

A NEW PATH FORWARD:

A Report on the Harm Stigma Imposes on
Children exposed to Parental Substance
Use Disorder and Recommendations for a
New Path Forward

FEBRUARY 2022





ABOUT **STARLINGS** **COMMUNITY**



Children do not have a choice in the kind of home environment they are raised in, but as a community, we have a choice in the kind of community environment that supports them.

Agnes Chen, Starlings Community Founder and ED



Starlings Community is a not-for-profit organization whose mission is to promote the healing of children impacted by the stress and stigma associated with a parent's drug or alcohol use.

Starlings Community's goals are to:

- 1** Develop resources that are proactively available for impacted youth through key partnerships across Canada
- 2** Ensure the availability of a continuum of support for parents with a substance use disorder
- 3** Empower health professionals, first responders, and educators to be a part of a family's healing through training, stigma awareness, and service provision within the systems they work in
- 4** Influence policy that will prioritize the healing of children impacted by the stress and stigma of a parent's substance use disorder



ACKNOWLEDGEMENTS

This guide was created in Mohkinstsis, where the beautiful Elbow river meets the Bow River and where the sky turns a brilliant shade of pink as the sun rises and sets.

We acknowledge and honour Mohkinstsis and the traditional treaty 7 territory of the Blackfoot Confederacy which includes the Siksika, Kainai, Piikani, as well as the Nakoda and Tsuut'ina Nations. We acknowledge that this territory is home to the Métis Nation of Alberta, Region 3 within the historical northwest Métis Homeland.

We want to take this opportunity to thank the original stewards of this land, who through their spirit and their descendants continue to provide care and guidance in the way they model how to live, love, and care for this land and the people on it.

We also acknowledge the harm done to Indigenous communities across Turtle Island due to the historical and ongoing impacts of colonization, residential schools, the 60's scoop, and millennial scoop.



We are all a part of the village that is raising the children of Canada.

How we contribute today will impact their health and well-being for generations to come.

-Agnes Chen,
Starlings Community Founder

Starlings Community would like to acknowledge the incredible contributions of the following community partners, colleagues, and peers who generously shared their time and expertise in the development of this report. Their commitment to the health and well-being of children is inspiring.

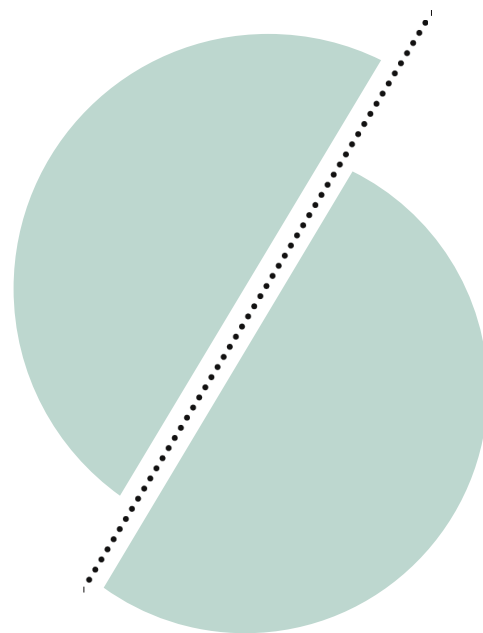
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In addition, we would like to thank our partners at Collective Wellness Pow Wow for sharing an Indigenous perspective in the codevelopment of the recommendations in this report. Their commitment to bridging the gap between Indigenous and non-Indigenous communities continues to remind us of what we can accomplish when we come together with empathy and compassion for each other and for future generations.

We would like to acknowledge the financial contribution of Frayme, which allowed the production of this report. Finally, we would like to thank the many voices of the Canadians who shared parts of their healing journey through the 2021 Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021, some of which are shared throughout this report. Full questionnaire results will be released in March 2022.

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Radical healing is a process that builds the capacity of people to act upon their environment in ways that contribute to well-being for the common good.



-Shawn Ginwright, 2015; Hope and Healing in Urban Education

EXECUTIVE SUMMARY

Reducing stigma is key to effectively addressing problematic substance use, and is a critical step in recognizing the fundamental rights and dignity of all Canadians, including those who use substances.

Dr. Theresa Tam, Chief Public Health Officer of Canada, Government of Canada, 2018.

Over the last 30 years, the scientific community has made incredible progress in understanding the impact of toxic stress on a child's developing brain, underscoring the connection between childhood adversity and risk for a substance use disorder (SUD) later in life. Informed by this research, national recommendations have been made in the fields of children's mental health, substance use, and addiction aimed at decreasing stigma, reducing health inequities by addressing the social determinants of health, and promoting Children's Rights (See Appendix 1 and 2). However, Canadian children who are currently exposed to the stress and discrimination related to a parent's unaddressed trauma and substance use disorder (SUD) are not included in this work, and stigma continues to marginalize families.

In Canada, approximately one in five youth are exposed to a parent's SUD, along with the stigma society imposes on such families (Langlois & Garner, 2013; McDonald & Tough, 2014).

This family and community environment contributes to a child's susceptibility for society's most pressing social issues, including up to double or even triple the risk for addiction, mental illness, and suicide (Anda et al., 2002; Leyton & Stewart, 2014; Parolin et al., 2016; Titlestad et al., 2020; Alonzo et al., 2014; Meulewaeter et al., 2019; Smith et al., 2021).

"Intergenerational trauma is passed down from one generation to the next behaviourally, observationally... and through genetic memory codes." (Linklater, 2015).

In addition, harms related to substance use cost the Canadian economy \$46 billion per year in healthcare, justice system, and lost productivity (Canadian Substance Use Costs and Harms Scientific Working Group, 2020). Despite the cost to our economy and to the lives of children, there are limited to no healing supports available to impacted families, risking the cycle of stress, trauma, and addiction repeating itself generationally.

Stigma:

the negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life. It includes discrimination, prejudice, judgment, and stereotypes that harm people who use drugs and their families (Health Canada, 2021b) and exists within society and systems. It can be internalized by impacted individuals, contributing to their negative beliefs about themselves, their family, and their ability to improve their outcomes (Health Canada, 2021b; Stangl et al., 2019).

Stigma is so ubiquitous within society that it exists within current policies, practices, and systems, indicated not only by the overt discrimination experienced by families, but also in the lack of supports. For example, stigma is prevalent within the healthcare system, with well known consequences on a parent's substance use, on their capacity for recovery, and their family's access to protective factors within the community. Furthermore, a 2017 report published by the Canadian Centre on Substance Use and

The stigma of addictions is prevalent throughout society, including within the healthcare system, with well known consequences on a parent's substance use, on their capacity for recovery, as well as on their child's well-being and their family's access to protective factors within the community.

Addiction indicates that 49% of people with an active addiction felt they had been discriminated against (McQuaid et al., 2017, p. 46). Consequently, children of parents with a SUD are known to witness and experience these discriminatory behaviours, eroding a child's sense of self-worth, increasing internalized stigma, and preventing children from reaching out for support.

An environmental scan of current supports suggests that despite the known consequences of stress and stigma on children exposed to parental SUD, these children are not proactively offered opportunities to heal and are generally expected to seek out help instead (McCann & Lubman, 2017; McCann et al., 2020).

