

REIMAGINING RECOVERY

YOUTH AND CAREGIVER VOICES
ON SUBSTANCE USE RECOVERY
AND HEALING

Key insights and recommendations from
a provincial community-based project

INTRO- DUCTION

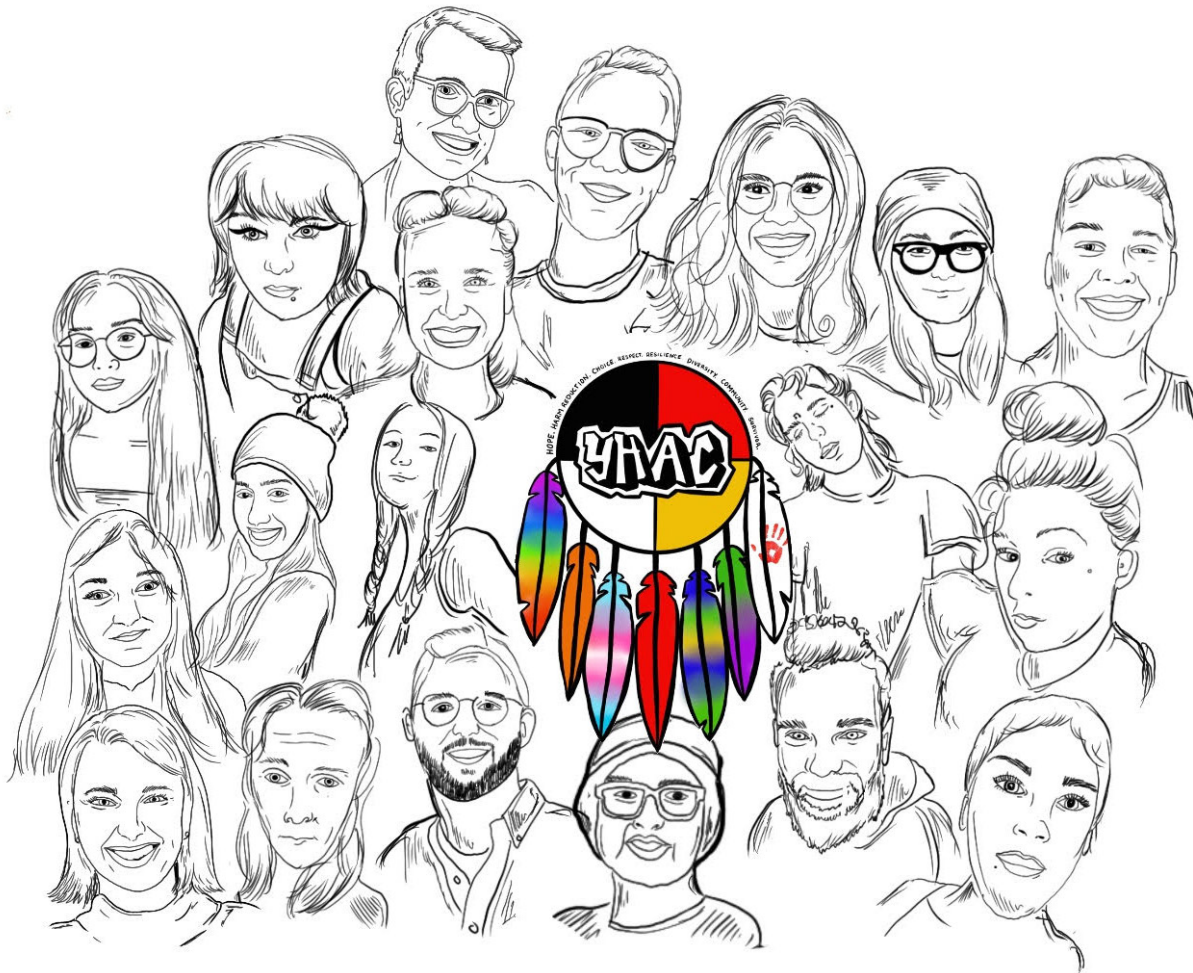
Improving the health and well-being of youth who use drugs is an urgent public health priority for countries around the globe. In British Columbia (BC), which remains amid a toxic drug crisis, youth are at particular risk of substance use disorder and related health and social harms, including overdose.

