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Black Family Members' Experiences and Interpretations of Supportive Resources for Them and Their Relatives With Substance Use Disorders: A Focused Ethnography

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Abstract

While previous research explored the utilization of culturally supportive resources in multiethnic communities, there is a paucity of information regarding culturally relevant resources for Black Canadian family members. The study explored Black family members' experiences and interpretations regarding access to culturally supportive resources for family members and their relatives who suffer from substance use disorders. Black family members are defined as African Canadians, Caribbean Canadians, or Caribbean Blacks. A focused ethnography was conducted with a purposive sample of 26 Black family members in Ontario, Canada. The interviews were conducted from June to September 2021. Seventeen participants originated from parts of Africa, and nine were from different parts of the Caribbean. The participants comprised mothers ($n = 5$), fathers ($n = 2$), step-fathers ($n = 1$), husbands ($n = 1$), wives ($n = 2$), uncles ($n = 5$), aunties ($n = 2$), siblings ($n = 5$), in-laws ($n = 2$), and guardians ($n = 1$). Leininger's four Phases of Ethnonursing Qualitative Data Analysis were used for data analysis. Three themes were generated: (1) Navigating Existing Options and Resources for Families and Their Relatives; (2) Drawing upon Religion and Spirituality as Perceived Resources; and (3) Call for Culturally Relevant Programs for Substance Use Disorders Harm Reduction. Participants described experiencing a lack of culturally relevant resources and subsequently opting to navigate other resources. One such option was to send their relatives back to their country of origin to access cultural rehabilitation treatment options. There is a significant need for guidelines and policies regarding creating timely access to culturally relevant resources in Canada that support families and their relatives towards harm reduction and recovery outcomes.

Keywords

African Canadian; Black Canadian; Black culture; family members; substance abuse; substance use; substance use disorders

Introduction

Family members play a crucial role in the care and support of their relatives with substance use disorders (SUDs) (Cordova et al., 2014; Gruber & Taylor, 2006; McCann, Polacsek et al., 2019; McCann, Stephenson, et al., 2019; Peart et al., 2023). A growing body of literature examining family members with relatives suffering from SUDs has reported that as family members continued to live with and provide support to their relatives suffering from SUDs, their ongoing care and support had detrimental effects on their physical and psychological health, leading to significant difficulties in coping (Johannessen et al., 2022; Mardani et al., 2023; McCann, Polacsek, et al. 2019; McCann, Stephenson, et al. 2019; McCann et al., 2021;

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Orford, 2017; Smith et al., 2018). These effects have impacted various family members, including parents, grandparents, spouses, children, and siblings (Mardani et al., 2023; Ólafsdóttir et al., 2020; Templeton, 2012). These challenges often led to feelings of shame, stigma, social isolation, helplessness, emotional exhaustion, and instability of family relationships (Love et al., 2021; Mardani et al., 2023), including instances of intimate partner abusive relationships (Mardani et al., 2023; Sapharina, 2020). Studies have shown that stigmatization, shame, disgrace, stress, worry, and grief were also common experiences among family members, contributing to a sense of desperation and compromised quality of life of family members (McCann & Lubman, 2018; McCann, Polacsek, et al. 2019; McCann, Stephenson, et al. 2019). Furthermore, the financial burdens associated with supporting a relative with SUDs, along with potential legal issues and social stigma, further compounded the challenges faced by family members (McCann, Polacsek, et al. 2019; McCann, Stephenson, et al. 2019; Orford, 2017). This collective impact highlights the multifaceted difficulties that family members face when providing care and support to their relatives with SUDs.

Studies have identified the critical need for supportive resources for family members who are affected by relatives with SUDs, as they often struggle with coping difficulties due to a lack of social support (Kedzior et al., 2024; Orford, 2017). Furthermore, studies examining family members across cultural context have demonstrated culturally relevant resources as crucial cornerstones in promoting timely access to substance use–related treatment programs and facilitating recoveries for family members and their relatives with SUDs. These resources are specifically tailored to the cultural backgrounds and needs of family members, ensuring that interventions and support services are more effective and accessible (Arcidiacono et al., 2009; Hernandez et al., 2022; Kwok & Tam, 2023). However, little is known about the Black Canadian family members' experiences and interpretations of support resources for them and their relatives suffering from SUDs. Black Canadian family members are defined as African Canadians, Caribbean Canadians, or Caribbean Blacks (Nguemo et al., 2020).

Canada is a culturally and ethnically diverse country composed of millions of immigrants and children of immigrants from around the world. In 2021, 23.0% of the total Canadians consisted of immigrants (Statistics Canada, 2022a, 2022b). According to Statistics Canada (2024), in 2021, Black population accounts for 4.3% of Canada's total population, comprising 16.1% of the country's racialized population. As Black population continues to group, Statistics Canada projects that the Black population in Canada could double from 1.5 million people in 2021 to over 3.0 million by 2041 (Statistics Canada (2024). Despite Canada's fast-growing cultural diversity and the Government of Canada's strong commitment to multiculturalism and promoting social inclusion for people of diverse nationalities and cultural backgrounds (Government of Canada, 2023), there is a notable gap in the literature regarding the experiences and interpretations of culturally supportive resources from the perspectives of Black family members in Canada. Studies discussing about SUDs within Black communities in Canada have primarily focused on individuals affected by SUDs or SUD-related issues, such as the Canadian war on drugs and over-representation among Black individuals (Khenti, 2014; Owusu-Bempah & Luscombe, 2021), perceptions and experiences of Black males with the police (Owusu-Bempah, 2014), experiences of youth with mental health (Yosieph, 2021), frequency and factors related to substance use (Cénat et al., 2023), and studies covering a broader spectrum of individuals within Black Canadian communities (Monari & Taiwo, 2023; Nguemo et al., 2019, 2020).