Furthermore, limited health support options based treatment external to the health system as the current recommended path to recovery. This lack of additional support can further stigmatize parents who do not have the capacity to choose abstinence, leaving the root cause of the SUD unaddressed and families under supported.

Relevant to the history of Canada, systemic racism is the most common form of discrimination experienced by Canadians (Public Health Agency of Canada, 2019).

As a direct result of colonization, forced cultural assimilation, and ongoing systemic racism, some Indigenous communities and Black Canadians experience more barriers to healing supports for substance use disorder than the wider Canadian population (Khenti, 2014). In addition, current resources primarily focus on western approaches to treatment and culturally diverse supports remain under-funded.

Finally, parents challenged by a SUD commonly have a history of unaddressed traumas. Evidence suggests that addictions stigma can be amplified by harmful behaviours related to unaddressed trauma and the stigmas associated with such behaviours. This includes the stigma of abuse, poverty, and incarceration, which must be acknowledged as cumulative barriers to a family's healing and recovery.



Ultimately, stigma increases a family's burden of stress, decreasing their feeling of safety and trust within the current systems, and decreasing the opportunities parents with a SUD and their children have for healing and recovery.

Although this report is not exhaustive to the many ways stigma impacts individuals with a SUD and their families, the intention is to highlight the gap in services and the critical need to increase the opportunities parents with a SUD and their children have for healing and recovery.

FROM YOUTH ACROSS CANADA:

Starlings Community Questionnaire: Impacts of Stigma on
Canadians Exposed to Parental SUD, 2021



“I don't want to be understood. I just want kids to know that they aren't alone”

Anonymous, Age 18-24, Hamilton ON

People with addiction issues aren't bad people even though some of them do a lot of bad things. Having mental health issues of their own doesn't absolve them of responsibility, but they're people with their own traumas and not inherently monsters.

Anonymous, Age 18-24, Canada

“I saw drugs and alcohol as something bad, and for a while, I hated going near it and I hated anyone who did it. I was angry and embarrassed and I did not want anyone to know that my father was addicted.”

Anonymous youth, Canada

“I see myself recreating my parent's behaviours but find myself unable to reach out for help while I still have a chance. The self-hate is a vicious cycle.”

Anonymous: Age 18-24, Hamilton, Canada

“I am scared I will follow in his footsteps and cause my children to see that.”

Anonymous, Age 14-18, Alberta

“Seeing them deal with the stigma makes me feel even more guilty and angry for wanting to be away from it all.”

Anonymous, Age 18-25, Manitoba

There are not enough mental health support for average/low-income people. Subsidize mental health resources!!!

Anonymous, Age 24-35, Canada

keeping up with studies and school while realizing you're no longer in a warzone means you're processing trauma and that's harder than the first time you got the trauma. It's an impossible weight sometimes and that's why marginalized kids slip through the cracks as adults.

Anonymous, Age 18-24, Canada





SUMMARY OF **RECOMMENDATIONS**

The impact of unaddressed trauma, substance use disorder, and parenting practices has known negative consequences on children. However, the evidence suggests that stigma contributes to this harm, resulting in parents and their offspring being under supported, increasing the risk for the cycle of stress and addiction repeating itself generationally. As such, we must increase trust between impacted families and current systems, connect both parent and child to their community, and address underlying mental health issues in both parent and child. To do so, Starlings Community recommends the following:

- 1** Conduct Canada based culturally responsive peer-reviewed research aimed at understanding the prevalence and risk of parental SUD stigma on the health and well-being of impacted youth to inform current policy and practices.
- 2** Development and implementation of healing supports and health-promoting services to children and their parents within current systems known to interact with impacted families, primarily the healthcare system.
- 3** Canada's one in five Children who are impacted by a parent's SUD are acknowledged and prioritized within culturally responsive policies and recommendations at a federal level.

FOREWORD

As a child to parents with a substance use disorder, a Registered Nurse, and the founder of Starlings Community, I have witnessed the deeply rooted ways in which substance use stigma exists within our communities, impacting parents who have an addiction as well as their children. Although our communities have come a long way in understanding trauma and resilience, we have not been proactive in our quest to increase the healing supports available to families which could enable children to move forward with hope and healing.

My intention in creating this report is to highlight the current gaps that exist within our systems and contextualize the experiences of youth. In addition, I want to encourage policymakers, child advocates, and our many allies to recognize the collective responsibility we have in prioritizing the health and wellbeing of children and their families who, today, continue to be harmed by the stigma of addictions.

Lastly, I want all children who have felt the hopelessness with which stigma imposes to know their value within a compassionate community that is committed to their health and wellbeing.

With respect and gratitude,

Agnes Chen,
Registered Nurse

Starlings Community Founder and
President.

Tan'si/Oki,

There has been an incredible movement as we continue to address to the Calls to Action set forth by the Truth and Reconciliation Commission of Canada. I am Métis (Cree), a member of the Métis Nation of Alberta and married into the Kainai First Nations Blood Reserve. In the fifteen years of struggling with my trauma and addiction (including being a youth and an adult), I have first-hand experienced gaps in culturally relevant mental health services. Twelve years ago, I was connected (re-connected) with my culture and began my healing journey in a way that changed the entire course of my life. Today, I am a proud jingle dancer, a ceremonialist and very involved in community. These traditional ways of being have kept me living life in a good way and is why I am here today. Despite the gifts I have received in recovery, I know that my healing journey is a lifelong process.

I am also an educator and therapist whose work and scholarship surround culturally relevant care within the mental health/wellness and addictions field. I have an M.Ed in Counselling Psychology, however, my work as a therapist comes from an Indigenous lens which evolves from my formal training as an Indigenous Focusing Oriented Therapist (IFOT) and years spent in ceremony and working with Elders. I am honoured to have worked with many Indigenous clients who have also experienced healing due to being connected to culture while in a therapeutic setting. I am grateful to Starlings Community for prioritizing the health and well-being of children and their families who continue to be harmed by the stigma of addictions, as this is very relevant to our communities.

I hope that when each recommendation is considered within the Indigenous context, it evolves from a place of deep understanding of our shared history and involves community voices.

E'kosi,

Nevada Ouellette- Young Pine, Naato'hkotok Aak",
BHSc, MEd, PhD (Current Student) Collective
Wellness Pow Wow



**If a society values its children,
it must cherish their parents.**

-John Bowlby



ADDICTION IN CANADA SUMMARY

18%–20% of Canadian children are exposed to a parent with a substance use disorder

In Canada, approximately one in five people aged 15 and up will be diagnosed with a substance use disorder (SUD) in their lifetime (Government of Canada, 2018). Many of these impacted individuals are parents who are raising children (Langlois & Garner, 2013).

The latest data taken from 2013 shows that 18%–20% of Canadian children are exposed to a parent's substance use disorder (Langlois & Garner, 2013; McDonald & Tough, 2014). However, data from the United States indicates this could be as high as 35% in communities exposed to social, economic, environmental, and structural disparities, (Felitti et al., 1998; Giano et al., 2020), such as families impacted by systemic racism, poverty, and stigma. Relevant to Canada, as a direct result of colonization, forced cultural assimilation, and ongoing systemic racism, some Indigenous communities and Black Canadians experience higher rates of substance use disorder than the broader Canadian population (Khenti, 2014). As a result, in some Indigenous communities, up to “78.8% of residential school attendees have a substance use disorder” (Maina et al., 2020).