Existing substance use interventions have largely been designed for adults and may not be as effective for addressing the needs of youth. Further, recovery and healing from substance use is often inherently associated with abstinence rather than an individual's broader needs, priorities, and desires for well-being. As such, this report provides guidance and recommendations for supporting youth as they navigate recovery, healing, and wellness in the context of past and current substance use, as well as for fostering more constructive relationships between youth, caregivers, and service providers. It outlines the findings from a literature review as well as several community engagement sessions with youth and caregivers from across BC to learn how they understand and experience recovery and healing. This report provides key recommendations for providers, caregivers, and health systems to better support youth who are "in recovery," or who are moving toward recovery, healing, and greater wellness.

LAND ACKNOWLEDGEMENT

THIS WORK WAS CONDUCTED ON THE UNCEDED, ANCESTRAL, AND OCCUPIED TERRITORIES OF THE LHEIDLI T'ENNEH, SYILX OKANAGAN, SONGHEES, ESQUIMALT, MUSQUEAM, SQUAMISH, AND TSLEIL-WAUTUTH NATIONS. WE THANK THE KEEPERS OF THESE LANDS, AND OUR INDIGENOUS YOUTH AND CAREGIVER TEACHERS FOR SHARING THEIR EXPERIENCES, EXPERTISE, AND WISDOM WITH US.

WHO WE ARE



We are a group of academic researchers, service providers, community activists, caregivers, and youth with lived experience of substance use recovery and healing. Our work is shaped by the insights of the **British Columbia Centre on Substance Use Youth Health Advisory Council**, a group of individuals between the ages of 22 and 28 who have drawn on their lived experiences and expertise with substance use, recovery, and healing to inform this report.

The youth who participated as expert informants in the community engagement sessions across BC represent a diverse group of young women, men, non-binary, and gender non-conforming individuals between the ages of 14 and 28. At the time of our conversations, all youth self-identified as having past or current experience with criminalized substance use and as being in recovery or as actively working toward their own definitions of healing and greater wellness. All caregivers (broadly defined) had experience supporting youth in these pursuits.

WHAT WE DID

This report was produced as part of an ongoing program of community-based participatory action research that is focused on reimagining substance-use recovery, healing, and wellness among youth and caregivers in BC. This specific project took place in two stages:

1. We conducted a scoping literature review to understand how substance-use recovery and healing has been thought about and approached, globally.
2. We held a series of community engagement sessions with youth and caregivers across BC to determine how this literature aligns or contrasts with their lived experiences, and what knowledge might be missing.

What we read

A SCOPING LITERATURE REVIEW

First, we reviewed qualitative studies that examined how youth under the age of 30 and their caregivers understood, experienced, and navigated recovery, healing, and wellness in the context of past and current substance use. We included 28 studies from around the world, published between 1999 and 2023. These studies used a wide range of methods that included one-on-one interviews, focus groups, and ethnographic fieldwork.

What we heard

YOUTH AND CAREGIVER COMMUNITY ENGAGEMENT SESSIONS

Next, we engaged with youth and caregivers across BC with lived experiences of substance use, recovery, and healing, following their lead on how they defined these terms. Through conversations held in four settings across BC, we gathered insights to inform the findings and recommendations presented in this report. In total, we connected with 38 youth aged 14 to 28 (with an average age of 16 years) and 18 caregivers on the unceded, ancestral and occupied territories of the Lheidli T'enneh, Syilx Okanagan, Songhees, Esquimalt, Musqueam, Squamish, and Tsleil-Waututh Nations, in the cities that are also known as Prince George, Kelowna, Victoria, and Vancouver.

This report presents the findings from the scoping literature review ("What we read") and the community engagement sessions ("What we heard") with youth and caregivers. We provide a list of key recommendations for supporting youth as they navigate recovery, healing, and wellness in the context of current or past substance use. All youth, caregivers, and service providers involved in this project were invited to contribute to this report.

KEY FINDINGS AND RECOMMENDATIONS

KEY STATEMENT 1

Youth perspectives on recovery, healing, and wellness

“What recovery means to me has changed over time.”

“Recovery is scary for me.”