Studies have consistently shown that family members experiencing deleterious health impacts associated with their relatives with SUDs continued to face a lack of access to supportive resources, including limited availability of relevant treatment programs for family members with relatives suffering from SUDs (Mardani et al., 2023; McCann, Polacsek, et al. 2019; McCann, Stephenson, et al. 2019). For example, McCann, Polacsek, et al. (2019) and McCann, Stephenson, et al. (2019) conducted a study examining the experiences of family members who supported relatives with SUDs, highlighted how these family members encountered difficulties accessing effective support to help them cope with high levels of stress and strain. Additionally, Lindeman et al. (2023), who explored family members' experiences and needs for adapted help and support, shed light on the experiences of family members who wished to remain involved in the care and support of their relatives but lacked the necessary support to guide them. Smith et al. (2018) described the experiences of mothers supporting adolescent children through long-term treatment for SUDs. The study findings revealed that these mothers narrated their experiences navigating the complexity, which was described as "difficult, awkward, disconnected and troubling" (p. 516). Adam and Kitt-Lewis (2020) conducted a study to understand family members' lived experiences with relatives with SUDs and found that these family members faced challenges in accessing relevant resources for themselves and their relatives. This lack of support can have several negative consequences, including increased health risks, limited access to treatment and harm reduction services, and potential disparities in addressing SUDs and related issues. The study findings underscore the importance of timely access to relevant resources to prevent delays in preventable outcomes.

While extensive studies have discussed the experiences of family members who face various adversities associated with their relatives' SUDs and their perspectives on supportive resources, which may be similar across family members and cultural contexts, how family members experience and cope with their relatives' SUDs may vary across cultural contexts (Narayan et al., 2023). Further research is needed to examine the experiences and perspectives of Black Canadian family members regarding access to culturally supportive resources for themselves and their relatives who are faced with SUDs.

Study Purpose

The study explored Black Canadian family members' experiences and interpretations regarding access to culturally supportive resources for families and their relatives who suffer from SUDs.

Methodology

The focused ethnography (FE) approach was chosen to examine family members' experiences and perspectives of their relatives with SUDs in order to gain a better understanding of culturally relevant resources for family members and their relatives in the treatment and recovery process associated with their relatives' SUDs. The FE approach, also known as ethnonursing qualitative research, involves an intensive exploration of perspectives of specific cultural groups (Leininger, 1985, 1997; Leininger & McFarland, 2006). Unlike conventional ethnography, which explores entire cultural communities or social contexts for extended periods, the FE focuses on specific aspects of subcultures or subgroups over a short period. The FE has been widely used as a qualitative method in various disciplines, including sociology, nursing, and medicine (Higginbottom et al., 2013; Leininger, 2005; Wall, 2015). It allows rigorous, exhaustive data collection from research participants over a short time (Cruz & Higginbottom, 2013; Knoblauch, 2005; Wall, 2015). Furthermore, the FE provides a valuable tool for gaining an in-depth understanding of the experiences of individuals and how those experiences impact their ways of living with and/or supporting a relative with SUDs within a cultural context (Cruz & Higginbottom, 2013; Leininger & McFarland, 2006).

Recruitment Process

Participants for this study were recruited from Black communities in Southern Ontario, Canada, through Black community associations and church groups in large urban cities. Purposive sampling techniques were utilized to select participants with knowledge and experiences related to the topic. This sampling strategy aligns with the purpose and recommendations of focused ethnography, which require participants to have specific knowledge of the subject and understand the investigation. Participants who were eligible for the study included family members from Black communities who were over 18 years old, self-identified as Black, had experiences of living with and/or supporting a relative with SUDs, spoke and understood English, provided informed consent, resided in Southern Ontario, and were willing to participate. The study received ethical approval from the university's ethical review board (Approval No.: 11795).

Data Collection

The data collection and analysis processes were carried out simultaneously by the researcher (also referred to as first author) in consultation with co-authors and continued until the end of the data collection. Twenty-six participants were interviewed from Black communities within urban cities in Southern Ontario with experiences living with or supporting their relatives suffering from SUDs. Data collection took place from June to September 2021, utilizing a semi-structured interview guide. This guide encompassed demographic information about participants' gender, cultural background, and their relationship to the individual suffering from SUDs. In adherence to strict public health measures and guidelines related to the COVID-19 pandemic at the time of data collection, the interviews were conducted virtually through telephone. This mode of interviewing promoted physical distancing and reduced the risks of COVID-19 infections. The interviews were conducted from June to September 2021.

