TAILGATE TOOLKIT

STAKEHOLDER ENGAGEMENT SUMMARY 2021

VICA
Vancouver Island Construction Association

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ACKNOWLEDGMENTS

The Vancouver Island Construction Association, with support from Island Health, is extremely grateful to those who have participated in the stakeholder engagement process.

The stories heard within the interviews were undoubtedly ones of resilience, perseverance, and bravery. These stories, along with the input from the Tailgate Toolkit Project Steering Committee and other successful programs around the world were used to determine the structure of the forthcoming Toolkit.

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The Tailgate Toolkit Project is delivered by the Vancouver Island Construction Association (VICA), in partnership with Island Health's Public Health Strategic Initiatives: Overdose Response Division.

This initiative was made possible with funding from the British Columbia Ministry of Mental Health & Addictions

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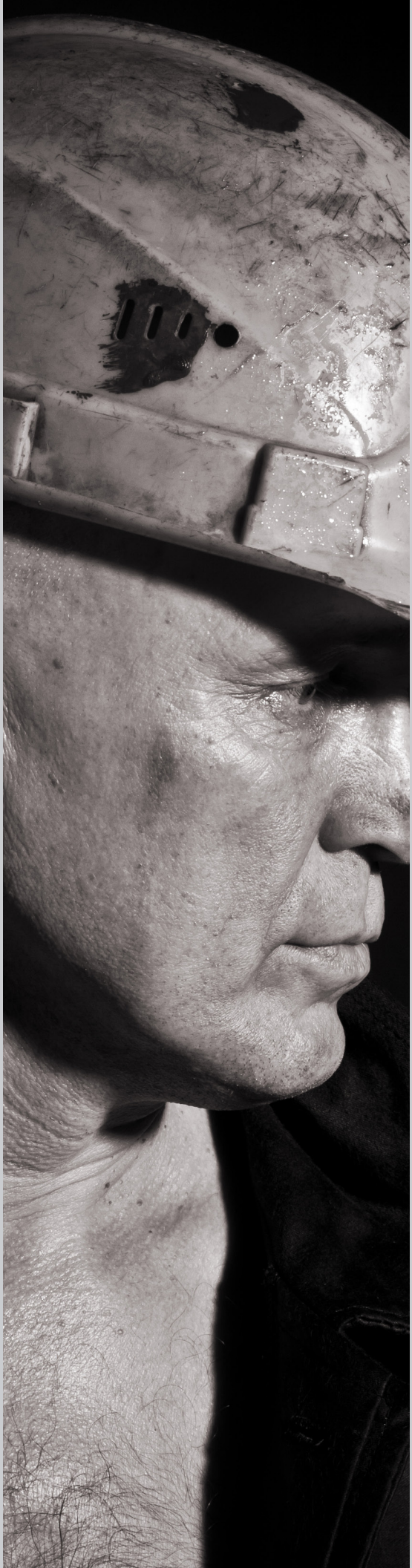

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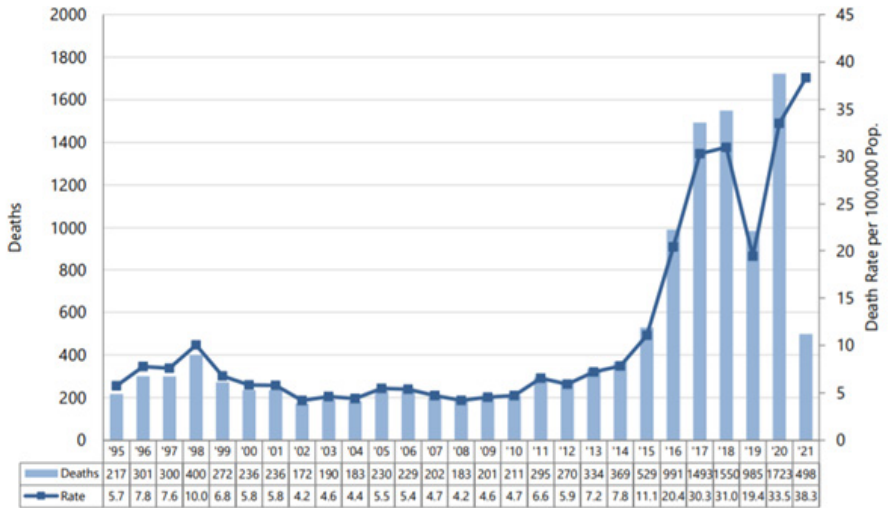
THE OVERDOSE EPIDEMIC IN BRITISH COLUMBIA

