your continual pursuit of a better situation kept you out of major criminal trouble. Your auntie's continued grounding presence in your life was also a big part of your stability.

4 A **derrickhand** is a highly skilled, senior crew member who works high above the ground on the derrick/tower. They are responsible for guiding the top sections of the heavy drill pipe into place during operations, and they also manage the complex mud-mixing tanks on the ground to control well pressure.

Your Journey

go to **HEALTHCARE** – Family Doctor

IN MATT'S WORDS

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

Listen to Matt's story

Eight years into your rig career, a heavy pipe slip crushes your left shoulder, leaving you with chronic, debilitating nerve pain. In the medical clinics near Fort St. John, you confront the dual stigma of being an Indigenous man seeking pain management: Doctors assume you are drug-seeking, dismissing your pain scale while writing quick scripts for high-dose codeine/Tylenol 3s. Nobody asks about the systemic racism encroaching on your mental health, and nobody offers physical therapy. To keep pulling your shifts and numb the burning in your shoulder, you begin supplementing the pills with street cocaine and heavy alcohol use, driving your nervous system into a state of permanent, volatile hyper-vigilance.

One night you are heavily under the influence at a bar, and one of the worst of your co-workers—also drunk—won't let up. When you tell him to shut the f**k up, he pushes you and begins to threaten you. It escalates into an exchange of violent blows, and you hit him so hard he loses consciousness and later dies at the hospital. You are arrested, booked for manslaughter, and put into pre-trial until the court proceedings can begin. During your court proceedings, a **Gladue report**[5] is prepared, detailing your background, your family's residential school trauma, and the systemic factors shaping your life. You and your auntie had hoped the court would consider these circumstances, and she remains a steadfast presence through the trial. Ultimately, you and your auntie are devastated that the judge hands down a 7-year federal prison sentence—less than the maximum, but nowhere near what you were hoping.

5 A **Gladue Report** is a pre-sentencing or bail hearing document prepared for Canadian courts that details the unique systemic, historical, and personal background factors of an Indigenous offender to help judges determine a fair, restorative sentence.

go to GOVERNMENT — Federal Prison

You are now serving a 7-year federal prison sentence. Illicit drugs are easily available inside prisons if you want them, and you use **down**[6] and **benzos**[7] for the first three years to survive the relentless monotony and shame. You pay for your supply through "institutional currency"—trading your canteen, tobacco, and institutional pay, while your family in Prince George is pressured into e-transferring money to associates on the street to clear your debts. If your drug use wasn't enough, this extortion drives you even further away from your family.

At the beginning of your 4th year, you are approaching **statutory release**[8] and apply for **day parole**[9]; however, you aren't successful because you are still using. Now you must wait 6 months before you apply again. You really want **parole**[10], so you decide to do your best to quit. You start trying to detox, and the prison's Institutional Health Services clinical team offers you a prescription for a monthly injection of **Sublocade**[11] as part of Correctional Service Canada (CSC) **Opioid Agonist Treatment (OAT)**[12] program. You feel more stabilized on Sublocade, and after four months, you ask your parole officer to apply for a spot in treatment and a

6 **"Down"** is a common street term for a highly toxic, central nervous system depressant—historically referring to heroin, but now predominantly used to describe a volatile mix of fentanyl cut with other dangerous substances like benzodiazepines or veterinary sedatives.

7 Benzodiazepines (colloquially "**benzos**") are central nervous system depressants prescribed to treat anxiety, insomnia, and seizures.

8 **Statutory release** is a mandatory conditional release that requires most federal offenders in Canada to serve the final third of their sentence in the community under supervision. It is automatically applied by law after two-thirds of an offender's fixed-length sentence has been served, regardless of whether they have applied for parole.

9 **Day parole** is a conditional release allowing an inmate to serve the remainder of their sentence in the community under supervision and requires individuals to return to a halfway house or community facility every night. Eligible to apply six months before full parole eligibility.

10 **Full parole** is a conditional release allowing an inmate to serve the remainder of their sentence in the community under supervision. Inmates usually become eligible to apply for full parole after serving one third of their sentence or 7 years, whichever is less.

11 **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.

12 **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.

Community Residential Facility (CRF)[13].