A semi-structured, open-ended interview guide based on the research questions and study purpose was used to conduct individual interviews. The open-ended questions enabled participants to participate openly, allowing the researcher to better understand their experiences with supportive resources, resulting in rich responses crucial to data coding and analysis (Higginbottom et al., 2013; Lowes & Paul, 2006). During data collection, participants were asked about their perspectives and experiences accessing relevant resources to support them and their relatives who were struggling with SUDs.

The researcher took field notes during the engagement and data collection process, capturing additional content, such as the participants' emotions and speech, which were not included in the interviews. The use of field notes aligns with the FE methodology (Leininger, 1997, 2005). These field notes contributed to additional rich data that supplemented participants' transcripts during data analysis process (Higginbottom et al., 2013; Leininger, 1997, 2005). Additionally, the researcher maintained a self-reflective journal while conducting interviews and collecting data to create an audit trail and record emerging analytical ideas and insights. The individual interviews lasted between 34 and 62 min. Saturation of data collection was reached in the last two participants when the researcher noted that the emerging thematic representations became stable and consistent.

Data Analysis

The researcher transcribed audio-recorded interviews verbatim into a Microsoft Word document and uploaded all the transcribed data and field notes into NVivo 12, a computer-assisted qualitative data management software that guided data coding and analysis (Dhakal, 2022; Higginbottom et al., 2013). Leininger's four Phases of Ethnonursing Qualitative Data Analysis (Leininger, 1997, 2005) were used for data analysis. In consultation with co-authors, the researcher analyzed detailed raw data, including field notes, to identify contextual meanings and formulate preliminary interpretations of data related to the perspectives of participants' experiences of supportive resources. Next, the author coded and classified data from interviews and field notes according to participants' experiences and research questions. Thirdly, the author scrutinized data to determine saturation and identify recurrent patterns that brought meaning, drawing credibility and confirmation of findings. Finally, the author grouped related data and patterns to identify common themes that generated new findings and recommendations relevant to family members' experiences and interpretations of supportive resources for families living with or supporting their relatives with SUDs.

Rigour and Trustworthiness

Rigour and trustworthiness were maintained for the current study by following Lincoln and Guba's (1985, 1986) four criteria of credibility, transferability, dependability, and confirmability. Throughout the data collection and analysis process, the researcher maintained self-reflexivity by actively identifying the prevailing and emerging assumptions and misconceptions that could influence the interpretation of participants' knowledge and experiences (Creswell & Miller, 2000; Pillow, 2010). The researcher (ENM) conducted the preliminary analysis process in collaboration with co-authors, who served as members of the research committee. Weekly meetings, typically held via Zoom, were conducted between the first author and the second author (RB) to review data analysis and development of themes. Following these discussions, the work was shared via email with all co-authors (RB, CF, and RC) for review and feedback. Any discrepancies in coding and theme formulation were addressed through discussions until consensus was achieved. These forms of communication served as crucial opportunities to assess progress, refine the data collection and analysis process, and ensure alignment among all authors involved in the study. Additionally, member checking was employed with eight participants to validate the interpretations made during the initial analysis of the interview data.

The first author, along with co-authors who served as research committee members, engaged in regular discussions throughout the data collection process, reviewed records related to the data analysis process, and collaborated in formulating the thematic representations of the data and subsequent study findings. These practices were informed by the works of Anney (2014) and Cypress (2017), who emphasized that during the qualitative research process, it is vital for the researcher to seek scholarly guidance and support from expert professionals, such as members of the academic team, the dissertation committee, and the department who are willing to provide scholarly support. Thick description of the study methods and findings (Younas et al., 2023) was presented to ensure transferability of findings across other similar contexts.

Authors' Positionality and Reflexivity

As the first author, Dr Monari, is a Black Canadian woman with over 15 years of experience in addiction and psychiatric nursing and more than 10 years in the teaching profession, specializing in mental health and substance use within Black and marginalized communities. The current study is part of Monari's doctoral dissertation, which focuses on Black communities in Canada. Monari, being a Black researcher and author, identified herself as occupying dual roles – both an insider and an outsider (Tuffour, 2018). As an outsider, Monari did not claim ownership of participants' experiences and perspectives related to their relatives' substance misuse. As an insider, she acknowledged belonging to the same racial background as the participants and that her familiarity with Black communities might influence the research process, including data collection and data analysis. Monari regularly reflected on how her familiarity might influence the study process and consistently reminded herself of her role as the researcher, not solely as a member of the Black community. In collaboration with her supervisory committee, who are the co-authors, Monari committed to conducting this study with reflectivity, acknowledging her positionality, and striving for objectivity in data collection and analysis.

Dr Booth's perspective is deeply influenced by his extensive experience in studying mental illness and homelessness, both from a clinical and research standpoint. His work often involves marginalized populations, which has given him valuable insights into the challenges faced by these communities. Throughout Monari's doctoral dissertation, Dr Booth provided significant guidance, drawing from his knowledge and expertise in these areas.