Substance use-related harms cost the Canadian economy \$46 billion in lost productivity, healthcare, and justice system costs, an overall increase of 5.4% from 2015

In addition to the personal and interpersonal harms that can result from an individual's problematic substance use, data released in 2020 states that substance use-related harms cost the Canadian economy \$46 billion in lost productivity, healthcare, and justice system costs, an overall increase of 5.4% from 2015 (Canadian Substance Use Costs and Harms Scientific Working Group, 2020). To put into perspective the magnitude of this issue, more Canadians are hospitalized because of harm related to drugs or alcohol than heart attacks and strokes combined (Canadian Institute for Health Information, 2018). This underscores the impact which problematic substance use has on all Canadians, but also represents an opportunity for our current systems of care to proactively support impacted families to heal.

Opioid Crisis

Canada is in the midst of an opioid crisis, fueled by a toxic and unregulated drug supply, with approximately 24, 600 lives lost from January 2016 to June 2021 (Public Health Agency of Canada, 2021).

For comparison and of equal importance, 32, 000 people have died in Canada from Covid-19 from the start of the pandemic in 2019 to January 2022 (Government of Canada, 2022). Further highlighting the consequences of colonization and forced cultural assimilation, it is documented that some Indigenous communities have been disproportionately affected by the opioid crisis, with data stating “First Nations were three times more likely to die from an opioid-related overdose than their non-First Nations counterparts” (Belzak & Halverson, 2018).

Although there is no literature indicating the number of parents who have died from the opioid crisis, we can assume there are many bereaved, as the most common age of death is 20-49, and 30-39 years is the average age of death from accidental fentanyl-related opioid toxicity (Government of Canada, 2021).

It is important to highlight, however, that there has been little to no acknowledgement or proactive support offered to bereaved children, despite the severity of the issue and stigma’s documented impact on families (Daley et al., 2018).



Harm reduction aims to reduce the negative health, social and economic impacts of substance use on individuals, their families and communities, without requiring abstinence.

Government of Canada, 2018, p.17

Furthermore, despite the scientific community (Potier et al., 2014) and the Government of Canada (Government of Canada, 2018) indicating the importance of harm reduction services, which act as a “bridge between mental health and addiction recovery” (Bartram, 2020), there continues to be limited access to these supports and negative public discourse around the people who use such services (Stuart, 2019).

It is critical to consider the impact today’s opioid crisis is having on generations of children, and how we can increase supports to families in order to mitigate this risk.

Canada’s Child Welfare System

A 2014 report on the circumstances of youth involved in Canada’s child welfare system



found that "substance use was the most frequent root problem in caregiver-related cases" (Barker et. al., 2014). In addition, data indicates that children involved in Canada's child welfare system have earlier initiation of substance use, as well as increased rates of SUD themselves (Barker et. al., 2014).

Furthermore, the over representation of Indigenous children within Canada's foster care system is well documented, and has been accordingly termed the "millennial scoop" (Scofield, 2011; Sinclair, 2007). According to Statistics Canada (2016), Indigenous children make up 48% of all children in care, yet, they represent only 7% of children in Canada. However, the majority of Indigenous children are being placed in non-Indigenous homes (Statistics Canada, 2016). This is incredibly problematic when ancestral and present-day consequences resulting from the removal of Indigenous people from home/land are considered.

Therefore, it is critical to consider the consequences to children involved with the child welfare system, and what additional supports can be provided to families to mitigate this risk.

COVID-19 and Substance Use

The COVID-19 pandemic has added further stress to all families over the last two years.

A 2014 report on the circumstances of youth involved in Canada's child welfare system "found that substance use was the most frequent root problem in caregiver-related cases"

18% of females and 28% of males with children younger than 13 years of age indicated problematic or risky alcohol use during the COVID-19 pandemic

However, Canadians with a history of adversity and past or present substance use concerns report having a more challenging time coping with the added stress of COVID-19 (Mental Health Commission of Canada, 2021a).

For example, according to a July 2021 report, “22% of people with a history of substance use disorder reported seriously contemplating suicide in the past month, compared to 13% the year prior” (Mental Health Commission of Canada, 2021a, p. 2). In addition, 18% of females and 28% of males with children younger than 13 years of age indicated problematic or risky alcohol use during the COVID-19 pandemic (Canadian Centre on Substance Use and Addiction, 2021).

Despite the increased risk to parents with a SUD and their children, there has been minimal to no indication or acknowledgement to increase supports to this population within Canada’s current COVID-19 response, within Children’s advocacy groups, or within children’s mental health services across Canada.



“The lashing out and anger I had as a child wasn't my fault. I had no idea how to manage or cope with it, why I felt this way or why it was happening to me. I carried that anger with me for a long time.”

Anonymous, Age 18-24, Canada Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

SUD Within the Criminal Justice System

Although a SUD is commonly acknowledged as a disease, individuals with a SUD remain heavily criminalized. For example, a 2014 report states that “80% of federally-sentenced offenders had problems with substance use and over half reported that their crime(s) were linked to their substance use” (Government of Canada, 2014).

Although it is not obvious how many children in Canada have an incarcerated parent, a report from 2018 suggests that 70% of federally incarcerated women were parents of minor children (Canadian Friends Service Committee, 2020). Additionally, a 2008 report indicates that 52% of male prisoners were fathers with 25-35% of these fathers having problematic drug use (Withers & Folsom, 2008).

The consequences associated with incarceration on individuals are far reaching and include decreased mental well-being, decreased financial and employment opportunities, and increased stigmatization and marginalization (Edgemon & Clay-Warner, 2018). In addition, prior concerns with mental health and substance use tend to be exacerbated by the harsh environment prisons provide (Mental Health America, n.d.).

The incarceration of a parent also has a negative impact on children, with literature suggesting impacted children have increased rates of negative health outcomes, including increased rates of depression, involvement in the criminal justice system, psychological problems and antisocial behaviour (Martin, 2017).

Therefore, it is critical to consider how the current criminal justice system contributes harm to people with a SUD and their families, and what supports can be provided to better enable their healing.



I want people to know the level of shame the entire family feels, the struggle of loving someone who hurts you but doesn't want to, how much criminalization hurts."

Anonymous, Age 18-24, Canada, Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

UNDERSTANDING SUBSTANCE USE DISORDER

“I want people to have compassion. If my parents had community support, felt they could get help without losing us, maybe they would have gotten help.”

Anonymous, Age 24-35, Canada;
Starlings Community Questionnaire:
Impacts of Stigma on Canadians
Exposed to Parental SUD, 2021

The risk for a SUD ties back to the amount of stress an individual is exposed to which is associated with the presence or absence of protective factors within the home and community environment.

Commonly called an addiction (U.S. Department of Health and Human Services, 2016, P.63), a SUD is defined as “a health condition that is diagnosed when a person’s substance use leads to health issues or problems at home, school or work” (Canadian Centre on Substance Use and Addiction, 2019, P.4). It involves “constant cravings for the drug or alcohol; compulsive drug or alcohol seeking; and continued use despite the harms that drugs or alcohol is causing” (Health Canada, 2021a).