With the help of your prison **Indigenous Liaison Officer (ILO)**[14] and your parole officer, you look at culturally safe treatment options. You hope to go to Tsow Tun Le Lum on Vancouver Island or Round Lake up north, which are rooted deeply in traditional healing. However, because of your specific federal parole supervision requirements and regional CSC contract availability, you are channeled into **Kinghaven Peardonville House Society**[15] in Abbotsford. Your parole officer also applies to three CRFs, where you would go after completing the treatment at Kinghaven. You get accepted into two. You find out that Tim's Manor has an Indigenous program, Miyáq'elhá:wetawt (ME-YAK-A-THOW-A-TAT) so you choose that one.

go to BED-BASED TREATMENT — Kinghaven

IN MATT'S WORDS

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

Listen to Matt's story

You're now in Kinghaven for a 70-day intensive treatment program. The environment is a massive adjustment after four years in federal prison. You had to learn how to survive inside, which involved a strict, unspoken code: head down, keep out of others' personal space (where the slightest gesture can be interpreted as a reason to fight), and show zero emotional vulnerability. You learned that the hard way: You were in a good mood your first week in prison and whistled a tune, got severely beaten up for it, and never did it again. Life behind bars was highly controlled, but it left you with a lot of free time.

In Kinghaven, there is a rigid schedule but almost no free time. Your days are

13 A **Community Residential Facility (CRF)**, commonly known as a "halfway house," is a highly structured, 24/7-supervised living environment operated by community organizations under contract with Correctional Service Canada (CSC). Parole is often conditional on completing treatment and securing a CRF.

14 **Indigenous Liaison Officer (ILO)** – A cultural bridge and advocate for Indigenous individuals who are incarcerated. They facilitate access to traditional spiritual practices, elders, and community resources to support rehabilitation, healing, and reintegration into society.

15 **Kinghaven Peardonville House Society** is a licensed, non-profit organization based in Abbotsford, BC that provides bed-based intensive residential substance use treatment, stabilization, and supportive recovery housing for adult men and women (men stay at Kinghaven and women stay at Peardonville). Program lasts 70 days and offers individual and group counselling, life skills development, relapse prevention, and holistic wellness activities like art therapy and yoga.

packed with individual counselling, group therapy, and skills training. While Kinghaven incorporates principles of reconciliation and has an Indigenous cultural coordinator to connect you with Elders and traditional teachings, it is still a mainstream facility, and your core cultural connections are from up north. Also, most of the other program participants have no prison exposure. They openly show intense emotions, randomly cross into your personal space, and move unpredictably; to your hyper-vigilant brain, it just feels loud, chaotic, and crowded.

On top of that, you realize you are treated differently because you are Indigenous and involved with Corrections. You feel the heavy weight of the stigma, and a profound sense of isolation and separation deeply compounds your prior experiences of racism. The constant collision of your prison survival instincts, the loss of personal space, and the surrounding judgment all press together, triggering unfamiliar and overwhelming panic attacks while you're there.

go back to **HEALTHCARE — Kinghaven Visiting Physician**

The physical layout and the unpredictable movements of people at Kinghaven continue to trigger your hyper-vigilance and incite panic attacks, but it is your old shoulder injury that forces you to seek medical attention, as the stress of your current environment has locked the muscles around it into a painful knot. Because you are on parole, you can't just walk out to a clinic, so you put your name on the list to see Kinghaven's visiting physician during their onsite clinic hours.

When your name is called, you step into the small medical room. The doctor is polite but hurried, working through a long list of residents. She has you sit on the examination table, tests your range of motion, and presses on the joint, completely unaware that your racing pulse and shallow breathing have nothing to do with physical pain. You are actively having a panic attack right there on the table. Your chest feels tight, your palms are sweating, and your mind is screaming at you to get out of the enclosed space. You don't know that panic attacks are very common for people getting out of prison, and you feel embarrassed about it and don't ask for help. Not to mention that you've spent four years in federal prison learning to wear an absolute mask.