Dr Forchuk, as a white female with a nursing background, brings a unique perspective to the table. Her work in an addiction program has exposed her to various aspects of substance use, harm reduction, and rehabilitation. Additionally, she has a wealth of experience in supporting families affected by these issues. Dr Forchuk's role as an academic has further expanded her lens to include broader societal factors such as poverty, housing status, and mental health issues among vulnerable populations. She played a crucial role in supervising Monari's doctoral work and guiding her through the process of preparing this manuscript.

Dr Csiernik's background as a social worker and his position as a White settler living on Dish with One Spoon Treaty Territory, Turtle Island, Canada, offers a unique perspective on addiction and its impact on families. Their extensive work in the addiction field since 1986 has given them insights into the challenges faced by families dealing with addiction, including issues of social inclusion and stigma. Dr Csiernik's collaboration with a Black Trinidadian-born author on workshops for elementary students demonstrates their commitment to addressing racial issues and promoting understanding among diverse communities.

Findings

A total of 26 Black family members with 16 females and 10 males, all residing in Southern Ontario, Canada, at the time of the interview were recruited for this study. The majority of the participants ($n = 17$) originated from various parts of Africa, and nine participants ($n = 9$) originated from parts of the Caribbean. The participants' relationships with individuals suffering from SUDs were diverse, including mothers ($n = 5$), fathers ($n = 2$), step-fathers ($n = 1$), husbands ($n = 1$), wives ($n = 2$), uncles ($n = 5$), aunties ($n = 2$), in-laws ($n = 2$), siblings ($n = 5$), and guardians ($n = 1$).

From analysis, three major themes emerged related to Black community resources for assisting family members and their relatives with SUDs. The themes are as follows.

Navigating Existing Options and Resources for Families and Their Relatives

Participants in this study described how they experienced a lack of culturally supportive resources in their communities to help both themselves and their relatives with SUDs. They expressed how they would have liked to access such supports and resources if they were available within their Canadian communities, as stated by many participants, such as: "I don't know any support system, especially for Black people. Because if they were there, I'd be getting a lot of support" (P24) and "I really don't know any community services that are catering for people like me who is going through this kind of challenge right now" (P17). Participants described how they navigated the existing, available resources to support themselves and their relatives suffering from SUDs. Some of these resources that participants drew upon included sending their relatives back to their country of origin to access their cultural ways of helping them and gaining access to culturally related rehabilitations and more family support systems. The participants felt this action was necessary due to the perceived lack of cultural support and resources as an essential approach to care within Canada. For example, participant P12 narrated how he collaborated with his family members to raise funds to send his brother back to their country of origin to access culturally relevant resources for his brother, who had suffered from SUDs for 16 years in Canada. This participant reported that his brother was already in their country of origin and receiving needed support and was doing much better.

> I was able to bring all my family members and they all came together, even my dad, and we talked, we had a meeting. We contributed money, and our plan was to bring [my brother] to [country of origin] so that he can go to rehab. And then after going to rehab, then he can come here. So [my brother] is in [country of origin] right now. He's been there since March of this year. It's much better there because … he has to see people around who are there who are supporting him. The whole family is just trying to grapple with him to be able to accept, go to rehab. Be able to see he has a problem. And now we are in a conundrum because now he's going to come back to Canada, and I'm afraid that he might just be back to his old self or what he does because of the alcohol dependency and this abuse, alcohol abuse that he has. (P12)

Participant P4, a mother who lost her son to drug poisoning, shared a similar experience. As she navigated available resources, she found that having regular access to resources in her country of origin helped her overcome the negative effects of her son's death. However, travel expenses posed a challenge for her. She reported that she could approach her area counsellor for financial assistance with an air ticket to travel to her country of origin to gain access to family support and other culturally relevant resources.

> So not much. Not much. I cannot say I have much support, but I still feel that if I need that support, I will get it, because there was a time, I spoke to my area counsellor. And I talked to her. She's a lady as I told her, I want to transfer to [country of origin] at the end of this year …. And she's like I cannot

> afford the ticket. I needed your help. And she says that after they open [COVID-19 restrictions] they gonna call me and we can know how to go about it. They can provide a ticket for me and I'll be so happy to go .... My family has really supported me, especially those in [country of origin]. They call. They check on me. And I was able to go in 2019 again after the funeral at least we stayed with them .... (P4)

Similarly, participant P26 shared her experience of not finding much help for her nephew that she wanted to send back to their country of origin for a change of environment and to access additional family support.

> I don't think there's much because the doctors are there. Their work is to prescribe. But nothing much. … we were suggesting that if he can be taken out of this environment where he's getting shisha or weed regularly, if he can go home like for two years, he changes the environment, and then you know a mother's love is magic. (P26)

Furthermore, participant P16, who had been separated from her daughter for 6 years before their reunion, narrated a similar experience of how she wanted to send her daughter back to her country of origin to access more support.

> My family could not help me because they were quite a distance away …. So, there is nothing really much they could do. So, I personally tried to take the child back to [country of origin]. But my mother said no. Because there was something that she also did, not have me, because I came in here to Canada. And after six years my children came. After six years they had not seen me before. (P16)

Some participants described how they turned to their extended family members for support in dealing with their relatives with SUDs; however, they noted that their families had limited resources. For instance, some lacked knowledge and understanding about SUDs and treatment options, while others lacked the funds to pay for rehabilitation and other necessary services. For example, participant P22 described the limited support system provided by her family and emphasized the need for more resources, such as community training, counselling, and other treatment options, that could help support individuals with SUDs, like her niece.

