

camh CONNEXIONS

transforming lives

Winter 2005/2006 - volume 6 number 1



The Truth Behind Harm Reduction

Lately there has been some discussion in the media around what is the most effective response to alcohol and other drug issues in the City of Toronto. The media's interest has come as a result of the recent passage of the Toronto Drug Strategy by the City of Toronto, with input from a number of organizations, one of which was CAMH.

The framework for the strategy has been based upon a comprehensive and integrated approach to tackling alcohol and other drug issues in the city, with a focus on the areas of prevention, harm reduction, treatment and enforcement. This approach was taken because according to research—here and in other countries—bringing together the energies of the health, social services,



photo by Rick Chard

Dr. Peter Selby, Clinical Director, Addiction Program, CAMH

housing, education, employment and criminal justice systems has the greatest impact on complex drug problems and their effects on a community.

Although the Toronto Drug Strategy includes 66 recommendations, there are three that generated the most interest:

- the decriminalization of small amounts of cannabis
- a study of whether supervised consumption sites are needed and/or feasible
- the distribution of safe crack kits and cookers.

All are based on a harm reduction approach to treatment that essentially focuses on trying to reduce the harm for people who use substances, their families and the communities who may be affected by that use. Harm reduction outreach strategies—like the very successful needle exchange programs—are also about connecting people with supports and services that can improve and sometimes save their lives.

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Coming back to life

The pain is clearly etched on Paulette Walker's face as she describes the many times she asked God to help her stop the yearning and hunger she had acquired for crack cocaine—a hunger that ran so deep it drove her into situations that still bring tears to her eyes. It is hard to imagine that this confident, happy woman with the beauty queen smile and the fabulous soups (which she now whips up at CAMH's Russell Street site cafeteria) was once so addicted that she ended up in a crack house for two weeks abandoning her child and family in order to get high.

For Paulette, those times seem long ago—a distant memory, never to be forgotten, but to build on as she makes her way towards a healthier lifestyle. Today, thanks to the help she received at CAMH through the Drug Treatment Court Program

—a voluntary treatment program for people addicted to cocaine or heroin who have been charged with drug offences—she no longer sees herself as someone addicted to crack, but as a winner. In fact, she quit using drugs during the program and has remained drug free to this day.

“I would not be alive today without the Drug Treatment Court Program. If I had gone back to jail—I would have completed my sentence, been released, then gone right back to the street again looking for crack,” says Paulette. “This program saved my life.”

Paulette knows it is a huge victory—one which has been both recognized and celebrated at last year's CAMH Courage to Come Back Awards. The Courage to Come Back Awards are given to people who have overcome an addiction or mental illness and

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Methadone Treatment Clinic at CAMH

Methadone maintenance treatment was first developed in the 1960s to prevent symptoms of withdrawal and reduce drug cravings in people dependent on heroin or other opioids. Methadone itself is a “synthetic” opioid, but it does not interfere with people’s thinking; it allows people to work, go to school or care for their family. Methadone also blocks the euphoric effect of heroin and other opioids, and in this way reduces the use of these drugs.



Dennis James, Deputy Clinical Director, Addiction Program, CAMH

Today, methadone maintenance is a medical treatment available to 7000 people across Ontario, including 300 at CAMH, and is prescribed only to people who have been diagnosed as already dependent on opioid drugs.

Why treat with methadone? An addiction to substances like heroin or alcohol is a chronic health condition, and there are times when medications—coupled with other sources of support and intervention—are required in order for clients to make a full recovery.

Those in the CAMH Methadone Treatment Program have a dedicated physician to provide medical care, as well as a therapist to provide cognitive therapy and case management. The program involves daily dispensing of methadone and supervised drug screens. Clients can develop and pursue an individualized treatment plan, including setting goals around the reduction or cessation of opioid or other drug use, in collaboration with their physician, therapist and other

members of the multi-disciplinary team.

“While in the past methadone treatment has been primarily associated with heroin use, we are finding that the face of opioid dependency is changing,” said Dennis James, Deputy Clinical Director, Addiction Program, CAMH. “We are now seeing individuals in our clinic who have acquired dependencies on oral opiates such as Percocet and OxyContin that have been given to them as prescriptions for pain management.

“We have a mix of clients in various stages of recovery; some of our clients have stable jobs and family lives and are active members of the community; others are at a higher risk of relapse because they face more difficult life circumstances and require more psychosocial counselling in order for them to achieve the goal of long term recovery.”