Often categorized as a disease, (U.S. Department of Health and Human Services, 2016, P.64) a SUD results from a complex interaction between a person’s genes, their environment, and the effects of substances on the brain (Alberta Family Wellness Initiative, n.d.; National Scientific Council on the Developing Child, 2015; Wemm & Sinha, 2019). Fundamentally, the risk of a SUD ties back to the amount of stress an individual is exposed to (Alves et al., 2020; Lander et al., 2013; National Scientific Council on the Developing Child, 2020), which is ultimately associated with the presence or absence of protective factors within the home and community environment (Leyton & Stewart, 2014; Morris et al., 2021).



My dad wasn’t a bad person, he just struggled. It’s the same as any mental illness. He struggled with issues that he couldn’t control.



Anonymous, Age 18-24, Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021



I'm not a very open with my experiences because even today I feel like it reflects as a failure on my parents and myself. It also puts me in a bad light because most people assume I am also addicted.



Anonymous, Age 18-24, Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

Protective and Risk Factors

Protective factors are the conditions and characteristics which buffer individuals from the negative effect of stress (Barnova, 2018; National Scientific Council on the Developing Child, 2015). These include caregiver and social support, healthy emotional attachments, cultural connectedness, and access to community resources (Franke, 2014; National Scientific Council on the Developing Child, 2015; Garner and Yogman, 2021; Ungar, 2018).

When exposed to stressful experiences, the absence of protective factors can result in a chronically activated stress response, which overtime, places impacted individuals at an increased risk for negative health outcomes, including addiction (National Scientific Council on the Developing Child, 2015; Garner and Yogman, 2021).

The risk factors for a substance use disorder can best be understood through the social determinants of health and adverse childhood experiences, both of which have been shown to impact the amount of stress an individual experiences and their subsequent risk for a SUD.

Protective factors: cultural connectedness, family support, meaningful community relationships, healthy emotional attachments, community resources, housing, and healthcare.

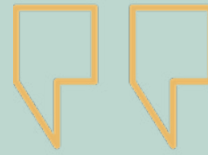
Social Determinants of Health

The social determinants of health (SDOH) are the social, economic, and environmental conditions which people are born into, raise families in, and have limited control over, and which have a powerful influence over a person's capacity to be healthy (Table 1; Government of Canada, 2020; Leyton & Stewart, 2014; Smith & Pollak, 2020; McLane, et al., 2022).

While the SDOH may be understood as protective factors under the right circumstances, they also include a lack of protective factors and systemic barriers that increase the amount of stress a family is exposed to, influencing a person's susceptibility to a SUD (Amaro et al., 2021), and decreasing their capacity for recovery and healing (Leyton & Stewart, 2014; Pear et al., 2019; Smith & Pollak, 2020; McLane, et al., 2022).

These systemic barriers include experiences of poverty, colonization, racism, discrimination, as well as experiences with stigma, which the Public Health Agency of Canada has described as an important social determinant of health, "contributing to social and health inequities" (Government of Canada, 2018; Public Health Agency of Canada, 2019).

People with low income or who are unemployed face significantly more barriers to mental health and substance use treatment services



It is widely recognized that determinants of health are often at the root of problematic substance use.

Government of Canada, 2018

Table 1 **Social Determinants of Health**

Income and social status
Employment and working conditions
Education and literacy
Childhood experiences
Physical environments
Social supports and coping skills
Healthy behaviours
Access to health services
Biology and genetic endowment
Gender
Culture
Race/Racism

*Note. From Social Determinants of Health and Health Inequalities by Government of Canada, 2020 (<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>).

For example, in 2014, the Canadian Office of the Correctional Investigator reported that “historically marginalized groups, including Indigenous Peoples, Black Canadians and other racialized communities... are disproportionately represented in the criminal justice system”, where it is suggested up to 80% of individuals are impacted by problematic substance use (Government of Canada, 2014). Furthermore, it is well known that “people with low income or who are unemployed face significantly more barriers to mental health and substance use treatment services” (Mental Health Commission of Canada, 2021b, p. 2). In such cases, the root causes of a SUD may not be addressed and an impacted individual’s capacity for healthier substance use could be limited.

Adverse Childhood Experiences (ACEs)

The term adverse childhood experience (ACE) originates from the landmark 1998 ACEs study (Felitti et al., 1998), which has now been replicated around the world. The original study focused on ten forms of adversity (see Table 2) that are common to the experiences of a child age 0-18.

Table 2:

- Emotional abuse
- Physical abuse
- Sexual abuse ²²
- Physical neglect
- Emotional neglect
- Household SUD
- Parental mental illness
- Witnessing domestic violence
- Parental incarceration
- losing a parent to death or divorce

Compared to persons with an ACE score of 0, an individual with a score of 4 or more was 10 times as likely to use injection drugs and 7 times more likely to have an alcohol use disorder

The ACE study was foundational in connecting high levels of toxic stress in childhood (indicated by an ACE score of 4 or more), to the increased risk for addictions (Felitti et al., 1998). For example, a high ACE score (answering “yes” to 4 or more of the original 10 ACEs) has been associated with learning challenges, anger regulation difficulties, mental illness, intimate partner violence, incarceration, suicidality, early age substance use initiation, and addiction (Choi et al., 2016; Felitti et al., 1998).

More specifically, the ACE study showed that compared to persons with an ACE score of 0, an individual with a score of 4 or more was 10 times as likely to use injection drugs and 7 times more likely to have an alcohol use disorder (Felitti et al., 1998).

In addition, ACE studies have indicated that parental addiction was a top stressor, impacting approximately 27% of the 17,500 Americans surveyed. Furthermore, parental SUD increased the risk for additional adversity in offspring, such as exposure to intimate partner violence and emotional abuse (Felitti et al., 1998). In Alberta, for example, 76.2% of individuals with four or more ACEs had been exposed to household substance use disorder (McDonald & Tough, 2014).

It is important to note that subsequently, more ACEs have been added, including poverty and racism, which are known to influence an individual's susceptibility to a SUD. However, studies incorporating these systemic forms of adversity are limited in current ACE studies (Bernard et al., 2020).

Toxic Stress and the Brain

In the presence of prolonged emotional and/or physical threats, such as when an individual is experiencing abuse, neglect, racism, stigma, and community violence, the stress response can become chronically activated, known as a toxic stress response (Nelson et al., 2020). Over time, this chronic activation can cause predictable adaptations in a child's neurobiology aimed at protecting the child from immediate harm, but to the detriment of the developing child's thoughts, emotions, behaviours, and physical and mental health (National Scientific Council on the Developing Child, 2020; Smith & Pollak, 2020; Zarei et al., 2021). Examples of how a toxic stress response may manifest include:

- emotional dysregulation resulting in a decreased ability to manage emotions and behaviours (National Scientific Council on the Developing Child, 2020; Nelson et al., 2020), 23
- a sensitized stress response that can decrease a person's feeling of safety and trust within their environment, decrease an individual's tolerance for stress, and further increasing the overall of stress individuals experience (Nelson et al., 2020),
- alterations in gene expression, which increase the risk for mental illness and addiction (Leyton & Stewart, 2014; National Scientific Council on the Developing Child, 2015), and
- unhealthy substance use related to coping with toxic stress (Andersen, 2019; National Scientific Council on the Developing Child, 2020).