You don't say a word about your symptoms, and the doctor doesn't ask. She treats you with gentle respect and focuses entirely on your shoulder. She writes you a prescription for a high-dose anti-inflammatory, notes that you are stable on your Sublocade, and sends you on your way.

go to **NON-PROFITS — Tim's Manor**

You've now completed your time at Kinghaven and are transitioned to Tim's Manor, which is run by the **Connective Support Society**[16]. Tim's Manor is one of the two federal halfway houses in Abbotsford. You're 30 years old and about to enter mainstream society for the first time. It is a massive adjustment. While you share a suite with a roommate, you have your own bedroom—a huge amount of privacy compared to a prison cell. Your federal parole conditions are clear—no substance use, no criminal contact, fine—but they are paired with Tim's strict house rules, and your parole officer expects you to actively use this time to build your support system.

For the first time in years, the internal noise of addiction and institutional survival is gone, leaving you entirely alone with your own mind. You are cut off from your family and your auntie's grounding presence in Prince George by a thick wall of intense shame over the manslaughter charge and your years of heavy substance use. You are supposed to be rebuilding a life, but you realize you have never actually navigated the ordinary pressures of stable adult responsibility. The psychological weight of having to make your own everyday choices, manage your time, and navigate an entirely new city takes a heavy toll. You spend your entire first week hiding indoors, completely overwhelmed. The compounding stress triggers panic attacks that make you wonder if you will ever be normal again.

By the end of the first week, you realize you can't hide forever. You're desperate for a small success, and you realize that if you are ever going to get back on track in this world, your very first hurdle will be figuring out how to replace your long-lost legal ID.

go back to **GOVERNMENT — ICBC**

Tim's Manor provides the emergency funds to pay for your replacement BC ID card, so you walk to the local ICBC office. It is one of your first solo trips into the public, and you are embarrassed by how terrifying it feels. The bright fluorescent lights, the crowding, and the security presence instantly mimic a prison intake unit. When your number is finally called and you step up to the plexiglass window, you get hit once again with panic attack symptoms.

16 **Connective Support Society (Tim's Manor)** is a Canadian non-profit organization that provides housing, justice, employment, and outreach programs to help individuals overcome systemic barriers and achieve greater independence. The society runs Tim's Manor, a CRF in Abbotsford.

IN MATT'S WORDS

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

Listen to Matt's story

To get an ID after federal prison, you have to present your official CSC Identity Certification and release papers. Desperate to keep the rising anxiety at bay, your answers to the clerk are short, clipped, and visibly defensive. When she asks you to look into the camera and sign the electronic pad, the sensory overload peaks. You drop the pen, grab your release papers, and make the quickest exit possible into the street. By the time you get outside, your head is spinning; you aren't sure what even happened, and you have no idea if the application went through or how you will ever get your card.

go back to **NON-PROFITS — Tim's Manor**

When you return to your room, you are exhausted and desperate to know if there is any medicine available to stop the panic attacks. But you realize you have no idea how a person even finds a doctor outside of an institution. You check with your case worker at Tim's Manor, who confirms that getting attached to a regular family doctor right now is practically impossible. He tells you that your best option for the panic attacks is to go to the local Urgent and Primary Care Centre (UPCC), but he says that he heard you have to register as a patient first. This means you'll need ID. He offers to go with you back to ICBC to advocate to make sure that your application went through.

While you wait for your medical appointment, you connect with the Indigenous Elder through the manor's Miyáq'elhá:wetawt program. Sitting with her is the first time you feel your shoulders drop since arriving in Abbotsford. You trust her enough to talk about the panic attacks that have been tearing through your nervous system. The Elder listens deeply, working from a philosophy of **two-eyed seeing**[17] that balances Western medicine with Indigenous ways of knowing. She advises you to see a doctor at the UPCC for the panic attacks. Although you are far from your home territory, the Elder reminds you that seeking help to heal is a warrior's step, shared across Indigenous cultures. So you agree to let Tim's staff book the clinic appointment.

17 **Two-Eyed Seeing** is a guiding principle that combines the strengths of Indigenous and Western knowledge systems. Introduced by Mi'kmaq Elder Albert Marshall and promoted by local Katzie knowledge keeper and cultural practitioner Len Pierre, two-eyed seeing encourages using both worldviews together for the benefit of all.

go back to **HEALTHCARE — Urgent + Primary Care Centre**

You explain to the doctor at the clinic that you're having panic attacks, but the moment he reviews your medical file—seeing your manslaughter conviction and active Sublocade prescription—his demeanour shifts immediately to a barely veiled caution concerning drug-seeking. Afraid of prescribing benzos to an OAT patient with a history of violence, he quickly writes a script for an SSRI (Sertraline) and tells you to come back in three weeks. However, he didn't warn you that SSRIs can temporarily increase anxiety during the first few weeks of treatment, and you didn't read the dense, multi-page description of side effects that the pharmacist gave you.