For people diagnosed as opiate dependent, methadone provides a safe alternative to the routine danger and desperation of securing a steady supply of street drugs such as heroin. It frees them from the nagging compulsion to use, and allows them a chance to focus on improving their lives. As a result of methadone treatment, there has been a decrease in the number of heroin-related tragedies, including death by overdose, and infection (through needle sharing) with viruses such as HIV and hepatitis C. Methadone maintenance is not a “cure”, but it is an effective treatment. People are encouraged to stay in treatment for as long as it helps them. ■

Alternative to Incarceration

—The Toronto Drug Treatment Court

In the winter of 1998, the Canadian criminal justice system began taking a new approach to those who have committed offenses and also have a substance use problem when it opened Canada’s first Drug Treatment Court (DTC).

The Toronto Drug Treatment Court (TDTC) was designed to give those who committed non-violent offenses, motivated by an addiction, a chance to enter treatment and rebuild their lives. This new program gave an alternative to incarceration, recognizing that the current system did not work to solve the problems that contribute to crime, but encouraged an ongoing cycle of drug use, crime and incarceration.

Michael Torres, Public Affairs, CAMH

The opening of the Toronto Drug Treatment Court marked a philosophical shift in treatment from punishment to rehabilitation. Eligibility for the program continues to be based upon an individual assessment of a person’s past rates of criminality and the offences they have committed.

Those who qualify participate in an individualized outpatient program structured upon recommendations by a CAMH case manager (who provides counsel), the DTC Judge and the individual themselves. Through a comprehensive system of requirements including treatment, urinalysis, and court appearances, along with support from community

News Highlights



CAMH Scientists Awarded Canada Research Chair

In November, the Federal Ministry of Industry announced a total of \$102.2 million in new funding for 126 Canada Research Chairs. CAMH was the recipient of two of these awards, with Dr. John Cairney, CAMH Research Scientist receiving his first award as a Canada Research Chair in Psychiatric Epidemiology, and the renewal of Dr. Shitij Kapur, CAMH Chief of Research, as Canada Research Chair in Imaging Technologies in Human Disease and Preclinical Models for an additional five years.



Dr. Shitij Kapur, CAMH Chief of Research, and PET scanner

Both scientists have already made important contributions within their respective fields. Dr. Cairney's work is focused on gaining a better

understanding of the social determinants of mental health among the poor, children with physical disabilities, and single mothers. Dr. Kapur's work looks at unlocking the mysteries of schizophrenia, using brain imaging technology to develop new diagnostic and therapeutic tools. Their continued discoveries will provide improved treatment and care for those with mental health issues.



Dr. John Cairney, CAMH Research Scientist

Established in 2000, the Canada Research Chairs Program stands at the centre of a national strategy to make Canada one of the world's top five countries for scientific discoveries that make a difference in people's lives. Beyond the financial benefits of this award, Chair holders advance the frontiers of knowledge in their fields, not only through their own work,

but also by teaching and supervising students and coordinating the work of other researchers.

Ontario Student Drug Use Survey Results Released

For the first time in over a decade, the use of both legal and illegal drugs among Ontario students from Grades 7-12 has declined significantly, and over the long term fewer Ontario students are using alcohol, tobacco and cannabis at an early age. However, binge drinking, frequent cannabis use and risky behaviour related to alcohol consumption and other drug use by youth is not going away.

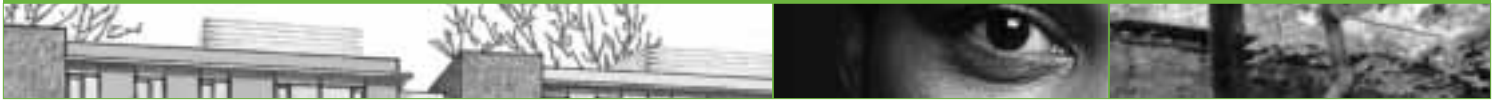
According to the results of the 2005 Ontario Student Drug Use Survey (OSDUS) released by the Centre for Addiction and Mental Health (CAMH), the prevalence of student smoking is at its lowest rate since 1977 (at 14%), and the use of illicit drugs (including cannabis) has declined, with 71% of students reporting that they had not used any illicit drug (including cannabis) during the past year. Only 2% of 7th-graders in 2005 had smoked cigarettes by grade 4, compared to 16% in 1981,

agencies, participants learn to reduce drug use and to take responsibility for their actions and ultimately their lives. CAMH works—alongside community agencies that provide education and job training—to afford clients of the DTC with the opportunity to build the skills that encourage healthy life choices and a promising future once they have completed the program (see Paulette Walker's story on page 1).