The story of the overdose epidemic in British Columbia is a long and tragic one that has seen over 12,800 British Columbians lose their lives since 1995[1].

Advocates and community members have been sounding the alarm about increasing number of overdoses since the 1990s. While some services and prevention measures have been put in place to help reduce the number of overdoses, the death toll continues to climb in British Columbia. 2020 was the deadliest year on record and communities across BC collectively lost 1,723 people[1].

2021 marks the 5 year anniversary of the State of Emergency declared by the BC Government in 2016 in response to a dramatic increase in overdose deaths that year.

March 2021 is tied with March 2018 as the deadliest March on record: 158 people lost their lives in BC, which is a death rate of 5.1 people per day[1].



	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21
Deaths	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	295	270	334	369	529	991	1493	1550	985	1723	498
Rate	5.7	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.6	5.9	7.2	7.8	11.1	20.4	30.3	31.0	19.4	33.5	38.3

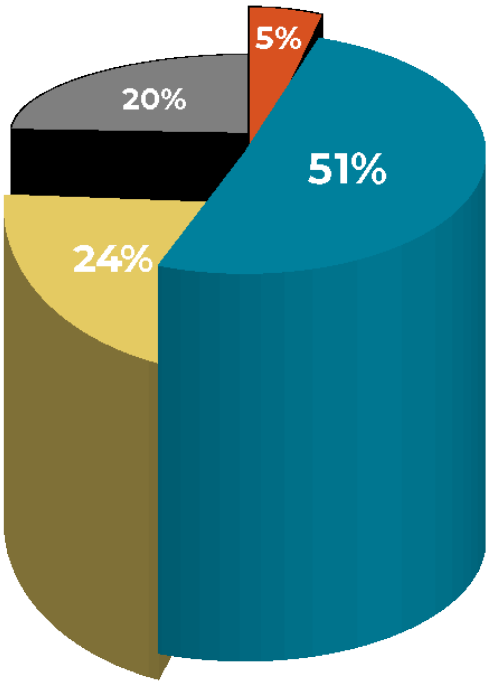
Figure One: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population, BC Coroner's Service (2021) Illicit Drug Toxicity Deaths in BC January 1, 2011 – March 31-2021.

Toxic drug poisoning from illicit drugs remains the most prominent cause of unnatural death in our province, greatly surpassing those lost to suicide, motor vehicle accidents, homicide, and prescription drug overdose.

OVERDOSE DEATHS IN THE CONSTRUCTION, TRADES & TRANSPORT INDUSTRIES

In 2018, the BC Coroners Office released the report "Illicit Drug Overdose Deaths in BC: Findings of the Coroners' Investigations"[2] which outlined some important demographic trends among a representative sample of British Columbians lost to overdose. An important finding of this report was the trends in employment by sector.

EMPLOYMENT STATUS OF DECEASED BY INDUSTRY



51% WERE UNEMPLOYED

24% EMPLOYED IN CONSTRUCTION, TRADES OR TRANSPORT

20% OTHER INDUSTRY

5% UNKNOWN EMPLOYMENT

Figure Two: Employment Demographics by Industry, data sourced from Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population, BC Coroner's Service (2021) Illicit Drug Toxicity Deaths in BC January 1, 2011 – March 31-2021.