SUBSTANCE USE DISORDER ON PARENTING



I wish people would listen to the entire story, and be more understanding and accepting because people in these situations need people that care, not people that judge.



Anonymous, Age 18-24, Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

History of Childhood Toxic Stress and SUD on Parenting Practices

The literature over the past 30 years has documented the extent of the links between SUDs and an individual's experience with childhood toxic stress (Fosnocht & Briand, 2016; Mate, 2011; Wangenstein & Westby, 2019). For example, it is stated that approximately 70% of individuals with a SUD have experienced trauma (toxic stress), and 45% have complex post-traumatic stress disorder (Parolin et al., 2016).

As indicated previously, childhood toxic stress in a parent can manifest as a dysregulated stress response, regardless of current substance use (Nelson et al., 2020). A dysregulated stress response has been shown to negatively impact a parent's capacity to manage their emotions and behaviours, particularly while in the presence of additional stress, such as that caused by the emotional and physical needs of a child (Lange et al., 2018; Mayes, 2011; Meulewaeter et al., 2019).

At least 70% of individuals with a SUD have experienced trauma.

Potential consequences of emotional dysregulation on parenting behaviours include:

- Difficulty managing one's own stress in the presence of a distressed child, such as a crying baby (Mayes, 2011)
- Difficulty recognizing and tending to a child's emotional and physical needs (Mayes, 2011; Smith et al., 2021)
- Difficulty managing anger, resulting in aggressive parenting styles, such as hitting and other forms of physical discipline (Morris et al., 2021)
- Parenting hostility, including rejection of the child and loss of temper and control (Morris et al., 2021)



Furthermore, substance use can become the preferred and most accessible solution to coping with the effects of past stress and unhealed trauma when other coping mechanisms have not been consistently modeled or learned, or are difficult to access (Novais et al., 2021; Smith et al., 2021).

Lastly, chronic substance use has been shown to elicit the stress response, adding to stressed parenting practices (Becker, 2015; Taylor et al., 2014; Torres-Berrio et al., 2018).



I feel like society forgets that our parents are human too, and like all of us, they deserve support and care without judgement. Support shouldn't be conditional.



Anonymous, , Age 18-24, Alberta; Starlings Community
Questionnaire: Impacts of Stigma on Canadians Exposed to
Parental SUD, 2021

Effects of Parental SUD on Youth

The impact of parental SUD on a child varies depending on multiple factors including child temperament, genetic predisposition for a SUD, the number of household members with an addiction, and more specifically, the support and protective factors a child has access to (Kuppens et al., 2019; Leyton & Stewart, 2014; Morris et al., 2021).

However, it is well documented that children who grow up in a home with parental SUD are at a substantially increased risk of social, emotional, and cognitive challenges (Anda et al., 2002; Kuppens et al., 2019; Parolin et al., 2016). For example, youth who grow up with parental SUD have approximately double the risk for mental illness such as depression (Anda et al., 2002), up to triple the risk for addiction (Leyton & Stewart,



I wish society would understand that even though we are products of our parents, doesn't mean we are on the same route they have taken.

Anonymous, Youth, , Ontario, Canada Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021



I'm only responsible because I have to be. I just want to be a kid.

Anonymous, Age 18-24, Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

2014; Parolin et al., 2016; Titlestad et al., 2020), and up to 85% greater risk for suicide (Alonzo et al., 2014; Meulewaeter et al., 2019; Smith et al., 2021). In addition, “children affected by parental SUD are at higher risk for nearly every childhood disorder [including] eating disorders, behavior disorders, anxiety disorders, depression, [and] post-traumatic stress disorder” (Lander et al., 2013).

Furthermore, having a parent with a SUD is the most predictive risk factor for SUD in youth (Titlestad et al., 2020). Although it has been stated that approximately 50% of the risk is due to genetic susceptibility (Solis et al., 2012; Dingel et al., 2018), it is important to note that this risk is equally influenced by the environment a child is raised in (Centre on Substance Use and Addiction, 2014).

Youth who grow up with parental SUD have approximately double the risk for mental illness such as depression, up to triple the risk for addiction, and up to 85% greater risk for suicide.

Anda et al., 2002; Leyton & Stewart, 2014; Parolin et al., 2016; Titlestad et al., 2020; Alonzo et al., 2014; Meulewaeter et al., 2019; Smith et al., 2021



When your parents and family are using it's so much easier to go down the same path because those are the coping mechanisms that you see and learn. And that when you're in active addiction you don't want to be there, you don't want to be doing all the bad things you're doing. It hurts, all the time, physically, mentally, and emotionally...

Anonymous, age 18-24, Alberta; Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021.

Therefore, to fully understand the risk of parental addiction on children, we must consider both the physical and emotional family environment in which a child is being raised, as well as the community environment and protective factors that children and their family members have access to.

Family Environment

It has been well documented that unaddressed trauma and a subsequent SUD can limit a parent's capacity to provide physical and emotional safety to their children, increasing their child's exposure to toxic stress (Kuppens et al., 2019; Mayes, 2011, Roy, 2020).

For example, the literature indicates that impacted children may experience decreased emotional and physical availability of a parent due to intoxication, substance-seeking behaviour, or managing withdrawal symptoms (McGovern et al., 2018). Referred to as parentification, these children are known to take on household responsibilities for the physical and emotional care of themselves, their parents, and other family members (Tedgård et al., 2018). Furthermore, there is an increased risk of exposure to emotional and physical aggression and neglect (Anda et al., 2002), exposure to domestic violence (Lewis et al., 2021), and involvement with child welfare services (McConnell et al., 2020), all of which can be detrimental to a developing child's brain and body.

In the absence of community and family support, these challenging and unpredictable circumstances lead impacted children to commonly experience feelings of distrust, lack of safety, loneliness, shame, anxiety, confusion, fearfulness, depression, guilt, hopelessness, and anger (Corrigan et al., 2006; McCann et al., 2020; Wangenstein & Westby, 2019).

This combination of stressed parenting and societal stigma contributes toxic stress to the offspring of parents with a SUD, fueling a cycle of stress, trauma, and SUD that can play out across generations.

Community Environment

The challenging emotional environment a child is exposed to within the family is exacerbated by stigma and discrimination within the community. This combination of stressed parenting and societal stigma contributes toxic stress to

the offspring of parents with a SUD, fueling a cycle of stress, trauma, and SUD that can play out across generations (Meulewaeter et al., 2019).

Stigma is defined as “the negative attitudes, beliefs or behaviours about or towards a group of people because of their situation in life. It includes discrimination, prejudice, judgment, and stereotypes” which harm people who use drugs and their families (Health Canada, 2021b) and exists within society and systems. It can be internalized by impacted individuals, contributing to their negative beliefs about themselves, their family, and their ability to improve their outcomes (Health Canada, 2021b; Stangl et al., 2019).

