

STOPPING THE HARM:

PSYCHOSOCIAL OUTCOMES OF FAMILIES OF THE OVERDOSE EPIDEMIC



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Table of Contents

Abstract	2
Introduction.....	3
Canadian Context	3
Psychosocial Outcomes.....	4
Method	4
Results.....	5
Demographics.....	5
Respondents	5
Loved Ones	6
Barriers	6
Stigma and Social Support	7
Mental Health.....	7
Group characteristics in mental health	7
Factors contributing to mental health outcomes.....	7
Physical Health.....	8
Group characteristics in physical health.....	8
Factors contributing to physical health outcomes.	8
Group Differences.....	8
Summary of Key Findings	8

Abstract

Between 2016-2020, 19,355 opioid-related overdose deaths occurred in Canada, with devastating impacts on families beyond the loss of loved ones, such as increased risk of mental illness, social isolation, and stigma. Evidence shows these challenges have been exacerbated by the COVID-19 pandemic. More research is required to ensure that policy and services meet the needs of affected families. Thus, this study aims to identify and describe the characteristics and perceived needs of families who self-identify as affected by the opioid-related overdose crisis. Participants ($N = 552$) were recruited from late November 2020 to mid-January 2021 through Moms Stop the Harm (MSTH), a network of Canadian families impacted by substance-use related harms and deaths. Participants completed an online battery of self-report measures. Analyses were performed on a subset of participants to emphasize those residing in British Columbia ($n = 354$). Participants were predominantly female ($n = 337$), many of whom ($n = 233$) have lost a loved one to the overdose epidemic, with many ($n = 166$) endorsing changes in their own personal health after their loss. Overall, participants indicated elevated rates of depression, grief, as well as reduced efficacy in managing emotions. Further analyses examined social support and stigma as predictors of main health outcomes, including depression, anxiety, and substance use using multiple regressions. Rates of interest in supports and perceived barriers to services were also examined. As opioid-related overdose deaths in Canada continue to rise, understanding the impacts of opioid-related harms is paramount to meeting the needs of families, especially in the context of COVID-19.

Introduction

Canadian Context

From January of 2016 to September 2020, over 19,355 Canadians lost their lives as a result of opioid overdose (Government of Canada, 2021-a). Unfortunately, public health measures put in place to limit the spread of COVID-19, such as physical distancing and the closure of borders, businesses, and services (Canadian Community Epidemiology Network on Drug Use, 2020) have exacerbated the vulnerabilities faced by people who use drugs. The Government of Canada reported a 74% increase in fatal opioid overdoses in the six months following the implementation of COVID-19 prevention measures compared to the six months prior (Government of Canada, 2021-a). Although there are likely numerous factors contributing to the observed increase in fatal overdoses during the COVID-19 pandemic throughout Canada, psychosocial factors such as isolation, additional stress or anxiety, and decreased access to services in combination with an increasingly adulterated and toxic drug supply are thought to play a major role (Government of Canada, 2021-a). Despite the fact that rates of opioid overdose deaths have risen nation-wide, 85% of all fatal overdoses occur in British Columbia, Alberta, and Ontario (Government of Canada, 2021a), with British Columbia reporting the highest rate in the country (Government of Canada, 2021-b).

Since 2015, more British Columbians have died from illicit-drug overdose than from motor vehicle accidents, suicide, and homicide combined (BC Centre for Disease Control, 2020). This prompted BC's Provincial Health Officer to declare the overdose epidemic a public health emergency in 2016 (BC Centre for Disease Control, 2020). Despite this, rates of illicit-drug overdose deaths increased sharply in the province between November and December 2016, likely due to fentanyl entering the drug supply (BC Centre for Disease Control, 2021). Although five years have passed since the declaration of a public health emergency in BC, no gains have been made in reducing the toll of the overdose epidemic. In fact, rates of fatal opioid overdose reached an all-time high in June 2020, partly due to the COVID-19 pandemic (BC Centre for Disease Control, 2021).