> My family has been very supportive, though again, with limited resources and limited training …. Visiting my niece, trying to get people to help, again, with not enough resources within the community in terms of counselling, in terms of all the treatment and the tools. (P22)

A similar experience was voiced by participant P13, whose son was misusing substances. He stated that families and other community members needed funds to assist his son and many other community individuals with SUDs to access substance-use-appropriate recovery programs.

> We don't have really friends who can support us or the community members, they don't have means … by saying "means" we don't have funds that can help such a kid especially for the Black community that will help. The Black community entirely, not only my son, but the entire community to go for rehabs. (P13)

Other participants reported that they reached out to a few trusted friends who provided supportive resources. Having a trusted friend to turn to was perceived as an essential resource, as participants felt comfortable sharing their family circumstances associated with their relatives' SUDs, as described by participant P6.

> We don't really have community members, but I did actually consult one friend who worked in mental health. And I felt comfortable disclosing the situation with her. That was with other colleagues or I should say friends. (P6)

A similar experience was reported by participant P24, who described how she received emotional support from a friend when the situation with her husband was overwhelming.

> … this friend of mine provides a lot of emotional support. So, when it gets unbearable at home, that is, I run to my friend's house and I do get a lot of emotional support from there. That is really my main support …. (P24)

Additionally, participant P16 described how she shared her concerns regarding her daughter's SUDs with her friend. In turn, participant P16's friend suggested transferring the daughter to a Christian school, which was perceived as a suggestion that yielded positive results:

> So, what I did was I just spoke with a friend. And the friend made some suggestions that were very, very, very helpful, and I'm so grateful up to this day because that turned her life around … these suggestions were to move back down from that school into a Christian school, and this changed everything. (P16)

Drawing Upon Religion and Spirituality as Perceived Resources

Participants highlighted how they drew upon religion and spirituality as essential resources to support them in improving their mental and emotional well-being. This included engaging in religious practices, beliefs, and other experiences, such as seeking support from community members for prayer. Some participants received counselling from church pastors while others engaged in personal prayers: “I do a lot of praying” (P11), reading the bible, and listening to religious music; “I like listening to the gospel music. I like reading the bible …” (P4). Participants’ spiritual beliefs were demonstrated by the hope that their relatives would eventually recover: “That’s the faith that I’m holding onto, knowing that there is still hope” (P12).

Several participants also shared their experiences of how religion and spirituality served as positive coping mechanisms and provided support by allowing them to share their problems and receive spiritual support. However, although counselling services were available, participants sometimes had to wait to access them due to a long waiting list. For instance, participant P10 recounted how she sought counselling services from a church community but was placed on a waiting list.

> I tried doing counselling. It’s a mixed program. So, it’s actually a church. A Catholic organization …. I went there by myself and I had to book an appointment. I went there and they had to take everything, details and everything. You give all your problems and beliefs and everything. And they put you on a waiting list. They tell you what happens. You’re going to be having this amount of sessions. (P10)

A similar experience was described by participant P4 who described how she pulled religion and spirituality as resources to help her in her recovery and healing processes after her son passed away due to SUDs. The participant explained how her church community used to visit her at home and pray with her. However, due to the COVID-19 pandemic, home visits were discontinued, and she began receiving online counselling services, as described by the participant.

> So far right now I don’t have a community because, you know, since COVID, we don’t go to church physically. We do it online. People don’t visit other people in their houses because we have COVID … my daughter booked a counsellor for me, so I’ve been attending … over the phone counselling. (P4)

Other participants discussed how they relied on individual spiritual support to uplift hope for themselves and their relatives. Participant P12, for example, described in detail how he prayed and surrendered everything to the “Lord” and believed that “Jesus does save.” He explained how he prayed for himself and his brother, hoping he would be the first one to overcome SUDs. The participant, who was also struggling with SUDs, expressed the desire to recover before his brother to proclaim the healing power of God, as stated by the participant.

> I have received from the Lord that everything, all that is happening and everything that is going on in my life, I am giving it to the Lord. And I don’t say my life. I say my life in him, so I speak for him understanding. I speak for him about peace that surpasses understanding because you can’t understand, you cannot understand and I pray that things go well for [my brother]. I’m praying that things go well for [my brother] in Jesus Name. I’m praying for that, that he may come out of it. I may come out of it. I may be the first one to show, to proclaim that it can be done. Him as well and for many others, Jesus saves, that statement is true. It’s true, Jesus does save. He saved me. He saves many other people. And that’s how I am able to deal with stress …. (P12)

Many participants discussed how they engaged in individual prayers to build hope and meaningful life. They reflected on their spiritual beliefs, which reassured them that life would get better someday. For example, participant P11 explained how she relied on her spiritual beliefs and hoped to sustain and enhance her psychological, emotional, and overall well-being. She also prayed for her brother’s recovery from SUDs.