Youth’s recovery, healing, and wellness pursuits encompass a range of goals and timelines—from “staying alive” to “getting a bit better each day” to visions of achieving a “good” or “normal life” characterized by the rhythms of school, work, leisure activities, homemaking, family, friendships, and romantic relationships. Recovery can be, but is not always, defined as abstinence from substance use. Many are working on reducing their use of certain substances (e.g., “drugs of choice”) while developing healthier relationships with others (primarily alcohol and cannabis).

What we read

Previous studies describe recovery and healing as an evolving process that takes place across multiple settings, from residential treatment and recovery facilities to family households and schools. It is characterized by shifts in substance use, health, social functioning, and overall well-being. For some youth, recovery may be strongly associated with sustained abstinence from all substance use or from particular substances. For others, recovery is more holistic and foregrounds goals related to (re-)establishing relationships, values and accountability; (re-)engaging in hobbies and leisure activities; and (re-)connecting with cultural and spiritual practices.

Several studies frame substance use disorders as chronic and relapsing and characterize recovery as a lifelong pursuit that may require ongoing medical intervention such as opioid agonist therapy (OAT; e.g., buprenorphine/naloxone, methadone). Importantly, the perspectives of youth do not always align with this view. Some youth challenged the notion that substance use is chronic, relapsing, and lifelong. Instead, they expressed strong desires for “normal” futures free of substances, including OAT. For these youth, recovery often extended beyond changes to substance use and involved completing school, securing meaningful employment and adequate income, reconnecting with family and friends, and finding stable, safe, and desirable places to live.

What we heard

Across the province, some youth and caregivers connected with the term “recovery” and the range of goals it can encompass. However, for others, the term felt “too big” and “too scary.” Some youth said that it evoked “too much pressure” to “get it all right,” when they needed to be focused on “staying alive” and “getting a little better each day.” Both youth and caregivers noted that the language of recovery could imply the potential for “total failure,” such as the failure to keep accumulating “sober days” if one has one “slip” or substance use “relapse.” As such, they stressed the importance of checking in with youth about what language they prefer, as some resonate with the language of “recovery” while others find it unhelpful or punitive. Feelings of pressure and looming or actual failure could trigger substance-use slips, relapses, and bingeing as well as mental health crises. For many youth and caregivers, it is important to learn how to view and approach slips and relapses as missteps and learning opportunities rather than viewing these as “the end” of recovery and healing.

Youth and caregivers generally agreed that there are diverse definitions and multiple lived realities of recovery. Many emphasized that recovery is first and foremost about learning to “fill their time” and manage boredom in the absence of substance use. This includes learning to have “sober fun” with friends and romantic partners, which can be highly challenging. Some experiment with learning to have healthy relationships with alcohol and cannabis to continue to connect with friends and romantic partners.

Youth shared that recovery can be about looking toward the future as well as the past. They emphasized the importance of addressing mental health issues and underlying reasons for substance use. Many relied upon culture-based healing practices which helped individuals (re-)connect with their identities and cultures. For some, this process involved getting back to who they were before their substance use began.

Recommendations

- » **For providers and caregivers: Define recovery in collaboration with youth.** Do not assume what recovery means to youth and be alert to shifts in definitions across time and place. For example, recovery may initially include alcohol and cannabis use and later be defined as abstinence from all substances.
- » **For providers and caregivers: Use supportive language that makes room for missteps and learning.** Use language that motivates youth to keep moving forward with self-defined recovery and healing goals and avoid language that may lead to feelings of pressure and looming or actual failure.

KEY FINDINGS AND RECOMMENDATIONS

KEY STATEMENT 2

Unpacking the relationship between treatment and recovery

“Treatment is only one part of my recovery.”

“Treatment should be fun. I should want to come back.”

“Treatment can only help so much.”

Treatment and recovery are often, but not always, interconnected. While treatment can be a crucial part of recovery processes, recovery should not be reduced to ongoing treatment engagement and “fixing” youth and their substance use, which can feel damage- and deficit-centered. Instead, treatment and recovery programs should focus on supporting youth in learning to live a pleasurable and “fun” life that is less, or not at all, centered around substance use. Residential treatment and recovery homes are often highly structured and characterized by a high degree of provider support, but youth must have opportunities to learn how to navigate recovery goals and challenges independently. This can involve “practicing recovery” (e.g., having “sober fun” with friends) and embracing setbacks (e.g., slips and relapses) as learning opportunities that inform ongoing progress.