The BC Centre on Substance Use (BCCSU) Network of Family Members and Caregivers (2018) has outlined challenges to finding support for loved ones who have struggled or are struggling with substance use in BC. Notable challenges to finding support include the absence of a continuum of care (e.g., follow-ups, transitions, and communication), inadequate access to care due to siloed healthcare delivery systems, arduous eligibility requirements for treatment, poorly trained healthcare professionals, and limited flexibility in treatment plans (BCCSU Network of Family Members and Caregivers, 2018). Importantly, it is noted that families are often barred from participating in their loved ones' care due to privacy and confidentiality policies (BCCSU Network of Family Members and Caregivers, 2018). Beyond this, family members and caregivers face difficulties in navigating the healthcare system, providing supplementary support for their loved ones, and finding support for themselves (BCCSU Network of Family Members and Caregivers, 2018). In order to reduce these challenges, the BCCSU Network of Family Members and Caregivers highlighted numerous priority actions, including eliminating stigma and decriminalizing possession and use of illicit drugs (BCCSU Network of Family Members and Caregivers, 2018).

Psychosocial Outcomes

Previous literature focused on parents of children who use drugs suggests that there are common struggles faced by this population, including experiences of traumatic grief, depression, shame, and isolation (da Silva, Noto, & Formigoni, 2007; Oreo & Ozgul 2007). However, these studies are qualitative in nature and of a very limited sample size; therefore, there is a need for larger-scaled research to examine the psychosocial outcomes of the opioid-related overdose crisis on caregivers.

Previous studies looking at the emotional and physical impacts on parents of addicted children have highlighted a gap in the provision of social support for families (Butler & Bauld, 2005; da Silva et al., 2007). Notably, relatives of the addicted child reported adverse emotional outcomes including anxiety, depression, and frustration. Parents identified feelings of shame and fear of being deemed a bad parent as barriers to accessing support (Butler & Bauld 2005). Additionally, parents struggled with a lack of knowledge surrounding available community supports. If parents were to be made aware of support services, they were not always able to accommodate the families: barriers to successful support included the age of the addicted child and their drug of choice. In cases where appropriate social support was sought and found, feelings of social isolation decreased and overall wellbeing increased (da Silva et al., 2007). These findings highlight the need for easily accessible familial social support services.

A study investigating parental grief following the death of a child to drug-related causes found that regardless of the circumstances surrounding the child and their substance use, parents and caregivers reported high levels of stigma (Oreo & Ozgul, 2007). Parents experienced feelings of blame, felt they would be deemed insufficient parents, and did not feel they had their feelings validated during the grieving process. Stigmatization was noted to be associated with a more intense and difficult grief trajectory. Additionally, social stigma led to intense feelings of shame, resulting in parents never discussing their child's death with full transparency, thereby hindering their coping. Despite these reported findings, there is positive news to share from this research. Ultimately, parents reported a feeling of unity when surrounded by other grieving individuals in a social support context (Oreo & Ozgul, 2007).

This study was conducted in order to address gaps in the literature regarding the mental, physical, and social health of family members affected by the opioid-related overdose crisis. To our knowledge, this is the first study examining psychosocial impacts of the opioid epidemic and perceived barriers to supports carried out with a large sample of Canadian families.

Method

Participants were recruited through Moms Stop the Harm (MSTH), a network of Canadian families impacted by substance-use related harms and deaths. Data was collected from late November 2020 to mid-January 2021, within the context of the COVID-19 pandemic. Participants completed an online battery of self-report measures that captured the demographics of respondents and affected loved ones, psychological outcomes of depressive symptoms, anxiety, and traumatic grief, as well as changes in health and substance use following the death

of a loved one. Current stressors and perceptions of stigma were assessed, as were levels of interest in support programs. Perceived barriers to accessing supports were also explored.

Results

Demographics

A total of 354 participants responded from across British Columbia. Respondents were roughly evenly distributed across the Fraser Health, Interior Health, and Vancouver Island Health regions, with smaller representation from the Vancouver Coastal Health and Northern Health regions. The small representation from Northern Health is notable, as this region has the highest rates of illicit drug toxicity deaths (57 deaths per 100,000 individuals) out of all health authorities in BC (BC Coroner's Report, April 2021). As such, the current sample is likely an underrepresentation of the harm to families within this heavily impacted region.

BC Health Authority	Percentage of Respondents from Region
Fraser Health	24.0%
Interior Health	26.0%
Vancouver Island Health	26.6%
Vancouver Coastal Health	16.9%
Northern Health	4.5%

Respondents

The majority of respondents were female (93.5%). Most respondents were between the ages of 45 to 65 (61.8%), while roughly a quarter of respondents were 65 years or older (24.6%) and remaining respondents were under age 45 (13.5%). This distribution of gender and age is expected within this sample, as the organization of Moms Stop the Harm is primarily led by mothers of adult children affected by drug use.