> I’m a very strong spiritual person. So, most of the time to manage my psychological, emotional wellbeing, I do a lot of praying, both for myself and for my brother. And that is sort of comforting and gives me strength, the energy to move on to provide support for him. (P11)

Participant P17 also shared her experiences and how she uplifted her spirits when stressed by her niece’s SUDs. She explained how engaging in religious activities such as listening to religious music, reading the Bible, and praying provided positive resources to cope with the stress associated with her niece’s ongoing issues related to SUDs. These activities gave her hope and helped her to keep moving forward.

> … when I’m really, really stressed, when I’m affected by her ongoing issues, I just listen to uplifting messages like religious music or I read the bible. And I pray. That’s what keeps me going. (P17)

While many participants found religion and spirituality to be helpful resources, it was not effective for everyone. Other participants reported that their relatives who were receiving counselling stopped attending the sessions as they did not find them successful. For instance, participant P26 found a community pastor for her nephew for spiritual counselling; however, the nephew discontinued the counselling sessions as he did not find them helpful:

> You know what, we tried. We tried, like, a Black pastor. She's from our own community. And he was going he was visiting and she's a spiritual therapist. But … he was doing a little bit okay but then all of a sudden, he said no, I don't want to go. She's not telling me anything, you know. Yeah. So, we tried. (P26)

Call for Culturally Relevant Programs for Substance Use Disorders Harm Reduction

Due to a lack of universally successful religion and spirituality resources, there emerged a pressing need for culturally relevant resources. Participants' cultural interpretations underscored the importance of promoting cultural programs within their Black communities. Many participants expressed a desire for culturally relevant and timely SUD treatment programs. They reported that their relatives were reluctant to access available resources or existing religious and spiritual resources that lacked culturally relevant treatment options and expressed the fear of discrimination: "… my son doesn't feel comfortable to mix up with the other communities from different ethnics. He feels like he's going to be discriminated" (P13). Another participant expressed his desire to have programs that promote a sense of fairness and inclusiveness, saying, "That is what we are lacking a lot. If we have, like, services that really focus on the Black community that will be great. Because it will be like we are treated fairly … we feel like we are not excluded" (P10).

The participants expressed their desire for culturally appropriate resources, including funds to run community-based programs, like rehabilitation centres, hiring Black community professionals, home visit programs, and creating support groups and mentoring programs for families and their relatives with SUDs. Further, participants requested that these programs be non-judgemental, promote timely access to SUD recovery, and assist in eliminating SUD-related stigma and discrimination among Black communities. As described by participant P11.

> I believe if we have resources or agencies that is more geared towards African-Canadian community, it will be more helpful. And having staff who work in these agencies who understand our culture, our traditions in terms of dealing with substance abuse. Because, you know, the agencies that might be there are more generalized and because in African communities, you know, substance use is still, you know, stigmatized. … because of the stigma attached, they really don't go out there. So, if we have services and resources that are geared towards this community, that would be very, very helpful. (P11)

Additionally, many participants narrated their experiences and increasing concerns about youth involvement in SUDs. They suggested culturally relevant programs geared towards youth struggling with SUDs. The participants recognized the need for funding to facilitate these programs, as emphasized by many, including participant P14. Participant P14 reported that their communities needed financial resources to provide timely interventions to prevent youth from SUDs.

> I think there should be more facilities. There should be more centres that deals with, you know, these addictions or with this abuse both for those who are abusing drugs and for those who are supporting the same, the same people. I think the resources that should be put, you know, funding of programs within the communities, because now I think now than before, now they are most of these young people who have found themselves in this situation and who need help. And sometimes we find that we do not have adequate resources within the community to direct them to so that they can get help much faster and at an earlier stage than when sometimes it's too late. (P14)

A similar experience was described by participant P12 who wished that their communities would be granted funds to conduct workshops and counselling services and create opportunities for interactive sessions that could promote SUD recovery.

> I will say … maybe some small grant that can be given to the community, for the community to conduct workshops and sessions to … do counselling and they talk to people and they give people opportunity [to talk]. … I wish I could have a grant to do something like this for my brother. And that's what I dream of, to have a place where these people can be able to have support. … My brother can come and anybody else who is in that kind of situation and they can be provided for. They can be given time and a chance to build and to continue. (P12)

Moreover, some participants emphasized the need for community resources that support home visit services by community-based professionals. They described how they wished to have community-trained professionals reach out to families and relatives who might have been reluctant to seek. Home visits were seen as a way of community outreach with culturally sensitive services for individuals with SUDs. Community professionals who understand the Black community's cultures and their traditional ways of dealing with SUDs could visit their homes to first build trust before inviting them to treatment centres for further help, as described by participant P23.

> I think the problem is more like community when you have somebody reach the person where they are. Because if the support is in a centre and you tell him to go to a centre or tell anybody to go to a centre, nobody wants to go somewhere looking they are weak or they need help. But if there's the support whereby, like where we have the community worker, they go to where the person is, I think that would be helpful. Because the person can come and maybe talk to the family and talk to the person. And then maybe from there, even if it's going to the centre, I think they will have gained confidence knowing the place I'm going to, I'm not going to be stigmatized. Or feel like fears he has kind of one on one, would be able to clear those fears. So that the person can get help. (P23)

Likewise, participant P20 reflected on her experience with her relative who could not seek help due to SUD-associated stigma. The participants expressed the need to have community-trained professionals visit their relatives' homes first to build trust, which could promote compliance with community treatment programs.