What we read

Studies indicate that youth and caregivers often see evidence-based substance use treatment as an integral part of maintaining abstinence and recovery. Those who engage with treatment and aftercare programs can be more “successful” at maintaining abstinence and recovery. However, one study found that youth prioritized “lifestyle improvements”—described as “keeping on track with life goals,” “general wellness and well-being,” and “being happy again”—over staying engaged in treatment.

Several studies found that youth experience success, as they defined it, in treatment and recovery when they feel a sense of self-determination, readiness, and commitment to the process. For example, youth at one residential treatment program expressed that, for them, successful treatment engagement and readiness for recovery was marked by “not thinking about using drugs,” feeling able to talk about goals and successes, and being able to “stay out of trouble.” Another study found that engaging in “fun” activities and fostering positive social networks with peers who do not use substances were critical to treatment and recovery success.

Strong social networks are noted by several studies as being particularly important to sustaining recovery; this can include living with romantic partners and establishing families. Being employed or in school and having connections to culture and spirituality can also bolster recovery.

What we heard

Across the province, youth and caregivers emphasized that treatment and recovery programs should take a holistic approach, prioritizing supporting youth’s diverse goals and timelines over attempts to “fix” them. This holistic approach includes supporting culture-based healing, such as land-based healing. While in treatment, recovery, and culture-based healing programs, many youth stressed the importance of being approached without judgment for their past mistakes. Some shared stories about programs that focused too much on what they did wrong, instead of what they can do right. Treatment and recovery programs should build on youth’s strengths, with appropriate attention paid to both smaller, more immediate wins (e.g., “I was sober on my birthday last week”) and more long-term successes (e.g., “I’m becoming a peer worker after a year of sobriety”).

Many youth viewed recovery and healing as centered not around treatment, but on learning what it means and how to live a fulfilling, pleasurable, and “fun” life that is less linked to, or completely independent of, substance use. Supporting youth in learning to “fill their time” and manage boredom, find enjoyment without substances, and build positive relationships with family, friends, and romantic partners were all viewed as central to recovery.

Over time, youth must learn to independently navigate challenges to recovery and healing. Especially initially, however, they often need support. Ideally, youth are given opportunities to “practice recovery” while they can still return to structured residential treatment and recovery environments for support. For example, day and weekend passes allow youth to leave facilities for periods to practice overcoming urges to use, try out navigating “triggering” situations (e.g., friends using in front of them, seeing dealers on the street), and work on relationships associated with substance use (e.g., difficult family relationships), followed by debriefing with trusted program staff. Day treatment programs can also offer regular guidance on navigating and overcoming challenges. Slips and relapses should be approached as chances to learn, rather than as “total setbacks,” allowing individuals to continue working on their treatment, recovery, and healing with new skills and growing capacity.

Recommendations

- » **For providers: Encourage youth to continually (re-)define their treatment, recovery, and healing goals and timelines.** Focus on strengths and supporting youth in learning what it means and how to live a fulfilling, pleasurable, and “fun” life over attempts to “fix” them. Be alert to changes in goals and timelines across time and place.
- » **For providers: Provide opportunities to practice recovery during programs.** Help youth move toward more independent recovery and healing by first supporting them with navigating challenges and missteps.
- » **For providers: Treatment and recovery programs should approach returns to use (e.g., while on day and weekend passes) as learning opportunities.** Prioritize policies that approach returns to use as opportunities to learn and build skills and capacity rather than as grounds for discharge. Don’t assume returns to use are indicative of “not being ready” or wanting to pursue recovery and healing.

KEY FINDINGS AND RECOMMENDATIONS

KEY STATEMENT 3

Youth recovery challenges and strategies

“Recovery does not seem possible for me.”

Recovery and healing can start to “feel impossible” for youth who encounter barriers to repeated treatment engagement, such as lengthy wait times, punitive rules that result in being “kicked out” or asked to leave, discrimination, and a lack of safety and inclusivity. Many youth reported feeling that treatment programs did not adequately meet their needs or align with their priorities. When compounded by a lack of safe and desirable housing that “actually feels like a home” and inadequate income support, many youth conclude that treatment “gets them nowhere” in terms of the goals they have for themselves. In the face of these barriers, as well as persistent mental health challenges, many youth rely on a range of substance use self-management strategies.