Respondents predominantly identified as White (89.8%); remaining respondents identified as First Nations or Indigenous (4%) or indicated that they were of another ethnic identity (4.5%) or preferred not to identify (1.4%). Although First Nations or Indigenous respondents make up only a small proportion of this sample, these populations have been disproportionately impacted by the overdose crisis in BC, with First Nations accounting for 13% of all overdose deaths in the province in 2018 (BC Centre for Disease Control, 2019).

Just over half the sample identified as married (52.3%), with remaining participants either divorced or separated (28.8%), widowed (7.1%), or never married (11.3%). Over one tenth of the sample (11.3%) reported a change in marital status following the death of their loved one, indicating that drug-related loss challenges the stability and wellbeing of interpersonal relationships within affected families.

Loved Ones

Respondents reported that the majority of loved ones were men (73.7%), consistent with the most recent BC Coroner’s report, which indicates that men appear to be at greater risk of drug related harms, accounting for 80% of drug-related deaths in 2021 alone.

The vast majority of respondents felt their loved one was addicted to drugs (94.9%), and most indicated their loved one had used drugs for five years or more (72.6%). This data strongly suggests that there is ample time in which to intervene with greater supports to protect against long-term adverse health consequences for both the individual and their extended social and family networks.

Respondents identified whether their loved one had died or was currently living and struggling with drug use. Just under a third of respondents indicated that their loved one was living in active addiction (30%), while the majority of respondents indicated that their loved one had passed away (70%). Time since the death of respondents’ loved ones ranged from 3 months to 24 years.

In the current study, over half (66.4%) of deceased loved ones were under age 35. Given that this sample consists predominantly of parents of loved ones impacted by drug use, it is not surprising that deceased loved ones were primarily young adults. BC Coroner reports indicate that the majority of drug-related deaths across BC are among a slightly older population than the loved ones represented within this study’s sample, as 69% of illicit drug toxicity deaths in 2021 were among those aged 30-59. Recent reports have shown that the proportion of illicit drug toxicity deaths of people over the age of 50 has steadily increased in BC over the past 6 years, with 39% of deaths in 2021 accounted for by those over 50, indicating that older adults are an increasingly at-risk population. The results of this study, in conjunction with provincial data, indicate that drug-related harms and deaths reach across the lifespan, with painful psychosocial impacts on families.

Barriers

Interest in and barriers to accessing supports were explored. Almost the entire sample endorsed interest in receiving therapy (98.2%). A large portion of respondents reported they would benefit from more support programs in their community (86.8%), while a small minority suggested that they did not need more support (7.5%). Overall, the data strongly indicates that more support programs and therapy services specific to drug-related harms would be welcomed by affected families.

Barriers to supports as reported by respondents

*Note: respondents could endorse experiencing more than one type of barrier

Barrier	Reported Rates
Financial Cost	30.5%
Access to appropriate services	29%
Discomfort or stigma	14.5%
COVID-19	5.5%

With respect to barriers, only 13.2% of respondents reported experiencing *no* barriers to accessing support. Experiences of barriers to accessing support were far more common. In particular, cost was identified as a predominant factor that limited access. It is important to recognize that many families supporting a loved one in active addiction are under increased financial burdens due to cost of rehabilitation programs as well as medical services for associated health impacts of drug use. High costs of therapy services for family members present an additional financial burden on an already financially-stretched population. Further, many respondents reported that although some support services were available to them within their community, most of these services were not specific to the unique trauma and grief related to witnessing a loved one suffer from addiction. Respondents therefore indicated that the limited services that are available are often not appropriate for their specific needs.

Perceived stigma or discomfort associated with seeking services also emerged as a prominent concern. Some respondents expressed discomfort with talking about their experiences, in some cases due to distrust of the healthcare system, which many felt had failed or marginalized them. Lastly, because this study was conducted in the context of the COVID-19 pandemic, restrictions in place due to the pandemic were identified as a further barrier restricting access to support.

Stigma and Social Support

Nearly half of respondents (48.3%) reported probably or definitely experiencing stigma or judgments from peers after the death of their loved one. No differences in rates of perceived stigma were found across health authorities within BC, which suggests that many family members of loved ones harmed by substances are struggling with social stigma across the province. On average, the overall sample displayed levels of social support comparable to the general population. However, lower social support and greater stigma among respondents predicted mental health outcomes (detailed below).

Mental Health

Group characteristics in mental health. In general, rates of depressive symptoms and anxiety were significantly elevated within the sample. In addition, emotional self-efficacy (i.e., confidence in one's ability to handle and regulate strong emotions) among respondents was low relative to general populations. These results suggest that this sample broadly consists of individuals struggling with pronounced mental health concerns including low mood, high anxiety, and reduced efficacy in managing emotions.