> I think initially I would like to see home visits. Sporadic home visits, because that – by the same person or two people that they can start to build up trust and then once that's done, to take her or invite her to community activities. … the main thing is culturally sensitive services. (P20)

Participants also highlighted the need for peer support groups and mentoring programs as resources from which families and their relatives with SUDs could benefit. The peer support programs were described as essential in creating opportunities for affected family members to connect with others who have had similar experiences associated with SUDs. For instance, participant P4, who lost her son to substance poisoning, expressed a desire to connect with other families who have experienced similar losses.

> First of all, I would like to know some of the members who lost their children due to addiction. And from there I would like to have more knowledge of how you can know a person is depressed or is just about to be on addiction or what causes it. Because like my son was going through that and he didn't talk, so he just pretended that everything was okay. And sometimes I feel like I wish I knew what he was going through, because I would have helped. So sometimes I feel like I was not there for him. But sometimes I feel like I was there for him, it's only that I didn't understand what he was going through. So how I wish that we can have a little bit more knowledge about addiction or community meetings whereby we can be, you know, educated about use of drugs or addiction or what causes it and so and on. (P4)

A similar experience was described by the participant, P26, whose young nephew was struggling with SUDs. The participant narrated how she wished to find a support group for her nephew where he could connect with other youths who had similar experiences. This would provide him with an opportunity to share his experiences associated with SUDs and feel a sense of belonging.

> One thing is the support group. Because he needs to know that he's not alone. He needs to know that it's okay not to be okay. (P26)

In addition to supporting groups and peer support, parents in this study also expressed their desire for peer mentoring and counselling programs to support parents and their young people. The need for peer mentoring and counselling programs was addressed as an essential resource for community members to support family and young people. Participant P3, whose teenage son struggled with SUDs, described how parent-to-parent and youth-to-youth peer mentoring and counselling programs could be valuable resources in promoting peer interactions and compliance with treatment.

> I mean, more or less a personal observation. I think to me peer mentoring or peer counselling two ways for parents. Parents mentoring and counselling other parents. And then the young people, mentoring and counselling other young people. Because young people tend to listen to their friends. They don't listen to their parents. (P3)

Discussion

The current study explored Black family members' insights into their experiences and perspectives of access to culturally relevant resources for them and their relatives suffering from SUDs. The results of this study revealed three themes associated with culturally relevant resources within Black communities: (1) Navigating Existing Options and Resources for Families and Their Relatives; (2) Drawing upon Religion and Spirituality as Perceived Resources; and (3) Call for Culturally Relevant Programs for Substance Use Disorders Harm Reduction.

The study's findings revealed how participants lacked culturally relevant SUD resources such as cultural rehabilitation centres and other community-based programs to support harm reduction and recovery processes in Canada. The lack of culturally supportive resources led other participants to seek existing resources from their country of origin. The participants perceived the mainstream SUD treatment programs were not adequately culturally supportive. They believed that such resources for SUD treatment existed in their countries of origin. These findings are consistent with Kwok and Tam's (2023) study, which examined the experiences of Canadian

Chinese youth in SUD treatment programs and found that due to a lack of culturally relevant SUD treatment programs in Canada, the parents of teenage children with SUDs sent their children back to their country of origin to receive treatment. However, seeking alternative resources from their country of origin often poses financial barriers for some participants. Such barriers include travel expenses and a process that could take time, resulting in potential delays in treatment or irreversible outcomes. These findings highlight the existence and effectiveness of such resources, emphasizing the urgent need for similar resources to be available in Canada as well.

While the research study revealed that many participants turned to religion and spirituality as resources they perceived as beneficial in relieving stress associated with their relatives' SUDs and promoting their mental and emotional well-being, it was also found that these resources alone were not universally effective for everyone. These findings were supported by previous studies that found that religion and spirituality or faith alone was not adequate to prevent or treat SUD harm (Elkassem & Csiernik, 2020; Elkassem & El-Saadi, 2023; Monari et al., 2020).

The current research results demonstrate a strong desire for culturally relevant resources within their communities, including programs that support family members and relatives with SUDs. The need for culturally relevant resources has also been highlighted by several authors (Joo & Liu, 2021; Maina et al., 2023; Monari et al., 2024; Narayan et al., 2023), who recommend the provision of additional relevant resources that effectively meet the cultural needs of communities. Similarly, the outcome of this study highlighted the need to access financial resources that facilitate program development and are run by community-trained professionals, including peer outreach workers (Banks et al., 2023), from their cultural backgrounds with insider knowledge and understanding of cultural approaches to SUD treatment. These types of professionals could engage in community outreach or home visits to build trust and promote compliance with families and relatives who might be reluctant to seek help due to the stigma associated with SUDs (Arcidiacono et al., 2009; Corrigan & Miller, 2004; McCann & Lubman, 2018). Community outreach or engagement has been found to be an effective way of evaluating the effectiveness of accessible community resources and identifying future community needs, as documented by existing literature (Cyril et al., 2015; Maina et al., 2023; South & Phillips, 2014).