When you take the first few pills, your panic attacks double in intensity, accompanied by severe night sweats. You feel deeply discouraged and distrustful of the physician. So you throw the medication in the trash and decide to use cannabis as a safer, predictable way to chemically down-regulate your central nervous system. This is a violation of your parole conditions, but you choose to take that risk over what you've been experiencing the past few weeks. You don't know that your case worker can assist you in attaining a legal cannabis prescription, and even if you did, the only legal provider costs money in membership fees that isn't provided by MSP.

You scrounge up just enough of your institutional wages and go to a local cannabis store and purchase a few pre-rolled joints. You smoke one right away.

go back to **NON-PROFITS — Tim's Manor**

Upon signing back into the house, you find out that you have a urinalysis in two hours. You realize that you will fail that test, so you come clean to staff and open up about your internal struggles and your panic attacks. A failed drug test can get you sent right back to prison. The program manager sets up a meeting with your parole officer and the Elder. During the meeting, the manager advocates to keep you at Tim's, stressing that you have been working with the Elder. To your relief, the parole officer decides to maintain your release in community. You know that you got lucky, and that the officer could have easily made a different decision.

You've been at Tim's Manor for 18 months. Abbotsford doesn't feel quite as strange anymore; you know the bus routes and the blocks to avoid. In fact, you've even bumped into a couple of people you used to know from the rigs. You've hung out with them a few times, and while you've successfully avoided hard party drugs and drinking, you still heavily rely on marijuana—which now costs extra money with a prescription. Also, being away from your family and your home community, you feel incredibly lonely.

IN MATT'S WORDS

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Listen to Matt's story

Desperate for connection, you finally accept the Elder's invitation to participate in a sweat lodge ceremony through the house's Miyáq'elhá:wetawt program. As the steam rises in the pitch-black heat, you feel a massive release. Yet, sitting there, a deep ache opens up. The songs and protocols are different from the Dakelh traditions of your youth up north. You feel profoundly grateful for their shelter, but the experience highlights just how displaced you really are—spiritually adrift and far from home.

go to **PERSONAL** — Matt's Basement Suite

During your final months, the staff at Tim's help you find housing for life after the halfway house. You thought constantly of going back to Prince George, but the truth is, you aren't ready to face your family—especially your auntie. You feel an overwhelming wave of shame. You can't stomach the thought of them looking at you and seeing only your criminal record and history of substance use. It just feels safer to stay hidden in the Fraser Valley.

In preparation for your release, the staff help you transition onto social assistance through the **MSDPR**[18]. You'll have to walk to the ministry office in person to pick up your first cheque, but after that it will be mailed to you.

You manage to secure a cramped basement suite, but even with rent split between you and two roommates, you don't have money to eat regular and healthy meals. Finding a job has been a dead end; your criminal record instantly flags you on background checks, and you have zero employment experience outside of the oil patches. You are completely dependent on your monthly MSDPR allotment, and the financial strain is suffocating.

You still have a year left in your sentence, and your parole officer is not making things easier with their constant reminders about finding employment. Add to that, you use what little money you have left to pay for your prescribed cannabis. You feel like your chest is always tight, your hands shaking, and the walls of your new life feel just as narrow as a cell.

18 **Ministry of Social Development and Poverty Reduction (MSDPR)** is a provincial government body responsible for administering income and disability assistance, employment programming, and poverty reduction initiatives.

go back to **GOVERNMENT** — MSDPR

With the increasing financial stress and unstable nutrition, you walk into the MSDPR office on Trinity Street to pick up your first support cheque. The environment instantly triggers your defenses: the dense crowd, the security guards, the transparent plastic barriers, the supervised consumption tent outside the building. You feel coiled and ready to spring.