What we read

Studies identify a number of barriers and challenges that youth face when pursuing recovery and healing through substance-use treatment engagement—including long wait times for programs; discrimination on the basis of age, gender, sexuality, race, and income status; and “aging out” of programs that they want to access or where they have previously found support.

Some youth reported feeling that treatment programs did not adequately meet their needs or align with their priorities, especially when they were not focused on achieving abstinence or avoiding friends and romantic partners who continued to use drugs. They identified strict rules and punitive policies that result in being “kicked out” or asked to leave, insufficient cultural safety, and a lack of gender inclusivity as barriers to treatment engagement.

Studies note that youth may use self-management strategies for substance use when faced with barriers to treatment. These include transitioning methods of consumption (such as moving from injecting to smoking), or gradually reducing or eliminating the use of a particular substance (such as opioids) by substituting one they consider less harmful (such as cannabis). While youth in these studies did not necessarily define themselves as being in recovery, they did talk about pursuing healing and wellness by shifting their own substance-use patterns.

Youth often viewed their ongoing substance use as a way of mediating mental health issues. They emphasized the need to learn more skills for promoting and protecting their mental health to sustain recovery and healing over the long term.

What we heard

Across BC, youth and caregivers stressed the importance of having up-to-date information about where and how to access mental health and substance use services. They emphasized how difficult it often was to find concrete help in those moments when they needed it the most (e.g., during a mental health crisis happening in the middle of the night). Immediate access to treatment when a young person desires it, without delays, is critical. Reducing geographical barriers to accessing treatment is key, as services are often limited to residents of a particular locale and are therefore frequently inaccessible to youth in remote and rural communities. Once in treatment, its structure and feel are important; places that feel like home and where staff work collaboratively with youth and “really care about you and your whole life, not just your substance use” work best. Many youth did not view going to treatment programs more than once as a failure but as important repeated opportunities for learning and getting better over time. The key to success, they expressed, is being ready and open to learning about themselves and the lives they want in the future.

Following treatment, a lack of safe and desirable housing that “actually feels like a home” and inadequate income support left many youth feeling that maintaining recovery and healing was impossible. A crushing sense of “going nowhere” with their goals, despite treatment engagement, was intensified for youth who had few or no supportive relationships with family members. Improving access to a range of housing options, from low-barrier harm-reduction-oriented housing to abstinence-focused housing, is essential. There should be flexible pathways for moving between these housing options to meet youth’s evolving needs and goals in relation to recovery and healing.

Recommendations

- » **For health systems change: Reduce barriers to treatment and recognize that repeated treatment engagements are often viewed positively by youth.** Implement measures to reduce barriers, ensuring youth have access to treatment at the moment they want it and as many times as they may need.
- » **For health systems change: Provide quality housing and income support.** Ensure access to a continuum of safe and desirable housing and adequate income to support evolving recovery, healing, and wellness goals and timelines.

KEY FINDINGS AND RECOMMENDATIONS

KEY STATEMENT 4

Balancing youth autonomy and caregiver support during recovery

“I’ve learned to listen with curiosity and without judgement.”

Active caregiver involvement in youth’s recovery is valued by youth and caregivers alike. However, caregivers must foster a balance between support and autonomy for youth. Family-based treatment and recovery programs can improve communication, trust, and relationships between youth and their caregivers. However, when needs, priorities, and desires conflict, working with youth and caregivers independently may be best.

What we read

Various studies emphasized the importance of active caregiver participation in supporting youth during substance use recovery and healing. Caregivers’ involvement during residential treatment and recovery programs was found to enhance communication, trust, and relationships with youth. Studies emphasized, however, that caregivers must learn to provide support without being overbearing and controlling, as this can erode trust. This involves fostering a balance between support and autonomy for youth.