Beyond trends in employment, there are several other significant demographic trends highlighted in the report that are relevant both to the creation of targeted harm reduction programs and to combating misinformation — more specifically the stereotyped image of those who are at risk of overdose that centers only those who are unhoused regular users.

81% WERE MALE

72% LIVE IN PRIVATE HOUSING
63% DIED IN THEIR PRIVATE RESIDENCE

ILLICIT FENTANYL (76%), COCAINE (51%), ALCOHOL (37%) AND METHAMPHETAMINE (33%) MOST COMMONLY DETECTED AT TIME OF DEATH.

79% SOUGHT HEALTHCARE WITHIN 1 YEAR BEFORE THEIR DEATH
56% SOUGHT FOR PAIN MANAGEMENT

52% HAD A CLINICAL DIAGNOSIS OR ANECDOTAL EVIDENCE OF ADVERSE MENTAL HEALTH

THE TAILGATE TOOLKIT PROJECT

After a successful partnership in 2017 to offer naloxone training to its members, VICA is excited to be partnering again with Island Health for the Tailgate Toolkit Project. The Tailgate Toolkit Project is an innovative program aimed at increasing access to harm reduction services and ideas for those working in the construction industry.

BUILDING ON: HOW THE TAILGATE TOOLKIT FITS WITH OTHER INDUSTRY PROGRAMS

There will never be a one size fits all solution to address the overdose crisis and promote mental and physical wellbeing of our communities. VICA is proud to create this project to build on the other important work that has been done for the industry, such as the BC Construction Safety Alliance's Mental Health Resources[3], the Construction Industry Rehabilitation Plan[4], BCCA's Mind Beacon[5], and ICBA's Workplace Wellness Program[6].

The Tailgate Toolkit Project is an important supplement to these programs because it is a face-to-face program which will offer direct support and dialogue to workers and employers alike. This mode of delivery was requested by the vast majority of employers who participated in the project's stakeholder engagement who expressing burnout with online courses/resources offered without a real-time component.

Over the course of 2021 the Tailgate Toolkit Project is being deployed in four phases:

PHASE 1: STAKEHOLDER ENGAGEMENT

During the months of February to April 2021, in depth qualitative interviews were conducted with members of the Vancouver Island construction industry who had past or present experience of drug use or who were in a position of supervision/coordination and were responsible for implementing harm reduction measures within their company or organization.

These two groups are not mutually exclusive. These interviews focused on the lived experiences of participants, building on their input and suggestions for the structure and content of the Toolbox Toolkit. The purpose of this interim report is to summarize the findings of these interviews.

PHASE 2: CURRICULUM & RESOURCE CREATION

Following the input from members of the construction industry, the Tailgate Toolkit team will create the deliverables of the toolkit, which are discussed later in this report on page 17.

PHASE 3: PILOTING OF THE TOOLKIT

Once the curriculum for the Toolkit offerings is finalized, members of the construction industry on Vancouver Island will be able to sign up for components of the Toolkit free of charge. During the pilot phase, participants will be requested to give feedback on the toolkit components which will be incorporated through ongoing refinement.

PHASE 4: REPORTING & FORECASTING

Vancouver Island is not the only health authority losing community members to preventable overdose deaths, nor is BC the only province or Canada the only country.

The final phase of the Tailgate Toolkit will include the creation of reports and recommendations for wide distribution. The final phase will also include logistical coordination between project partners for continued delivery of the toolkit.

The purpose of this interim report is to summarize and share the qualitative data gathered through the Tailgate Toolkit's Phase 1 Stakeholder Engagement. Relevant themes will be presented and grouped into multiple categories. The forthcoming structure of the Tailgate Toolkit will also be presented.

We are extremely grateful to those that participated in the interviews and were willing to share their thoughts, stories, and suggestions with us.

Substance use is present in all industries and the purpose of this report is not to point fingers or place blame but rather to have honest and productive conversations about substance use in the construction industry.

SUBSTANCE USERS IN THE CONSTRUCTION INDUSTRY ON VANCOUVER ISLAND

Based on the participants in our engagement and anecdotal discussion of the industry by participants, three general profiles of substance users in construction were identified.

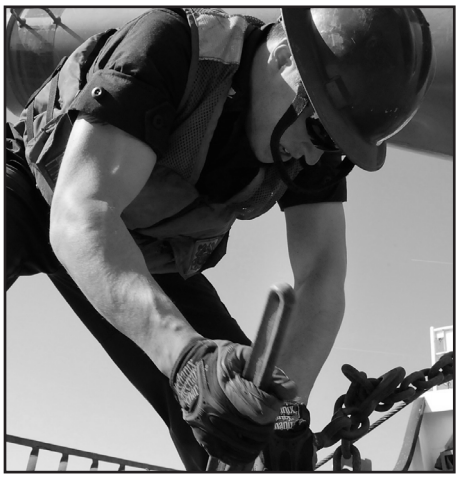
PROFILE A

Someone who entered construction at a young age and began using drugs and alcohol recreationally, often with their coworkers, as part of a "work hard play hard" workplace culture. Substance use did not always become problematic; however, if it did, this change was usually triggered by experiencing adverse mental health.

For those later in their career, this adverse mental health was triggered or exacerbated by high stress levels, burnout, and being overwhelmed at work. For those that identified as men, both the experience of adverse mental health and the conditions which lead to it were influenced or created by expectations of masculinity and being a man.

PROFILE B

Someone who works in construction and was injured on or off the jobsite and received an opiate prescription to manage their pain and developed opioid use disorder. Regardless of job site injury, there remains eagerness to return to work. Motivated by financial constraints due to reduced wages from Employment Insurance, and a subsequent need to manage pain during physically demanding work influenced their use of opiates.



They also often experienced adverse mental health during the course of recovering from their injury and used a variety of substances to self-soothe. Adverse mental health was exacerbated by feelings of inadequacy due to an inability to do their job. For those that identified as men, these feelings of inadequacy were also influenced by expectations of masculinity and being a man.

PROFILE C

Someone who experienced significant trauma in their life and began using or increased their substance use to help them cope.

The dual effect of trauma and substance abuse reduced their capacity to maintain regular employment and they joined the construction industry, often as a laborer, in order to have flexible low barrier work.

"it was just really really hard work, and pretty much everyone that I worked with there went out to the bar afterwards and drank and then the coke came out. I don't know what it was, it was almost like a lifestyle, right? You work hard and then you play hard"

A lived experience generally in line with Profile A was the most common amongst participants in the stakeholder engagement and in the description of others who use substances in the construction industry provided by participants.

Of the 22, interview participants 11 had past or present experience of illicit drug use. Of those with lived experience, three identified as women and eight as men. Participants ranged in age from early twenties to their late fifties and worked in a wide range of positions within construction including day-labourers, apprentices, journey-people, company owners, high level company management positions, and management positions with organizations related to construction.

THE EXPERIENCES OF SUBSTANCE USERS IN CONSTRUCTION

"IT WAS A VERY EXHAUSTING DECADE, TO SAY THE LEAST"

To better understand the current overdose epidemic afflicting the province, it is imperative that we learn from the experiences of those who use(d) drugs. Doing so can create meaningful programming to respond to the epidemic and to address the components of our society which encourage or necessitate problematic substance use.

This includes components of our social interactions, our gendered expectations of each other, our workplaces, our work/life balance, our health services, our drug policies, and the legacy of how these things have evolved.

THE HISTORY OF SUBSTANCE USE IN THE WORKPLACE CULTURE OF CONSTRUCTION

It is common practice for coworkers to celebrate or unwind together across industries; however, many participants discussed a workplace culture in construction that encouraged this to excess.

The mentality of "work hard, play hard" featured prominently in many participant's discussion of both their early careers and their early experiences using substances. Participants who fit both profiles A and B discussed being introduced to substance use (regardless of whether it became problematic) by their coworkers within social situations after work.

"Friday night back in my generation we would go into the pubs, find out who was doing what and that's how we got jobs back in those days.

We didn't have internet access. It was normal. It was normal to work hard, drink hard. But it was never normal, but that's where the industry takes you"

There is zero tolerance for any substance use at the (construction) workplace. Nevertheless, the construction industry is not immune to employing individuals who indulge in after-work regulated and illicit substance use. Consequently, some workers do arrive on the job site hungover or still inebriated. This places employers in the difficult position of balancing workplace safety with maintaining an adequate number of workers during staffing shortages that currently plague the industry[7].

Some participants discussed that they were able to fly under the radar when they were hungover or struggling at work. Because of the nature of their jobs, they did not always work closely with others or supervisors, unlike what they believed would be required in an office setting. Many discussed that they were evaluated based on the quality of their work rather than their professionalism on site which allowed them to fit in. One participant highlighted that efforts to address substance use in construction must be cognizant of the impacts that changes in workplace culture can have on those that are already struggling to participate.

"I see the industry getting cleaner and better. But I also see that that's taking that familiar place around [these] misfits that didn't fit in. So I think that's part of why we're seeing exaggerated numbers is, you know, this was a safe place for a lot of people to hide in their shit, and to be comfortable and now they almost don't feel wanted.

They're like 'oh look at these people are a lot cleaner than I am, these people don't have my issues, they seem way more well adjusted'. I think it just further continues to push people into the isolated place with their issues"

THE STIGMA DOUBLE STANDARD: WHEN SUBSTANCE USE MAKES YOU A COWBOY OR COWARD

It was evident from all participant's discussion of both the practices and perceptions of substance use among those that work in construction that there is a clear double standard around which substances and which amounts are glorified and which are shamed. Alcohol was the most frequently discussed regulated substance and cocaine the most frequently discussed illicit substance. Overdose risk did not feature as a deciding factor in substance type or amount decision making.

According to participants, alcohol and cocaine use were often key ingredients to the "play hard" component of the work hard play hard motto and their use featured prominently in lunchroom discussions of what workers had done on the weekend.

"The drugs are everywhere. Over the years certain parts of the industry are almost like proud of it. Like that's just their supplement they take to do their work"

Whether substance use was something to brag about or something shameful depended on the amount that someone was consuming. Some participants discussed using small amounts of cocaine socially and then supplementing with additional amounts or additional substances in private.

While cocaine and alcohol, and to a lesser extent party drugs like MDMA (aka ecstasy or molly), were used or talked about openly, opioid use was heavily stigmatized. The stigmatization and judgement of opioid users was discussed by both participants with lived experience of drug use and employers without lived experience. The stigma and stereotypes about opioid use were that it was always problematic and indicative of someone who had become addicted and reached a different level of drug use compared to those who used cocaine and alcohol.

"It's the underbelly of even the people that use a lot of drugs openly, they don't talk about the opioids"

Several participants discussed whether or not someone's drug use could be categorized as an addiction, as something they couldn't stop, or as something they were doing to be able to cope with their lives as being the line upon which whether their use was stigmatized or celebrated. This is important to note because it is undoubtedly influenced by the stigmatization and discrimination faced by those in our society who experience adverse mental health. Additionally, this devaluing of mental health must be understood within the context of western masculinity which demands stoicism and unwavering strength from men.

MENTAL HEALTH AND MASCULINITY

Expectations of masculinity was the only topic discussed by every single participant across all interviews. Participants described certain behaviors and expectations by using phrases such as “toxic masculinity”, “being a man”, and “old school ways of thinking”.

While participants used different definitions for the way gendered expectations exist within much of the construction industry, what was described is in direct alignment with the American Psychological Association’s definition of “traditional masculinity” which promotes adventure, risk and violence while vilifying weakness and/or femininity[8].

Participants discussed how traditional masculinity was extremely prominent within the construction industry and it required very specific social attitudes and actions. In terms of both substance use and adverse mental health the ideas of “grin and bear it” or “dealing with it like men in construction have been doing forever” were often discussed as barriers to asking for help.

“And then of course the generational aspect to it, you know, the cowboy rules like ‘don’t say, don’t ask, don’t speak about it. You’re lame if you can’t deal with it like the rest of us did”

Expectations of traditional masculinity acted as one of the most significant barriers to asking for help for those participants who were or had struggled with substance abuse; however, it also featured prominently in the conditions which lead some participants to use substances to the level of abuse. Many talked about using substances to deal with the stressful and demanding experience of working in construction that was bred in part by ideals of traditional masculinity.

SELF-MEDICATING FOR EMOTIONAL PAIN

The role of physical injury and subsequent pain has featured prominently in our understanding of substance use, in particular opioids, amongst those working in construction[9]. While this is an important pathway to note the role of substances in treating emotional pain was also discussed extensively by participants. The source of emotional pain in participants’ lives included experiences both related and not related to their careers in construction.

For some participants trauma in their lives and an inability to process or heal from it, often without any support, caused significant emotional duress which they mitigated by using substances.

“I just think the way of life of a construction worker is so difficult and unique but I think if we could all learn ways to cope with things back home that would be huge”

Multiple participants discussed feeling resigned to suffer through their own mental health and how that limited their capacity to offer support to others they recognized were struggling.

Some of the components of a career in construction that participants found difficult to manage were high stress, stagnation, and being away from their families which caused friction when they are home.

Finally, participants who had experienced injury discussed how their inability to do their physical job, which was a large part of their identity, caused intense feelings of vulnerability, inadequacy, and reduced self worth.

SELF-MEDICATING FOR PHYSICAL PAIN

Many participants discussed the management of physical pain and fatigue as a driving force behind their substance use. For some this was as a result of an injury, for others it was to cope with the routine toll their work took on their bodies. In particular for those that used cocaine the boost of energy they experienced while using was sought out to keep up with the demands of their jobs.

"As I got a bit older, you know having to do a physical job my body's kind of starting to feel a little more aches and pains and this and that. Of course, the opiates would really help with that"

Some participants who were no longer using substances commented they were discovering their substance use had caused them to ignore injury and strain that was now proving difficult to cope with.

"If I was working in an office building all day I might not be so beaten and exhausted at the end of the day. And, you know, for years it was the only thing I wanted was I just wanted a beer. I wanted to drink when I got home and that was it, period"

For many, it was a combination of physical and emotional pain which contributed to their substance use. This includes the emotional toll of a physically demanding job beyond the physical implications.

It is important to note that for some their substance use allowed them to be more productive at work, either by experiencing increased energy or by avoiding decreased productivity due to physical pain. Multiple employers noted immense productivity in the period leading up to a worker's overdose or discovery of substance usage.

"You know, the two that passed away, I mean those guys were rockstar workers, right? And that often happens, doesn't it, with the addicts? They are very very good at work"

"Certain workers produce like crazy. Okay well what's making those guys produce? Is it the drugs or is it just their natural way? High percent, it's the drugs that are making them produce like that"

“I had a very toxic image of what masculinity was. I was admired for my ability to grind out really tough situations, to jump in and take things on myself, and I was really proud of that. And it was hard for me to show weakness and that just made me feel like I had to show up in my life wearing this mask of like ‘I’m good, I’m fine’.

[People would ask] ‘are you sure you’re good with this?’ [and I’d reply] ‘Totally, I’m fine, I’m fine’ and then you walk away thinking I don’t feel like people really understand me or they don’t get me. And that’s because they don’t, I’m not giving them the real me. I’m giving them a reasonable facsimile but the guy inside just needs a break”

Participant: “First of all, physically it made me feel a lot better, to cure the pain like it’s supposed to. But also, you know, I started taking larger doses more for the emotional aspect of it. Because I was injured and I couldn’t really do much, I felt quite vulnerable and useless, I guess, so I mean that would help with that sort of depressive mental state where you could just kind of get high and just feel better about everything”

Interviewer: “And do you think that having a physical job that you couldn’t do played into that feeling of vulnerability and useless-ness?”

Participant: “Yeah, definitely. Definitely”

SELF-WORTH AND THE ROLE OF AN EMPLOYER

Participants who identified as being in recovery often talked about the impact that feelings of low self-worth had both on their ability to ask for or to accept help. For many, their feelings about their substance use had eroded their feelings of self-worth and impacted their relationships with their loved ones. Whether or not someone felt valued at their place of work had a tremendous impact on on whether they felt deserving of help, or of recovery.

"This employer is the only one that I had been honest and upfront with just because she's amazing. I don't know what else to say but my two previous employers I was never going to come out and say what I'm going through just for that fear of them looking at me differently or possibly finding a reason to lay me off or fire me"

Those who had supportive relationships with their employers identified that as a significant enabler to seeking help and to maintaining changes in their lives. For some their employers were able to offer them financial and logistical support in seeking treatment, and for others their employer simply acted as a social support. The financial implications of taking time off or potentially losing their job were significant barriers to help seeking for all participants. Those who were able to receive EI or reassurance their job would be there for them when they were ready were much more likely to seek recovery focused support.

Conversely, those whose employer did not make them feel valued interpreted this as reinforcing their suspicions that they were not worthy of support or recovery. This compounded with the stigma surrounding mental health and substance use proved to be a significant barrier to for health seeking behaviour.

"There hasn't been a lot of employers that I felt I had value to them. You know? You're a cog in the machine and I think there's a way employers can start reframing their relationships with their employees to make them feel of value. I'm just saying, that's a cheap thing you can do better, right? Doesn't take any cost... and that feeling of value can keep a person out of some serious bad space"

Many discussed the transient or "revolving door" nature of construction as an enabler for employers to refrain from investing in the wellbeing of their workers or for being accountable to them for unacceptable work expectations. Additionally, for those working on projects with tight timelines the emphasis on production and avoiding any kind of delay served as a barrier for asking for help because employers were perceived as not having time for it.

"I'm not saying that the employer should have paid for treatment of staff but you know, take some responsibility of who you have working for you and help those people when they need it"

THE EXPERIENCES OF EMPLOYERS IN CONSTRUCTION ON VANCOUVER ISLAND

"PEOPLE DIDN'T WANT TO GO TO THE FUNERAL OF ANOTHER YOUNG MAN, ONE OF THEIR COWORKERS, ONE OF THE PEOPLE THEY CONSIDERED A FRIEND, A BROTHER, THEY DIDN'T WANT DO THAT AGAIN"

Many of the employers who participated in the stakeholder engagement had lost a crew member to overdose, some more than one. Those that had experienced the loss of a coworker had often implemented increased mental health support and referral to recovery services with some success.

Employers who had not lost a team member to overdose were less likely to have systems in place; however, they were eager to receive support from the project to get them going. The two primary requests from employers were training for their foreperson, their superintendents, their on-site first aid responders, and for support in offering referral services.

"When we did start having the conversation, and we did start talking about our feelings, and we did open the door to say 'hey it's okay to go into his office and tell him what's going on' like that door's open, when that happened I actually realized there were a lot more people than I was aware of that had substance issues. So I would think that it has been an underlying issue for a long time. It's just now that we're talking about it a little more openly we're more aware of how big a problem it is"

Many of those who participated and are in management but not ownership positions expressed frustration with the lack of accountability or continued support is necessitated by zero tolerance policies that require termination.

"Right now we have like a simple policy of if you're caught using or suspected of using you're just booted off, that's it. Which is kind of contradictory to our mental health stance where if somebody's having issues we provide them counselling. So I don't see how you can support one and not support the other"

Employers also discussed the difficulty in broaching the subject of substance use because of the serious implications it can have on someone's reputation and employability in an industry that sees people move from project to project. The need and want for more employer support to equip their front line supervisors with more capacity to support someone's mental health was reiterated again and again.

"if [foreman] didn't call and tell me there was a problem — this is a guy who could have easily gone off the side of the road again, right? It could have just as easily gone that way. And this is a guy who's in his 50s and had issues on and off his whole life and has no family support. So, had we not provided that support for him? We might have been going to another funeral"

MEANINGFUL SERVICES CREATED FROM COMMUNITY INPUT

The Tailgate Toolkit staff, and all those at VICA, are extremely grateful to all those who participated in the Phase 1 Stakeholder Engagement. Based off of the input from the community, consultation with experts, and other successful programs the Tailgate Toolkit will be delivered in 4 components. Each component, discussed below, will address a specific community need while supporting and reinforcing the capacity of the Toolkit as a whole to reduce overdose in our communities.

TOOLBOX TALKS

The first component of the Toolkit will be a Toolbox Talk which will facilitate an introductory conversation around the relationship between substance use and mental health, the current toxic state of the illicit drug supply, and outlines of what harm reduction and recovery services are available.

The Toolbox Talk will be approximately 30-45 minutes in length and delivered live on site or via Zoom by VICA's Harm Reduction Team. Additionally, pending collaboration with the employer or union, the Talk would highlight what resources are available through an employee's benefit package. The Talk can also serve as an opportunity for the distribution of naloxone kits.

SUPERVISORY TRAINING

The second component of the Toolkit will be a training course for those in direct supervisory or front-line response positions which would cover recognizing substance use/impairment, mental health first aid, mental health and substance use literacy with a focus on having effective and supportive conversations, a more thorough summary of services available, and naloxone trainer training.

DIGITAL AND PRINT RESOURCES FOR EMPLOYEES AND EMPLOYERS

The third component of the Toolkit will be digital and print resources for both employees and employers that highlight the harm reduction and recovery services that are available to workers within and beyond their benefit packages. These resources will be a mix of Island-wide and region-specific resources and will include identity-specific supports including Indigenous led organizations.

AN INDUSTRY SPECIFIC SUPPORT GROUP

In response to requests from several interview participants VICA is partnering with the Umbrella Society to offer an industry specific support group for those struggling with substance abuse and working in the construction industry. The group is not a twelve-step program. The group will be facilitated by two facilitators who have lived experience of substance use and previously/currently work in the construction industry.

CLOSING REMARKS

The structure of the Tailgate Toolkit Project comes directly from community input and is informed by the success of other public health interventions aimed at construction industries such as the Australian program Mates in Construction[10].

This report was published in May 2021. At the time of publication The Tailgate Toolkit resources and curriculum were in development with the intended start date of delivery of July 2021.

To anyone struggling with substance abuse, injury, or adverse mental health: this project is for you. You are a valuable member of our industry and we are grateful for everything you have contributed to our community. You are worth the work it takes to heal, and you are deserving of a life full of joy.

"Getting to a point where I just thought 'man, there's hope for me. I'm not the terrible person I think I am and I might be able to actually live without this [stuff] — that's been the best part of the journey"

"What I've learned about myself is when I'm running at my best and I'm showing up with all of me, there's a lot of people that benefit"

"Don't be afraid to ask for help, whether you think you deserve it or not"

"If I knew I was going to get the support I got, and the people and the heart and the love those people gave to me in recovery I would have started much longer ago"

"When we're all on, or when we're at our best and we are able to stand up in the healthiest version of ourselves, everybody that comes in contact with you benefits"

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