Factors contributing to mental health outcomes. Data analyses revealed that lower levels of social support as well as higher rates of perceived stigma were significantly associated with greater anxiety symptoms among affected family members. These results highlight the injurious psychological impacts of social stigma related to drug-related loss and harms on family members. Lower levels of social support not only predicted anxiety but also predicted depressive symptoms among respondents, whereas stigma only predicted anxiety, not depression. Diminished social support thus is an especially salient risk factor for psychological harms within this sample. Finally, higher rates of perceived stigma were associated with reduced social support, as was traumatic grief. This means that those who experience traumatic grief and/or

stigma are also more likely to have limited social support, putting them at higher risk of anxiety and/or depression.

Physical Health

Group characteristics in physical health. Data indicated that drug-related harms and loss of a loved one have significant impacts on the health status of family members. Nearly half (47%) of those whose loved one had died reported changes in their health following the death of their loved one. Out of those who experienced health changes, the majority (72.5%) reported receiving an inadequate amount of support to manage their health changes. However, on average, rates of quality of sleep among this sample were comparable to the general population.

Factors contributing to physical health outcomes. Analyses revealed that those who endorsed symptoms of traumatic grief (i.e., intrusive images, struggles with acceptance of the loss, avoidance behaviours etc.) were more likely to report increases in non-medical substance use following the death of their loved one. These results are consistent with research literature demonstrating that individuals suffering from traumatic or complicated grief are more likely to utilize substances to cope (Masferrer, 2017; Pfefferbaum, 2002; Silverman et al., 2000). Greater endorsement of traumatic grief also predicted reduced quality of health and more interference in daily activities due to health. Similarly, low levels of social support were associated with lower quality of health and more daily health-related interference.

Group Differences

Some differences emerged between those with living vs. deceased loved ones. Results showed that current caregivers are under significantly greater financial stress compared to those whose loved one has passed. This may be because these families are often responsible for funding costly treatment services and rehabilitation programs to help their loved one battle addiction (Copello, Templeton, & Powell, 2010). There were also significantly higher levels of anxiety and feelings of helplessness among caregivers, consistent with many family members' reports that while their loved one is in active addiction, there is near constant worry for their life and wellbeing. In contrast, bereaved respondents reported less happiness and less meaning in life compared to caregivers. However, both groups were comparable in rates of depression.

Summary of Key Findings

This study captures the needs and ongoing physical and mental health struggles of families of loved ones harmed by the opioid epidemic within Canada. This sample of respondents across BC consisted of family members, predominantly parents, whose loved one is either actively in addiction or had passed away. Most loved ones had used drugs for extended periods of time, highlighting ongoing struggles with addiction for a loved one as a chronic stressor with cumulative harmful psychosocial impacts on family members.

Results suggest that although affected family members are at increased risk for negative health outcomes as they struggle to cope with the loss or ongoing suffering of their loved ones, there are few accessible services appropriate for the unique needs of this population. Despite high rates of interest in psychotherapeutic support services, many barriers were identified,

including cost, stigma, and greater restrictions of social services due to the COVID-19 pandemic. Overall, results suggest that support resources specific to drug-related loss and harms are currently limited for families impacted by the opioid epidemic, with numerous barriers that further restrict access to support.

Social support and stigma emerged as major predictors of psychological health. Moms Stop the Harm is a leader in building supportive social networks for affected families, which, study results suggest, is a key factor in protecting against depression and anxiety among impacted family members. However, it is important to note that the region with the highest rates of illicit drug toxicity deaths, Northern Health, was the least represented within this sample. This suggests that increasing access to social support networks across the province, especially within areas of limited support resources and high rates of opioid related deaths, is a vital step toward protecting the health and wellbeing of impacted families. Results suggest that targeted programs to reduce stigma and increase social support networks for impacted families across BC may help to reduce risk of deleterious mental and physical health consequences for family members.

With regard to physical health outcomes, results of this study suggest that, because of the unique and traumatic nature of substance-related harm and loss, family members are at greater risk of complex bereavement and associated harm, including increased substance use and declines in quality of physical health. Results also indicate that many respondents experienced declines in their health related to the suffering and/or loss of their loved one, with most respondents reporting insufficient support in managing these health changes. Increased medical attention and treatment services for physical health impacts of complex bereavement or chronic stress through the duration of a loved one's addiction may therefore benefit these families.