Family-based treatment and recovery programs that work with youth and caregivers through both individual and group sessions were highlighted as potentially beneficial for improving relationships and family dynamics. Studies emphasized that these programs were promising for building trust, setting expectations, facilitating difficult conversations, and learning about substance use, treatment, and recovery. Family-based treatment is most successful when the needs, priorities, and desires of youth and their caregivers alike are acknowledged and honoured.

What we heard

Caregivers and youth described the importance of striking a delicate balance between providing caregiver support without being “too pushy” or stifling. Youth emphasized the need for caregivers to avoid “overbearing” behaviours, such as repeated questioning (e.g., “Where were you?” “What were you doing?”) and being overly intrusive (e.g., asking to accompany youth at all times when they leave the house). Instead, youth stressed the importance of creating a supportive environment characterized by compassion, patience, curiosity, and open communication. Youth and caregivers acknowledged the potential value of family-based group therapy, but often felt that they benefited more from one-on-one interventions and independent learning. Especially during times of crisis, regular discussions between youth, service providers, and caregivers are crucial in determining what information can be shared while respecting the boundaries of all parties. These discussions help ensure that caregivers can provide necessary support while also respecting a young person's autonomy while receiving care.

Youth across the province also discussed the need for caregivers to understand how their interactions had the potential to influence recovery and healing. Youth underscored the need for their caregivers to acknowledge that working on recovery and healing from intensive substance use is hard, recognize their strengths, avoid “empty” motivational phrases, and actively listen with curiosity and without judgment.

Recommendations

- » **For providers: Promote caregiver involvement that fosters a balance between support and autonomy for youth.** Design programs that promote caregiver involvement while recognizing and supporting youth who prefer to pursue recovery and healing independently. Be alert to changes in youth's needs and goals regarding caregiver involvement across time and place.
- » **For health systems change: Provide programs for caregivers to pursue learning about youth substance use, treatment, and recovery independently.** This is particularly important when caregiver and youth needs, priorities, and desires are not aligned.

KEY FINDINGS AND RECOMMENDATIONS

KEY STATEMENT 5

Enhancing caregiver support during youth recovery

“Self-care for me is my child getting the support they need.”

Supporting youth through substance use, treatment, and recovery presents significant challenges for caregivers. It can impact many aspects of their lives, limiting their capacity to care for others, and straining their relationships. When caregivers' expectations for recovery are misaligned with those of the youth they are caring for, they often experience an overwhelming sense of frustration and fatigue. Additional caregiver support is needed to promote and protect their health and well-being, and to ensure that their caregiving efforts are sustainable.

What we read

Studies acknowledge the tremendous financial and emotional tolls placed on caregivers, and how caregiving reduced their capacity to provide support to other children and aging family members. Studies noted that, in addition to providing material, emotional, and social support, caregivers also often made substantial changes to their own lifestyles, such as altering their substance use (e.g., abstaining from alcohol use) to make home environments more conducive to youth's recovery and healing. The frequently cyclical nature of youth's engagement and

disengagement with treatment and recovery programs can be exhausting for those caring for them. This cycle can lead to unmet and misaligned expectations (e.g., caregivers desiring abstinence for youth, and youth desiring harm reduction), resulting in burnout, frustration, and compassion fatigue among caregivers.

This resulted in many caregivers feeling “mentally and physically drained.” The literature points to the urgent need for programs and services that prioritize caregiver well-being and skill development, particularly those that support caregivers in actively defining and working towards self-care. This approach helps caregivers develop the resilience and resources needed to provide sustained support to their loved ones.

What we heard

Our conversations highlighted the significant challenges caregivers face while supporting youth through treatment and recovery—from diminished capacity to care for others to strained family relationships to reduced capacity to work. Caregivers expressed the urgent need for dedicated mental health services to address the emotional toll and stress of their roles and the impacts on siblings in this context. They discussed the need for safe and supportive day programs for youth that would provide necessary support and safety for their child currently using substances while allowing them to tend to their other children or take care of other responsibilities.

Youth and caregivers alike recommended that youth treatment and recovery programs provide more resources and practical strategies for caregivers, as well as specific recourses for the siblings of youth who use substances. They emphasized the need for education on improving communication between caregivers and youth, praising outreach workers for their role in establishing warm relationships and serving as liaisons during difficult times. Caregivers expressed interest in additional services that would offer greater flexibility, such as round-the-clock family liaison and outreach services, caregiver peer supports, and extended crisis-support hours. They wanted more education on treatment and recovery program options, and assistance in navigating complicated healthcare processes.