It is well documented that the stigma of addictions is prevalent throughout society (Public Health Agency of Canada, 2019), harming people with a SUD and their families, many of whom are children (McCann & Lubman, 2017). For example, a 2017 report indicated that “stigma or discrimination was reported by approximately 49% of respondents during active addiction, and 33% reported these experiences during recovery” (McQuaid et al., 2017, p. 46). In addition, stigma is known to contribute to the recurrence of problematic substance use in individuals who have worked towards abstinence-based recovery (Pear et al., 2019).



I feel like tons of people say they want to help, but when it comes time to help, no one's there.



Anonymous, age 18-24, Ontario, Canada
Starlings Community Questionnaire:
Impacts of Stigma on Canadians Exposed
to Parental SUD, 2021

Furthermore, the healthcare system in Canada is known to discriminate against individuals with a SUD and their family, leading to decreased quality, access to, and content of care, as well as decreased trust within these systems by families (Livingston, 2020; Muncan et al., 2020). Although efforts are being made to decrease substance use discrimination within the healthcare system, stigma remains prevalent. This is incredibly harmful considering that the healthcare

system is a main point of contact for individuals with a SUD and their families (Canadian Substance Use Costs and Harms Scientific Working Group, 2020).

Furthermore, the availability of prevention, health promotion, and culturally relevant healing supports for families is limited. This has left abstinence based treatment being the primary recommended and available path to recovery (Russell, et al., 2021; Tucker, 2011; U.S. Department of Health and Human Services, 2016, P. 157) which some individuals do not benefit from (Bartram 2020), and which does not always address the needs of diverse groups in Canada. For example, unlike other health conditions such as heart disease, stroke, and diabetes, individuals with a SUD are not proactively provided with consistent opportunities to learn about their health issues, address underlying trauma, and follow up with support options.

This lack of additional support can further stigmatize parents who do not have the capacity to choose abstinence, particularly if their substance use has been chronic and used to manage psychological or physical pain (Russell, et al., 2021; Mee et al., 2021). Although abstinence may be a goal and an outcome in many cases, without alternatives to care, abstinence can be difficult to achieve. For example, recurrence rates for a SUD, are approximately 40-60%, which is similar to other conditions, such as diabetes (U.S. Department of Health and Human Services, 2016a), however, SUD is more heavily stigmatized.

Furthermore, not engaging in abstinence based care can be perceived as non-compliance by service providers (Blum et al., 2014), resulting in further stigmatization of impacted individuals, leaving the root cause of the SUD unaddressed and families under supported.

In addition, Indigenous healing-centres based on traditional approaches to wellness tend to be more effective for Indigenous peoples (McCormick, 2009; Wendt & Gone, 2012) but are also underfunded (CPA & PFC, 2018). Furthermore, there are only 12 PhD level Indigenous psychologists practicing in Canada who are funded for Indigenous people (CPA PFC, 2018), making the field of Psychology the primary form of counselling available. However, this modality is grounded in colonial epistemologies (Ansloos et al., 2019; Carolissen & Duckett, 2018; Duran & Duran, 1995; Fellner, 2018).



“I see myself recreating my parent’s behaviours but find myself unable to reach out for help while I still have a chance. The self-hate is a vicious cycle.”



Anonymous: Age 18-24, Hamilton, Canada
Starlings Community Questionnaire:
Impacts of Stigma on Canadians Exposed
to Parental SUD, 2021

This has resulted in higher rates of misdiagnosis and over-pathologizing of Indigenous people (CPA & PFC, 2018; TRC 2015a) and has failed to recognize behaviours such problematic substance use, anxiety, and depression as consequences of colonial trauma (Duran & Duran, 1995; Fellner, 2018; John & Cottell, 2016).

Stigma is so ubiquitous that it even exists in current policies, practices, and literature that is meant to improve the health and well-being of individuals (Public Health Agency of Canada, 2019; Wogen & Restrepo, 2020). For example, despite ACE studies across North America demonstrating that parental addiction is one of the top potential triggers of toxic stress in children (McDonald & Tough, 2014) a 2021 pan-Canada ACE study consisting of 44,817 participants omitted household SUD

from their survey (Joshi et al., 2021). The omission of data on household SUD is critical to highlight when considering the impact of stigma on current policies, practices, and the lack of current related research and literature that informs them.

Furthermore, families challenged by a SUD commonly have a history of unaddressed traumas. Although not well researched, evidence suggests that substance use stigma can be amplified by harmful behaviours related to unaddressed trauma and the stigmas associated with such behaviours. This includes the stigma of abuse, incarceration, and poverty, which must be acknowledged as cumulative barriers to a family’s healing and recovery (Klingspohn, 2018; Moore et al., 2015; Reutter et al., 2009).

As presented in Table 2, a number of studies have shown that experiences with stigma affect parents with SUDs in wide-ranging ways.

Table 3

Research Findings on the Effects of Stigma on Parents With SUDs

Effect	Study	Year
Negative beliefs about the care they deserve and their ability for healthier substance use	Crapanzano et al.	2018
Decreased health-seeking behaviour and less engagement in their care	Stangl et al.	2021
Feelings of shame, worthlessness, and lack of self-esteem	CCSA & CAPSA	2019
Decreased likelihood to acknowledge consequences of problematic substance use, less likely to begin treatment, and more likely to drop out of treatment prematurely	Corigan et. al. O'Shay-Wallace Stangl et al.	2006 2019 2019
Decreased capacity to challenge discrimination they experience and to advocate for themselves	Stangl et al.	2019
Decreased lifetime opportunities, including social, financial, and employment opportunities	Corrigan et al.	2009

Ultimately, addiction stigma manifests by increasing a family’s burden of stress, decreasing their feeling of safety and trust within current systems (Muncan et al., 2020; Park & Park, 2014), and decreasing the opportunities parents with a SUD and their offspring have for recovery and healing (Public Health Agency of Canada, 2019).

THE EFFECT OF ADDICTION STIGMA ON CHILDREN



It is hard to heal from something when there is so much shame around it. You feel as though you can't reach out to anybody and that nobody is there to help or care.

(Anonymous, age 24-35, Canada Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021)

Stigma experienced by a parent has dangerous consequences on the health and wellbeing of their offspring (D'Aniello et al., 2021; Park & Park, 2014), and is responsible for creating feelings of shame, fear, anxiety, guilt, worry, and intense concern in impacted children (McCann & Lubman, 2017; Park & Park, 2014).

In addition to the harm done when children witness discriminatory behaviours towards their parents (Park & Park, 2014), children are known to be on the receiving end of stigmatizing behaviours and attitudes. For example, families are often blamed, criticized, or made to feel incompetent when in the presence of service providers, such as health professionals (McCann & Lubman, 2017). These actions contribute to decreased trust within associated systems (Park & Park, 2014), inciting feelings of hopelessness which deters family members from seeking out help for their own mental health (O'Shay-Wallace, 2019).

Furthermore, stigma prevents the availability and access of protective factors (Government of Canada, 2019) in families impacted by parental SUD, such as the protection offered to children through family cohesion, cultural connectedness, positive sense of self, community support, and healthy relationships (Ruvalcaba et al., 2017; Ginwright, 2015). It is well documented that the parent-child attachment relationship is one of the most important mental health supports a child has



Seeing my parents deal with the stigma makes me feel even more guilty and angry for wanting to be away from it all.