This unique approach to rehabilitation has been successful in helping DTC participants begin new lives. From the Court's inception in 1998 until 2005, the TDTC has served nearly 500 people; of these, eighty-five percent have not re-offended.

"These numbers speak for themselves," said Richard Coleman, Coordinator, Toronto Drug Treatment Court. "Through the success of the TDTC, we see that there are other ways to help people not only overcome their substance use problems but also have a successful life afterwards."

The success of the Toronto DTC has inspired the creation of similar courts in Australia and the United Kingdom, utilizing an approach that fosters treatment over punishment and responsibility over helplessness to assist those who need it the most. ■



and 29% of this group had used alcohol by grade 6, compared to 42% in 2003.

The percentage who consume alcohol has decreased as well, from 66% to 62%, but drinking habits remain a problem. Twenty-three per cent of students reported binge drinking at least once during the month before the survey. In 2005, 16% of students reported drinking at a hazardous level, the same percentage that report symptoms of a drug use problem.

Fourteen per cent of students who are licensed drivers continue to drink and drive, while even more reported driving within one hour of smoking cannabis (20%). About one-quarter (29%) of all students report being a passenger with a driver who had been drinking, and 22% with a driver who had been using drugs.

“This is worrisome,” says principle investigator Dr. Edward Adlaf, Research Scientist at CAMH and Associate Professor, Department of Public Health Sciences and Psychiatry, University of Toronto. “Although the rate of drinking and driving has not increased over the last survey, it still remains high, and translates into a large number of students—approximately 36,000 Ontario teens—who are putting themselves

and other motorists at risk of injury. The numbers are even higher when we look at cannabis use and driving; approximately 53,000 teens engaged in this kind of risky behaviour.”

CAMH’s Ontario Student Drug Use Survey is the longest running school survey of adolescents in Canada. In the spring of 2005, 7,726 students in grades 7 to 12 participated in the survey administered by the Institute for Social Research, York University. A full copy of the report can be found on www.camh.net



Creative on Queen

On Saturday September 17, CAMH’s Queen Street site came alive with the beat of Afro/Caribbean drummers, the rhythm of the Brazilian samba, and the rock-and-roll vibes of the Deloraines during CAMH’s second annual *Creative on Queen*, a CAMH event that is part of the Queen West Art Crawl.

The Queen West Art Crawl is a weekend-long festival celebrating the arts organized by Toronto Artscape—a non-profit organization that creates space for the arts. The event featured three fantastic days of activities in which

artists, arts organizations and businesses from Queen Street West joined together to bring their work to the community.

Original works of art by The Workman Theatre Project’s *Being Scene* artists were also on display at the Queen Street site. Other great *Creative on Queen* activities included the St. Christopher’s House Community Choir, art from native Canadian artists, delicious tidbits from the Gourmet Grill and organic produce from the Sunshine Market Garden.

CAMH is Smoke Free

On September 21, CAMH implemented a Smoke-free policy. This policy is not about quitting smoking, but making CAMH a safe and healthy environment for everyone—clients, staff, volunteers and visitors. Research has shown that many detrimental health consequences are associated with second-hand smoke, and that designated smoking rooms do not protect clients or staff from these effects.

As of this date smoking is no longer permitted inside CAMH buildings, within courtyards, in CAMH vehicles, or within a nine-metre radius of any entrance or air intake area. One entrance at each of our sites has a designated smoke-free entrance. ■



Alternate Milieu Bed Building (AM): Rendering by: C3-Community Care Consortium: Kuwabara Payne McKenna Blumberg Architects | Montgomery Sisam Architects Inc. | Kearns Mancini Architects Inc. see Site Speak on page 6 for more information on our Alternate Milieu Bed Building.

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now use their experiences to help others.

To Paulette, awards mean nothing if she doesn't give something back. That is why she has chosen to speak out and tell her story in the hope of preventing what happened to her from happening to someone else. "That is why I agreed to tell my story—first at the United Nations, then in CAMH's *Transforming Lives* awareness campaign. I wouldn't want anyone else to experience what I experienced, and if only one person stops using drugs because they hear my story, then it has been worth it."