Furthermore, the findings of this study suggest the need to implement peer support programs, such as peer mentoring programs, for families and their relatives affected by SUDs. These programs were recognized as essential for enabling affected family members with opportunities to connect with others facing similar circumstances. For instance, youth mentoring and counselling can be provided by other youth who have undergone similar experiences, and parent mentoring and counselling can be provided by parents who have first-hand experiences with their children with SUDs (Leung et al., 2014; Wills et al., 2014). Such programs can help create a safe environment where participants have the opportunity to socialize and share their experiences and knowledge about SUDs, which fosters a sense of belonging and promotes harm reduction within Black communities (Banks et al., 2023; Henderson, 2020). These findings align with previous studies that have emphasized the importance of peer support programs, including youth-to-youth (Banks et al., 2023; Leung et al., 2014). Such programs play a crucial role in creating safe networks and providing opportunities for individuals to share their experiences, enhance their knowledge and understanding about SUDs, reduce feelings of isolation, and promote social support. They also provide a platform for individuals to share stories of success, empowering and strengthening hope in recovery processes (Banks et al., 2023; Leung et al., 2014).

Implications for Practice

The present study's findings bring to attention the unique meaning of family in Black culture; for these individuals, family meant close, distant, as well as extended families and friends. The individuals expressed that strong family ties and family support which is culturally congruent play an instrumental role in the recovery of individuals with SUDs. The family members also expressed the need to seek help from professionals like social workers and addiction counsellors who work closely with Black communities. Implementing Black community outreach and engagement programs, including home visits by community professionals and workers trained to work with Black communities and understand their cultural needs, may assist in providing education, support, and relevant resources for harm reduction, treatment adherence, and timely recovery outcomes. Additionally, peer support groups, including family and youth peer mentoring programs, can raise awareness and promote understanding about the effects of SUDs, provide social support, and empower one another, thus strengthening hope in recovery. Further research is needed to explore the effectiveness and timely access to culturally relevant treatment for Black communities seeking alternative culturally supportive resources from their country of origin.

While not completely apparent in the narrative of family members, it appears that these family members had challenges in acculturation because they spoke about going back to their countries of origin to seek culturally supportive resources and family support. Therefore, future research should focus on exploring how acculturation can affect how family members seek supportive resources to help their relatives with SUDs.

Limitations

First, the study's design and methodological approach are limited (Cruz & Higginbottom, 2013). While the FE approach provides rich insights into a particular culture or social phenomenon, it limits transferability of findings due to its subjective nature of interpretation (Cruz & Higginbottom, 2013; Wall, 2015). Therefore, the results of the current study may not apply to other communities or cultural settings (Cruz & Higginbottom, 2013; Leininger, 1997, 2005). However, these findings can serve as a foundation for future studies in other communities or cultural contexts. Purposive sampling may have limited the findings since only available and willing participants were included and were limited to Southern Ontario (Ames et al., 2019; Guarte & Barrios, 2006). However, the study ensured in-depth interviews and intensive data collection and analysis through data saturation (Cruz & Higginbottom, 2013; Saunders et al., 2018) to enhance the effectiveness of the purposive sampling technique in understanding the phenomena under study. Lastly, COVID-19 pandemic and associated health measures, including social distancing, prevented face-to-face interviewing, which limited direct participant observations. Such limitations included the inability to directly observe participants' behaviours as part of the FE research methodology. However, telephone interviews were utilized as an alternative method to gather data in light of the restrictions posed by the pandemic. Through telephone interviews, the researcher put much attention to the tone of voice and emotions which contributed to apprehending the environmental context in which the interviews took place. This approach also allowed participants to feel comfortable, willing, and more at ease in their familiar environment to share their experiences and perspectives, which enhanced the study's exploration of access to culturally supportive resources for families and their relatives suffering from SUDs. Another limitation of the study is that all participants were recruited through Christian organizations. This results in an underrepresentation of individuals from other religious backgrounds, such as Islam.

Conclusion

Participants described experiencing a lack of culturally relevant resources and subsequently opting to navigate other resources. One such option was to send their relatives back to their country of origin to access cultural rehabilitation treatment options. Participants found relying solely on religion and spirituality was insufficient in reducing the harm caused by SUDs and facilitating recovery within Black communities. The findings demonstrated a significant need for guidelines and policies regarding creating timely access to culturally relevant resources in Canada that support families and their relatives towards harm reduction and recovery outcomes. These resources included culturally relevant programs run by Black community professionals, including peer outreach workers to engage in home visits and other community outreach to strengthen SUD treatment compliance and effectiveness. A need exists for developing culturally relevant peer support group programs, such as youth-to-youth and parents-to-parents peer mentoring initiatives. These programs aim to promote a sense of belonging, share experiences associated with SUDs, and provide support for healing within Black communities.

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Ethical Statement

Ethical Approval

Our study was approved by the Western University Health Science Research Ethics Board (HSREB) (Approval No.: 117955). All participants provided written informed consent prior to enrolment in the study.

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