(Anonymous, age 18-24, Ontario, Canada Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021)



The stigma surrounding addiction has affected me and my healing greatly. Whenever I share my story people have a changed view of me as if I chose to be in that situation as a child. And this makes it extremely difficult to open up to mental health professionals because of the fear of judgment.



Anonymous, age 18-24, Toronto, Canada
Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021

Despite the documented mental health risk to children impacted by parental SUD, these children are not proactively given opportunities to heal from the impact of toxic stress. Youth and adult children are generally expected to seek out help, despite the well-known consequences of stigma.

Impacted children can internalize these messages, prolonging the process of grief and further contributing to negative mental health outcomes in children who have lost a

(Garner and Yogman, 2021). However, children exposed to parental SUD have high rates of disrupted attachments (Smith et al., 2021), negatively impacting a child's mental health and increasing their risk for a SUD (Parolin et al., 2016).

In addition to the high rates of children being removed from their homes as a result of a parent's SUD (Barker et al., 2014), stigma prevents parents from accessing support which could enable healthier substance use and promote nurturing parenting practices. As a result, children can project the negative judgements and assumptions society imposes on their parents, increasing a child's feelings of shame toward their parent and themselves (Yates & Gatsou, 2021).

Therefore, it is critical to consider the role that stigma plays in perpetuating disrupted attachments in children, and the responsibility that systems have to proactively promote healthier attachments within impacted families.

In addition to the increased sense of worry and hopelessness children may have related to the health and wellbeing of their parent (McCann et al., 2020), Canada is currently in the midst of an opioid crisis that is devastating entire communities (Jenkins et al., 2021). This crisis has been exacerbated by the negative discourse surrounding people who use opioids and the support available to them (Morin, et al., 2017).

parent to substance use (Daley et al., 2018).

An environmental scan of current supports suggests that despite the documented mental health risk to children impacted by parental SUD, these children are not proactively given opportunities to heal from the impact of toxic stress. Youth and adult children are generally expected to seek out help, despite the well-known consequences of stigma (McCann & Lubman, 2017; McCann et al., 2020). In addition, the lack of proactive supports within the current systems can communicate to both service providers and impacted families that these experiences are invalid, further contributing to the internalized stigma that children carry (Lander et al., 2013).

Consequently, children learn to manage this stigma by hiding their parent’s substance use from their social network (O’Shay-Wallace, 2019) and avoiding services commonly known to discriminate against families (Tedgård et al., 2018). As a result, children are forced to cope with the stress on their own (McCann & Lubman, 2017; McCann et al., 2020).

Lastly, Starlings Community believes that there is a gap in research within prevalent literature regarding the impact of parental addiction on children. For example, current literature, including the ACE study, has not consistently acknowledged the role that stigma and discrimination play in an impacted child’s risk for negative health outcomes. This may be, in part, due to the lack of literature on this topic. However, this can also suggest that parental addiction is the root cause of toxic stress in impacted children, which further perpetuates a stigma that prevents parents from accessing supports. Although parental SUD contributes stress to a child, it cannot be considered the root cause because parental SUD itself is known to be rooted in the SDOH.



I used to think what everyone else thinks, that my parents drank because they liked it too much over me but, as I got older, I know now that wasn’t the case. I know how addiction works, and I think just having that personal understanding definitely helped me towards healing.



(Anonymous, Age 24-35, Labrador, Canada; Starlings Community Questionnaire: Impacts of Stigma on Canadians Exposed to Parental SUD, 2021)

DISCUSSION AND CONSIDERATIONS

Today, national recommendations have been made across Canada in the fields of mental health, substance use, and addiction aimed at decreasing stigma, reducing health inequities by addressing the social determinants of health, and promoting Children's Rights (See Appendix 1 and 2). However, despite the well documented risk which stigma poses on children,



families impacted by unaddressed trauma and parental substance use disorder have not been prioritized or even acknowledged within current policies associated with addiction prevention, or within recommendations associated with the health and well-being of Canadian children. As such, it is critical that we focus on a family's well-being, by:

- increasing trust between impacted families and current systems 35
- addressing underlying mental health issues in both parent and child
- connecting both parent and child to supports within their community

By having supports available within current systems (and not separate, as it stands today) we propose that we can decrease both internalized and structural stigma, increase a parent's capacity for healthier substance use and nurturing parenting practices, increase their children's well-being and healing,, and prevent the intergenerational cycle of stress and trauma in impacted families.

Starlings Community and our community partner, Collective Wellness Pow Wow, bring forward three main recommendations to address current gaps in research, service provision, and policy aimed at supporting the mental health of Canadian children experiencing stigma due to parental SUD.

Gap in scientific study and literature

There is limited peer-reviewed literature on the impact of stigma on Canadian children exposed to parental substance use disorder.

Recommendation #1

Conduct updated Canada-based peer-reviewed research addressing the prevalence and risk of parental addiction stigma on the health and well-being of impacted youth.

If Indigenous communities find benefit in this research, research should be conducted by or with community and honour Indigenous voices, ethics and epistemology (option should be given with funding support). In addition to standard resources, when engaging in research with Indigenous people, the following should be considered: rigours encircling/member checking, participant involvement in dissemination of knowledge, co-authorship, working with community to see how else this research may of benefit, becoming familiar with work by Indigenous scholars surrounding Indigenous research.

Discussion

- The latest data regarding the number of Canadian children impacted by parental SUD dates back to 2013 (Langlois & Garner, 2013). In order to better highlight the needs of impacted youth, having current data available would encourage policymakers to prioritize impacted youth within the latest policies and practices involving children's rights and SUD prevention.
- Although there is a large database of literature highlighting the impact of parental addiction on children, to date, there are a limited number of peer-reviewed studies indicating the risk of addiction stigma on the mental health and well-being of children exposed to parental SUD.
- Research has been, and in many instances remains, harmful and exploitative of marginalized communities, particularly Canada's Indigenous people. Therefore, to ensure the experiences of children and families are respected and adequately reflected in the literature, we call for research to be done in a more culturally appropriate way that honours Indigenous protocols and culture using an Indigenist paradigms (Wilson, 2008;

Wilson et.al, 2019). More culturally relevant research is being carried out and published by Indigenous scholars and researchers (Archibald, 2008; Deloria, 1991; Fellner, 2016; Kovach, 2009; Smith, 2012; Wilson, 2008; Wilson et.al, 2019).

Outcome

- Inform Canadian policy by leveraging current culturally relevant research on the number of youth impacted by parental addiction and the risk to children associated with stigma.

Gap in supports and services

There are little to no proactively offered healing supports and health-promoting resources available to parents with a SUD and to their offspring within the systems known to interact with impacted families.