This study also highlighted key differences between individuals with living versus deceased loved ones. Significantly higher rates of anxiety as well as financial stress among those family members whose loved one is in active addiction highlight the need for positive interventions for both the affected loved one as well as their struggling family members. In particular, enhancing access to treatment services for addiction as well as therapy services for families supporting loved ones in addiction may help to alleviate the psychosocial harms of the opioid epidemic. This study also highlights the need for interventions for bereaved family members, to foster meaning, community, and purpose after drug-related loss.

In sum, results demonstrate that the harms of the opioid epidemic extend beyond those struggling with addiction to negatively impact the psychological, social, and physical health of their family networks. Respondents indicated the need for increased services with greater accessibility that specifically and appropriately address the unique traumas and outcomes associated with having a family member harmed by addiction. Taken together, the evidence and understanding gleaned from the current project provides an opportunity for policy makers and stakeholders to support Canadian families in stopping the harm created by the opioid-related overdose epidemic.

References

- BC Centre for Disease Control (2021, March). *Overdose response indicators: Illicit drug toxicity deaths*. Retrieved May 5, 2021 from <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#Deaths>
- BC Centre for Disease Control. (2019). *Rural and Indigenous Overdose Action Exchange*. <https://www2.gov.bc.ca/assets/gov/overdose-awareness/rural-indigenous-overdose-action-exchange.pdf>
- BC Centre for Disease Control (n.d). *Opioid overdose emergency in BC: A snapshot of the problem in BC*. <http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/61718%20BCCDC%20Opioid%20Fact%20Sheet%20V3R1%20%28F4%29%20042418%20WEB.pdf>
- BC Centre on Substance Use Network of Family Members and Caregivers. (2018, April 11). *Close to home: Families & caregivers set priorities for addressing substance use and addiction in BC*. BC Centre on Substance Use. <https://www.bccsu.ca/wp-content/uploads/2018/07/Close-to-Home.pdf>
- Butler, R., & Bauld, L. (2005). The parents' experience: Coping with drug use in the family. *Drugs : Education, Prevention & Policy*, 12(1), 35-45. <https://doi.org/10.1080/0968763042000275308>
- Canadian Community Epidemiology Network on Drug Use. (2020, May). *CCENDU alert: Changes related to COVID-19 in the illegal drug supply and access to services, and resulting health harms*. Canadian Centre on Substance Use and Addiction. <https://www.ccsa.ca/sites/default/files/2020-05/CCSA-COVID-19-CCENDU-Illegal-Drug-Supply-Alert-2020-en.pdf>
- Copello, A., Templeton, L., & Powell, J. (2010). The impact of addiction on the family: Estimates of prevalence and costs. *Drugs: education, prevention and policy*, 17(sup1), 63-74.
- da Silva, E. A., Noto, A. R., & Formigoni, Maria Lucia O. S. (2007). Death by drug overdose: Impact on families. *Journal of Psychoactive Drugs*, 39(3), 301-306. <https://doi.org/10.1080/02791072.2007.10400618>
- Government of Canada (March 2021-a). *Opioid- and stimulant-related harms in Canada: Key findings*. Retrieved May 5, 2021 from <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>
- Government of Canada (March 2021-b). *Opioid- and stimulant-related harms in Canada: Maps [Table]*. Retrieved May 5, 2021, from <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/maps>.

- Masferrer, L., Garre-Olmo, J., & Caparrós, B. (2017). Is complicated grief a risk factor for substance use? A comparison of substance-users and normative grievers. *Addiction Research & Theory*, 25(5), 361-367, DOI: 10.1080/16066359.2017.1285912
- Oreo, A., & Ozgul, S. (2007). Grief experiences of parents coping with an adult child with problem substance use. *Addiction Research & Theory*, 15(1), 71-83.
<https://doi.org/10.1080/16066350601036169>
- Pfefferbaum, B., Vinekar, S. S., Trautman, R. P., Lensgraf, S. J., Reddy, C., Patel, N., & Ford, A. L. (2002). The effect of loss and trauma on substance use behavior in individuals seeking support services after the 1995 Oklahoma City bombing. *Annals of Clinical Psychiatry*, 14(2), 89-95.
- Silverman, G.K., Jacobs, S.C., Kasl, S.V., Shear, M.K., Maciejewski, P.K., Noaghiul, F.S., & Prigerson, H.G. (2000). Quality of life impairments associated with diagnostic criteria for traumatic grief. *Psychol Med.* 30, 857–862