When you get to the window, the case worker informs you that your cheque has been withheld because you inadvertently checked "no" to looking for work, so this was flagged as inaccurate in the system. You are mandated to look for work as part of receiving income assistance. The worker explains that you cannot get your cheque today, that you have to redo your monthly report, and you can check back the next day to see if it is ready. And that's when the switch flips... You slam your fist hard on the counter and curse out the case worker before walking out.

Your response was seen as threatening and violent and is immediately categorized as a threat to staff and patrons. The very next day, you are notified that you are banned from entering any physical MSDPR branch and that the ministry has referred your file to **Triangle Community Resources**[19] for Third-Party Administration.

please return to your **TABLE**

Ending A (more common experience)

You survive for another 10 years, but most of that is spent on the streets or in substandard housing. By the time you're 42, you're found dead of an overdose in low-barrier supportive housing[20].

How you got here is the result of a tragically common confluence of factors:

Triangle handles your rent and income assistance through **Third-Party**

19 **Triangle Community Resources** is a social services agency that provides holistic employment programs, life skills training, mental health support, and financial administration to help individuals overcoming personal barriers successfully attach to the workforce and achieve independence. The agency provides Third Party Administration.

20 **Low-barrier supportive housing** is a type of congregate housing model funded by BC Housing that provides subsidized, long-term housing which includes on-site support services without requiring preconditions like sobriety, criminal record checks, or mandatory mental health treatment.

Administration[21], but the math doesn't work; you get further and further behind on your rent payments because you simply have to eat. You are soon evicted, and the only spot available is at Cole Starnes, a low-barrier supportive housing complex. You have been sober for two years, but the low-barrier housing environment exposes you to frequent substance use and people experiencing active addiction, which becomes an unavoidable trigger for your own recovery. Within a month of living there, you relapse.

A staff member from the Lookout Health and Housing Society at Cole Starnes steps in and helps you navigate the process to get back into a treatment facility, which takes a minimum of four weeks. You isolate as much as you can and try to minimize your use while you wait to get to treatment. While you feel better equipped to handle the programming this time around, your housing options upon completion are entirely choked out. With nowhere left to turn in the Fraser Valley, you reach the level of desperation to do what you've avoided for years: you decide to go home to Prince George.

But there is no soft landing waiting for you here. Your auntie has passed away, and the odds are stacked against you from day one. The BC Housing-funded low-barrier housing is loud, chaotic, and saturated—again—with the exact toxic drugs you are trying to escape. Avoiding a second relapse is nearly impossible under these triggers, especially as you face a deeply strained, painful reconnection with your relatives, who still aren't sure they can trust you after they were forced to pay off your prison debts years ago.

Desperate to find positive traction now that you are home, however, you attempt withdrawal on your own and bunk on the couch of a cousin. But your detox is volatile, and your cousin's wife eventually tells you that you have to leave. You still can't find a job, and without support and a secure path to stabilization, you cannot successfully stop using. Finally, out of desperation, you call your old outreach worker from Tim's Manor in Abbotsford. He advocates hard for you and manages to secure you a bed back at Maple Ridge Treatment Centre, which is in a different community than you're used to.



IN MATT'S WORDS

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

Listen to Matt's story

You finish the program, but the only housing you can secure afterwards is a spot in

21 **Third-Party Administration** is an MSDPR program where an agency is contracted to securely manage and dispense income assistance or disability benefits on behalf of individuals who face barriers to handling their own monthly finances.

an unregulated "sober living home" that turns out to be a front operated by a local drug dealer. Within six weeks, you are back on the streets and in your addiction. You are now entirely trapped in "the vortex" that so many housing and substance use outreach and case workers describe. Powerful centripetal forces—the extreme difficulty of accessing addictions medicine while living rough, the complete absence of affordable or suitable housing, the routine violence of the streets, and the cognitive fog of a toxic drug supply—pull you down into a spiral you cannot escape.

You remain caught in this relentless undercurrent, unable to claw your way out, until the cycle finally ends. You are found dead of an overdose at 42 years old in your room at Cole Starnes.