Recommendation #2

Proactively offer culturally relevant healing supports and health-promoting services to parents and their children within the healthcare, child welfare, and justice systems

Discussion

- Harms related to substance use cost the Canadian economy \$46 billion every year, with a high percentage being distributed within the health care and justice system (Canadian Centre on Substance Use and Addiction, 2020). Furthermore, literature and provincial data indicates that children who interact with the child welfare system are often exposed to parental substance use. This indicates an important opportunity to create and proactively offer culturally relevant, healing-centred supports to impacted families within the healthcare, child welfare, and criminal justice systems, including primary care, emergency departments, and law enforcement services.
- Stigma is a well-known barrier to health seeking behaviour. Therefore, the programs and support systems created must be proactively offered within current systems known to interact with impacted families.
- Current practices focus primarily on connecting people with a SUD to westernized abstinence-based treatment options. We recommend the availability of a continuum of care that would provide a range of supports and resources which could address underlying issues by providing opportunities for a family to learn about their circumstances, to follow up with support options, and to connect family to culturally relevant support within their community. This could decrease internalized and structural stigma, increase trust for impacted individuals within current systems, encourage healthier substance use and nurturing parenting practices, and reduce relapse for individuals in active recovery

- Some provinces, such as Alberta, Non-Insured Health Benefits (NIBH) for First Nations People under Indigenous Services Canada (ISC) covers mental health counselling provided by registered Psychologist (predominately), Social Workers and Nurses. Unfortunately, these professions lack Indigenous representation within the work force thus leaving most funded counselling services to be provided mainly by therapist who live life and practice through opposing world views. The harm has been well documented and acknowledged by the field of Counselling Psychology in the recent Psychology's Response to the Truth and Reconciliation Commission of Canadas' Report (CPA &PFC, 2018).
- Indigenous therapists wanting to provide counselling services to other Indigenous people are faced with a dilemma. In order to pass qualifying exams for registration as a Psychologist, they must separate themselves from their Indigenous identity as the field of Counselling Psychology is bound from Euro Western world views.

As such, coverage needs to be extended to cover counselling services provided by other qualified Indigenous counsellors such as those with a Canadian Certified Counsellor (CCC) designation by the Canadian Counselling Psychotherapy Association (CCPA), registration with Association of Counselling Therapy of Alberta (ACTA) that will be overseen by the College of Counselling Therapy of Alberta (CCTA), Knowledge Holders/Elders and those with lived Indigenous experience.

Important to note is the recent movement to regulate the profession of counselling therapy, addiction counselling and child and youth care counselling in Alberta led by ACTA and CCTA has been put on hold by the provincial government. This recommendation includes the necessity to reprioritize regulation in a capacity which honours Indigenous Elders, Knowledge Holders and communities (including urban Indigenous communities) voices.

Other Indigenous peoples of Canada with similar colonial histories such as the Métis, lack funding for mental health counselling and other wellness services.

Outcome

Decreased structural and internalized stigma in impacted families, decreased harm to impacted children, and increased healing to families currently impacted by parental addiction and its stigma.

Gap in Policy:

Canadian youth exposed to parental SUD have not been prioritized or even acknowledged within Canadian children's rights and advocacy efforts, mental health and SUD policy recommendations, and SUD prevention and anti-stigma campaigns.

Recommendation #3


Acknowledge and prioritize support for Canadian children who are impacted by the stigma of a parent's SUD in national policies aimed at reducing substance use harms and improving the wellness of Canadians.

Discussion

- The one-in-six Canadian children impacted by parental SUD and its associated stigma have not been acknowledged within any national or provincial children's rights, substance-use disorder prevention, or stigma reduction policy and program recommendations
- The acknowledgement of children in federal policies can influence the amount of funding provided to programs aimed at supporting impacted youth, can influence provincial leaders to prioritize supports for children, and can decrease structural and internalized stigma which contributes harm to families

Outcome

- Federal prioritization of policies and programming aimed at proactively supporting children impacted by the stigma of parental SUD, including culturally relevant supports for their parents



Not every story has a happy ending, ... but the discoveries of science, the teachings of the heart, and the revelations of the soul all assure us that no human being is ever beyond redemption. The possibility of renewal exists so long as life exists. How to support that possibility in others and in ourselves is the ultimate question.

— Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*



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Appendix 1

Trauma and violence-informed care found at

<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

Commitment to TRC Calls to Action, Stigma Reduction, Harm Reduction, and addressing the SDOH found within Canada's *Strengthening Canada's Approach to Substance Use Issues Report* found at

<https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue.html>

2019 Acknowledgement of Consequences of Stigma found through the Government of Canada's *Addressing Stigma: Towards a More Inclusive Health System Report*, found at

<https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>

Reports highlighting Children's Right's in Canada found at

https://childrenfirstcanada.org/wp-content/uploads/2021/08/CFC-RC-Report-2021_Final.pdf
and https://oneyouth.unicef.ca/sites/default/files/2020/09/Worlds%20of%20Influence_EN_FINAL.pdf

Appendix 2:

Key Reading

To augment your reading of this report, we highly encourage you to review the following documents.

They were foundational to how we conceptualized our position on children and the stigma of parental addiction.

- *Achieving Parity in Access and Care Among Mental Health, Substance Use, and Physical Health*, a 2021 report by the Canadian Alliance on Mental Illness and Mental Health documenting the need for Mental Health and Substance Use Parity
https://4fd10ef8-cd4e-4952-9d3e-5f87fdb378b7.filesusr.com/ugd/b625ef_56eae3dfa1144ab4a985744248f673e3.pdf
 - *Addressing Stigma: Towards a More Inclusive Health System*, the 2019 report from Canada's Chief Public Health Officer on the state of public health that connects stigma to social inequities.
<https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf>
 - *Well-Being and Resiliency: The miyo Resource kâ-nâkatohkêhk Miyo-ohpikinawâwasowin: Incorporating an Indigenous Worldview into Prevention and Early Intervention Programming and Evaluation*, a 2019 Alberta-created framework for enhancing and increasing prevention and early intervention services and supports for Alberta's children, youth, and families. <https://open.alberta.ca/publications/9781460143384>
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- *Indigenous Health Primer*, a 2019 document from the Indigenous Health Writing Group of the Royal College of Physicians and Surgeons of Canada offering essential knowledge on the negative implications of colonization and the way forward to Indigenous health

https://healthsci.mcmaster.ca/docs/librariesprovider59/indigenous-health-primer/royal-college-of-physicians-and-surgeons-of-canada-indigenous-health-primer.pdf?sfvrsn=30c91e58_2

- *Hospital Stays for Harm Caused by Substance Use*, a yearly report by the Canadian Institute for Health Information indicating the high number of individuals seen within the hospital setting, and highlighting the opportunity to support impacted individuals within the health care system, particularly within emergency departments.

https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en&_ga=2.262335372.1609649744.1642879428-791537621.1641448773#!/indicators/080/hospital-stays-for-harm-caused-by-substance-use;/mapC1;mapLevel2;/

- *Indigenous Harm Reduction Policy Brief 2019*, with recommendations for successful Indigenous harm reduction policies and practices.

<http://www.icad-cisd.com/pdf/Publications/Indigenous-Harm-Reduction-Policy-Brief.pdf> 59

- *Strengthening Canada's Approach to Substance Use Issues*, a 2018 report sharing the Canadian federal government's health-focused approach to substance use issues

<https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue.html>

- *Canadian substance use costs and harms 2015–2017*, a report released in June 2020 by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction, indicating the costs of substance use harms to Canada's economy, and highlighting the opportunity to increase supports within the health care and justice system.

<https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf>