



# Families for Addiction Recovery

Newsletter Winter 2017



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## 1. Recovery Days

FAR celebrated our first Recovery Days in Toronto on Sept. 18th, 2016 and Ottawa on September 24th, 2016.



## 2. Opioid Conference

FAR was one of 250 participants invited to attend the Opioid Conference to address the opioid overdose epidemic. The governments and medical professions are committed to address the overprescribing of opiates to pain patients and to supporting these pain patients in transitioning from opiates to other forms of pain management. However, this is the tip of the iceberg.

It is extremely disappointing that the issue of the decriminalization of the possession of all drugs for personal use was not on the agenda. When Portugal decriminalized drug possession for personal use in 2000 when 1% of their population was on heroin (as well as addressing other social determinants of health like housing and jobs) the number of overdose deaths decreased by 80% (from 80 to 16) by 2012.

FAR was given a few minutes in a session with Minister Philpott immediately after the conference to voice our concerns:

- It is not enough to just be concerned with the 10-20% of people who want treatment and do nothing about the 80-90% who are not seeking treatment. We have to look at why people don't seek treatment and address their concerns:
  - The double stigmatization of addiction and criminality which can only be addressed by decriminalizing the possession of drugs for personal use.
  - The treatment that they receive from medical professionals. Doctors need to be trained in addiction medicine, not just regarding opioid use disorder, but all substance use disorders, so that persons struggling with addiction receive compassionate, evidence-based treatment.
  - With respect to youth, when their lives become so chaotic due to addiction and other mental health disorders and they do not see that they need treatment, there must be alternatives other than homelessness or criminalization. We want to start a national discussion on what to do about youth who are addicted and do not seek treatment.
- The federal government needs to take steps to bring Vivitrol (an injectable form of naltrexone that lasts one month) to Canada. This drug can curb cravings in persons with opioid use disorder as well as alcohol use disorder.
- Families and persons with lived experience must be consulted at all stages of the development, implementation and review of the strategies related to substance use disorder.



### 3. Parent to Parent (“P2P”) Support

FAR has started training our first group of parents who will support other parents dealing with a child struggling with addiction. There will be one more training session prior to the launch of the program. We are developing a strategy to promote this peer support program. We have met with the Family Navigation Project at Sunnybrook regarding this and other ways of collaborating.

### 4. B4Stage4 Conference in Victoria, BC

The focus of this conference was on the importance of treating mental health and substance use disorders like other illnesses – as soon as possible- rather than waiting until the illness has progressed to stage four (when persons are a harm to themselves or others). “Too many people continue to access care through Emergency Departments or through the criminal justice system. We wait too long... often years and too often when care is provided it often comes with additional trauma... Achieving equality for mental health and addiction care will require investment in education, prevention, and early intervention.” We recommend that everyone affected by substance use or mental health disorders sign the manifesto [here](#). You do not have to be a resident of BC to sign the manifesto.



## 5. Meeting with The Office of the Provincial Advocate for Children and Youth

We had a very positive meeting with Irwin Elman, the Child Advocate in Ontario. We discussed the lack of services for youth struggling with addiction and other mental health disorders. We also discussed that youth who are struggling with addiction often lack capacity to make decisions in their own best interests and refuse treatment. Our laws (either as drafted or as applied) in Ontario, and many other provinces, give priority to the right of the youth to refuse treatment which allows their disorder to progress and puts them at great risk, possibly in violation of the following articles of the UN Convention on the Rights of the Child:

- Article 3: Protection of the Best Interests of the Child;
- Article 24: Right to Good Quality Health Care (their refusal of treatment acts as a complete barrier to treatment of their illness);
- Article 33: Right to be protected from the use of harmful drugs and from being used in the drug trade.

## 6. Meeting with the Ontario Ministry of Health ("MOHLTC") regarding their Opioid Strategy

FAR provided the following comments to the MOHLTC regarding their new [Opioid Strategy](#):

- The new strategy is excellent in addressing the overprescribing of opioids by doctors and the resulting dependence/addiction of their patients. The problem is much broader than that.
- Naloxone is still not available in most pharmacies.
- Physicians must be trained regarding Suboxone.
- Opioid dependent inmates at provincial penitentiaries are detoxed if they are not on medication assisted treatment ("MAT") when they arrive. This is likely contraindicated and puts them at great risk of overdose when they are released. **Recommendation:** Inmates be given the option of being placed on MAT instead of automatically being detoxed. If they are on MAT when they are released they must continue to receive MAT without interruption. **Alternate recommendation:** If there is no change in the policy to detox inmates with opioid use disorder, we suggested that they implement what some US prisons are doing and give a Vivitrol shot on release to minimize the risk of overdose. (This requires the approval of Vivitrol by Health Canada.)

- Address the barriers to treatment (why the majority of those with SUD don't seek treatment)
  - **Double stigma of criminality and addiction**
    - Recommendation: Encourage Federal MOH to decriminalize possession of all drugs for personal use. This is an evidence-based policy (Portugal).
  - **Judgmental and ineffective treatment**
    - Recommendation: mandated physician education starting in the fall of 2017 in all medical schools so physicians screen for, intervene and treat or refer to treatment for all SUDs. Review fee for service and other disincentives to treat those with SUD.
  - **Issue of capacity**
    - Recommendation: Set up a task force to develop best practices with respect to involuntary treatment and release of necessary health information to family caregivers as directed in the 2010 Report of the Select Committee on Addiction and Mental Health and promised by the MOHLTC in Open Minds, Healthy Minds (2011).
- Funding parity for mental health and addiction.
- Involve families at all levels and stages.

## 7. Physician Education

In August, 2016 FAR wrote to the Association of Faculties of Medicine Canada ("AFMC"), which is the body that regulates the 17 medical faculties in Canada, regarding the need for a course in addiction medicine. After four months, we have been advised that curriculum setting is the responsibility of each school and, as such, AFMC does not have any authority in dictating content. We will be following up with each of the 17 medical faculties. AFMC have, however, partnered with the Palix Foundation to provide funding and support for the development of a suite of e-learning tools on early brain and biological development and addictions for undergraduate medical education.

FAR has had better luck with our letter to the Federation of Medical Regulatory Authorities of Canada ("FMRAC"), which regulates existing physicians. They referred us to the College of Family Physicians of Canada. We have had a discussion with them to voice our concerns and are hoping to work with them to develop solutions.

## 8. Meeting with the Toronto District School Board ("TDSB")

We have had our first meeting with the TDSB to discuss:

- The need for recovery high schools;
- The development of a program to teach students about substance use disorder and the use of young persons in recovery to deliver the program;
- The development of a program to teach parents and staff about the prevention of and early intervention for substance use disorder and treatment.

## 9. FAR's Website

Our website is scheduled to launch at the end of February. The best way to follow news and developments regarding addiction is to like and follow our [Facebook page](#).

## 10. Research Update

Pine River Institute ("PRI") has advised that the research project that FAR is co-funding regarding what happens to adolescents and their families while they wait for treatment at PRI will be released in February of 2017.

## 11. Donor Recognition

We are extremely grateful to those who chose to make a donation to FAR in 2016. These donations are key in allowing us to carry out our mission.

### Major Donor (\$10,000 +)

Anonymous (2)

Avrille and J. Winston Bow

Shell and Kay Maude Charitable Foundation, in loving memory of their son,  
James Sheldon ("Ian") Maude

Aqueduct Foundation (The McCarter Hamilton Fund)

### Supporter (\$1,000+)

Andrea Kusters

Tom and Dr. Barb Watts

### Donor

Anonymous (1)

Dave and Tracey Addison

David King and Marcia Morris

Recovery Counselling Services

Donna White, in loving memory of her son, Todd White

Whittamore's Farm Market Limited



## 12. Reasons for Optimism

Both the federal and provincial governments have shown willingness in 2016 to move on improving the outcomes of persons struggling with opioid use disorder. On Nov. 19th, 2016 [The Joint Statement of Action to Address the Opioid Crisis](#) was released in which forty different organizations committed to various actions to address the opioid overdose epidemic. These actions will go a long way to address the overprescribing of opiates by Canadian physicians, promote the development of alternative methods of pain management, extend the availability of pharmacotherapies to treat opioid use disorder, reduce the supply of illicit opiates and improve harm reduction by reducing the requirements for opening supervised consumption sites.

On a broader level, the federal government introduced the [Canadian Drugs and Substances Strategy](#) on Dec. 12th, 2016. The new Strategy replaces the existing National Anti-Drug Strategy. Harm reduction has been restored as one of the four core pillars of Canada's drug policy, the other pillars being prevention, treatment and enforcement. The responsibility for the Strategy has been transferred from the Minister of Justice to the Minister of Health, signaling the desire to treat addiction as a public health issue as opposed to a criminal justice issue.

**"Addressing the roots of the opioid crisis demands a whole-of-society response. It means calling out stigma and discrimination as barriers to care. It means building a society where children receive tender attention and adults aren't so isolated and lonely. It means an international search for effective answers and being willing to discuss bold policy alternatives. A national opioid crisis demands our collective courage, creativity and resources. In 2017, we must work together to identify solutions and save lives."** Minister Philpott, in The Globe and Mail, Jan. 13th, 2017

These are all positive and welcome changes.

## 13. Ontario Ministry of Finance Pre-Budget Submissions

FAR's Submission requesting increased funding to treat addiction and other mental health disorders in the 2017-2018 Ontario Budget can be found [here](#).

The legalization of marijuana will provide a new and significant source of income for the Ontario government which made a profit in excess of \$2.5 billion from the sale of alcohol in 2015-2016. Male youth with addiction and concurrent mental health disorders in need of long term residential care are currently waiting 16 months for treatment at Pine River Institute, the only long term residential facility in Ontario. The wait time has increased since the announcement that youth addiction is a priority for the government. Does anything else need to be said?

## 14. Chloe's Recovery

In December Ryerson University student, Brittany Nguyen, released [Chloe's Documentary](#), which tells the story of Chloe White, the daughter of FAR's Co-Founder, Louise White, and the painful and inspiring journey to recovery for Chloe and her family.



[www.farcanada.org](http://www.farcanada.org)

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