Ending B

You get an eviction notice because your rent is behind by 3 months, so you call your Tim's Manor case worker for help. Your case worker connects you to the Homelessness Prevention Program Coordinator at Connective, who advocates on your behalf with various landlords in Abbotsford, miraculously securing a basement suite for you by connecting you with CEDAR Outreach Society and their Prevention and Diversion program, which provides a housing supplement. You are also connected with **M2W2**[22] and their NOLA (No One Leaves Alone) program. Your mentor from NOLA provides consistent, non-judgemental support. You also start attending 12-step recovery meetings regularly. While you don't fully "stick with the program" because it doesn't entirely fit your worldview and you don't relate to the rigid approach, you keep going anyway because it keeps you connected to the broader recovery community and helps you maintain some healthy friendships. After about a year of relative stability, through a 12-step friend, you find out that Telmexw Awtexw Healing Centre has recently opened at St'ailes First Nation. You call the Intake Lead and are immediately connected to a broad range of cultural supports, including land-based healing. You finally start feeling a sense of place, and things deep inside slowly start to shift.



IN MATT'S WORDS

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Listen to Matt's story

Eventually, you take an emotional leap and start connecting with your nephew back in Prince George over FaceTime. Seeing his face brings an uplift of hope that you can someday return north to reconcile with your family.

22 **M2W2** is a faith-based non-profit organization that matches incarcerated individuals and paroled provincial/federal offenders with volunteer mentors to support their rehabilitation, emotional well-being, and reintegration into the community.

With stable housing secured, you also start taking day labour shifts through **EMBERS Staffing Solutions**[23], a supportive social enterprise employer where you don't have to hide your record. Because of your old shoulder injury, they place you in site maintenance rather than heavy construction options. It's steady, honest work that utilizes your old industrial site awareness without tearing your body apart. Because your rent is so manageable, your EMBERS paycheques actually stretch far enough to cover nutritious food and a monthly transit pass.

You may not be fully reconnected with your community up north yet, but you are successfully beating the statistics, and you are grateful and feel a measure of hope.

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)



KELLEE'S STORY

Scan the QR code or select the link below to navigate the vortex as a vulnerable teen.

Download Kellee's journey (PDF)

23 **EMBERS (Eastside Movement for Business and Economic Renewal Society)** is a British Columbia-based non-profit organization and award-winning social enterprise that creates economic opportunities for individuals facing barriers to employment by providing transitional jobs, skills training, and equipment rentals.

I survived prison. I didn't know how to survive being free.













I just want
to belong.

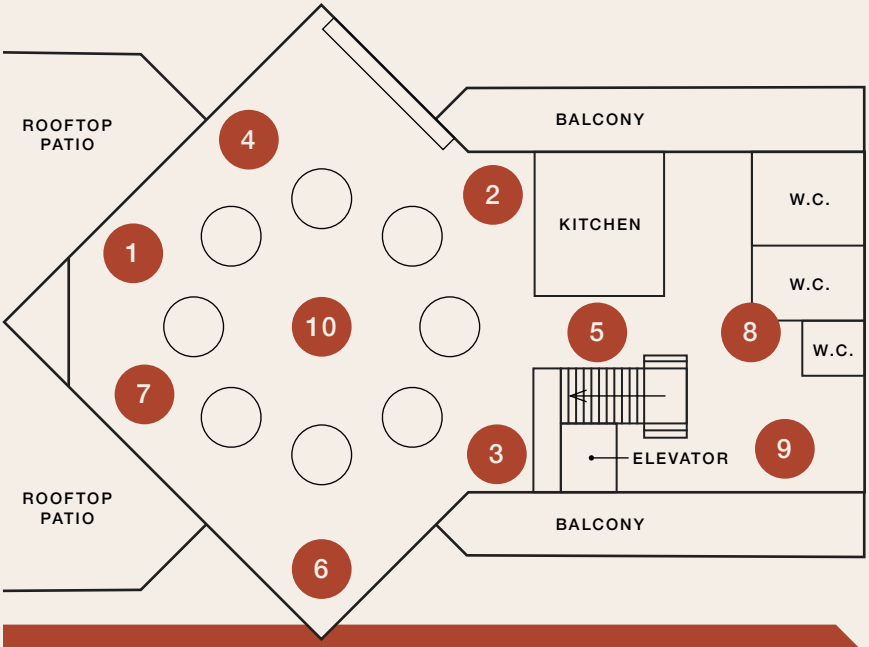
Station Map

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



Matt's Journey

2 → 3 → 6 → 2 → 4 → 3 → 4 → 2 → 4 → 1 → 3

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