Recommendations

- » **For health systems change: Create new and scale up existing caregiver support programs.** Develop comprehensive support programs characterized by flexible hours and outreach approaches to address the emotional, social, and material challenges and regular emergencies faced by caregivers.
- » **For health systems change: Expand family liaison services and caregiver peer supports.** Increase the availability of family liaison workers and caregiver peer supports to strengthen relationships with and between youth and caregivers.

CONCLUSION

With high rates of substance use and associated health and social harms among youth, it is critical that we understand how youth experience and navigate recovery and healing in the context of past and current substance use. Our literature review and community engagement sessions underscore that recovery is a dynamic process, unfolding over time and across places in many different ways. To be successful, recovery programs and services must be designed so that they align with and encompass youth's diverse and shifting goals and timelines. They must also actively engage youth and their caregivers in recovery and healing planning and processes.

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SUMMARY OF RECOMMENDATIONS

- 1. For providers and caregivers: Define recovery in collaboration with youth.**
Do not assume what recovery means to youth and be alert to shifts in definitions across time and place. For example, recovery may initially include alcohol and cannabis use and later be defined as abstinence from all substances.
- 2. For providers and caregivers: Use supportive language that makes room for missteps and learning.**
Use language that motivates youth to keep moving forward with self-defined recovery and healing goals and avoid language that may lead to feelings of pressure and looming or actual failure.
- 3. For providers: Encourage youth to continually (re-)define their treatment, recovery, and healing goals and timelines.**
Focus on strengths and supporting youth in learning what it means and how to live a fulfilling, pleasurable, and “fun” life over attempts to “fix” them. Be alert to changes in goals and timelines across time and place.
- 4. For providers: Provide opportunities to practice recovery during programs.**
Help youth move toward more independent recovery and healing by first supporting them with navigating challenges and missteps.
- 5. For providers: Treatment and recovery programs should approach returns to use (e.g., while on day and weekend passes) as learning opportunities.** Prioritize policies that approach returns to use as opportunities to learn and build skills and capacity rather than as grounds for discharge. Don’t assume returns to use are indicative of “not being ready” or wanting to pursue recovery and healing.
- 6. For health systems change: Reduce barriers to treatment and recognize that repeated treatment engagements are often viewed positively by youth.** Implement measures to reduce barriers, ensuring youth have access to treatment at the moment they want it and as many times as they may need.
- 7. For health systems change: Provide quality housing and income support.** Ensure access to a continuum of safe and desirable housing and adequate income to support evolving recovery, healing, and wellness goals and timelines.
- 8. For providers: Promote caregiver involvement that fosters a balance between support and autonomy for youth.**
Design programs that promote caregiver involvement while recognizing and supporting youth who prefer to pursue recovery and healing independently. Be alert to changes in youth’s needs and goals regarding caregiver involvement across time and place.
- 9. For health systems change: Provide programs for caregivers to pursue learning about youth substance use, treatment, and recovery independently.**
This is particularly important when caregiver and youth needs, priorities, and desires are not aligned.
- 10. For health systems change: Create new and scale up existing caregiver support programs.** Develop comprehensive support programs characterized by flexible hours and outreach approaches to address the emotional, social, and material challenges and regular emergencies faced by caregivers.
- 11. For health systems change: Expand family liaison services and caregiver peer supports.** Increase the availability of family liaison workers and caregiver peer supports to strengthen relationships with and between youth and caregivers.

ACKNOWLEDGEMENTS

This report is dedicated to all the young people who have lost their lives to overdose in British Columbia. We remember you, and we miss you deeply. We also want to extend our heartfelt thanks to all the youth, caregivers, and service providers who generously participated in this project.



Reference:

1. Eekhoudt CR, Sandhu M, Mniszak C, Goodyear T, Turuba R, Marchand K, Barbic S, Fast D. (2024). Looking beyond drugs: A scoping review of recovery in the context of illicit substance use among adolescents and young adults. International Journal of Drug Policy, 133, 104598. <https://doi.org/10.1016/j.drugpo.2024.104598>

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