Had Paulette been refused treatment until she was prepared to commit to abstinence before she was ready, her story may have been different. A harm reduction approach starts where people are at and helps them to move into treatment. The success of this approach is seen in research and in the stories of many people like Paulette. ■

Paulette Walker

A beauty queen with an ugly addiction. And an incredible will to change.

Listen to Paulette Walker and she'll tell you, "Every second of every day is a chance to turn it all around." And with everything against her, she did. Paulette was once first runner-up for Miss City of Montego Bay in Jamaica. But her introduction to free-basing cocaine led to over 20 years of addiction and physical abuse. Then came her appointment in a court-supervised treatment program at CAMH, the Centre for Addiction and Mental Health. Paulette owes her success to her unending determination. Today, she works full-time as a chef. And in the spring of 2005, she travelled to Vienna as a guest of the United Nations to share her story. And it's a very inspiring happy ending.

We're transforming lives.

For help or information, call 1-800-463-5262 or www.camh.ca

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

camh

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"We have to meet people where they are at, rather than where they should be," says Dr. Peter Selby, Clinical Director, Addictions Program, CAMH.

"Addiction, by definition, is the continued use of a drug despite the harm it causes the individual medically, psychologically, socially, financially, or in other ways. Providing safe crack kits is a very useful first step in encouraging crack cocaine users to seek treatment. People who use services such as needle exchange programs or safe consumption sites often go on to use addiction treatment programs like the ones CAMH provides."

At CAMH we take a harm reduction approach that employs recognized strategies used throughout the world to reduce negative health and social consequences of drug use. Harm reduction accepts that total abstinence from all drug use is not a realistic goal for some people, particularly in

the short term. Rather than requiring people to commit to complete withdrawal from all drugs as a precondition to treatment, CAMH works with clients to establish personal goals that can range from total abstinence to a "moderate" use of the drug.

"People do not set out to become addicted," emphasizes Dr. Selby. "One of our biggest challenges in treating those who have alcohol or substance use issues is the stigma they face from people in our community."

As Paulette Walker (above), a graduate of the Drug Treatment Court Program at CAMH says, "My goal or ambition for my life was not to become a crack addict. The circumstances of my life and the power of the drug eventually made my addiction to crack beyond my control. Through hard work and determination, I have now stayed clean for three years. I am one of the lucky ones." ■

UPCOMING EVENTS

From Myth to Muse” Art Exhibit

Beautiful artwork featuring large-scale paintings created by eight CAMH artists from the Jean Simpson Studio are currently on display at the suite of the Lieutenant Governor of Ontario, the Honourable James K. Bartleman.

“From Myth to Muse” includes paintings created by Alan Parker, Donna Husiak, Christopher Hogue, Henry “Banger” Benvenuti, Peter Smith, Pavel Janacek, Margaret Shaw and Stephanie Anne. The exhibit is scheduled to run through to at least the end of February.

To arrange a tour, call Queen’s Park at 416 325-7500. ■

Community Information Forum

There is Help...There is Hope

Tuesday, January 10, 2006

The Role of Spirituality in the Treatment of Mental Health and Addiction Problems

Tuesday, February 7

Addictions and Domestic Violence

Tuesday, March 7

Gambling: The Hidden Addiction

Free Admission

Location: (unless otherwise noted): Meeting Centre, (Room 2029), 33 Russell Street, NE corner of College and Spadina

6:30 p.m. - 8:30 p.m. ■

CAMH Connexions, the Centre for Addiction and Mental Health’s (CAMH) external newsletter, is published four times a year to inform our stakeholders about current issues and events at CAMH.

EDITOR: Ann Mahdy, Public Affairs

Published by the Policy, Education and Health Promotion Department (PEHP), CAMH, 33 Russell Street, Toronto, Ontario M5S 2S1

DISPONIBLE EN FRANÇAIS

HIGHLIGHTS DISPONÍVEL EM PORTUGUÊS

Mission

Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

Vision

Strong and healthy communities, in which people with addiction and mental health problems can access appropriate and effective services and live as full participants.

How to reach CAMH

TELEPHONE
416 535-8501, ext. 4250
COMMUNITY INFO LINE
416 535-8501, ext. 1650
(to leave us a message with your questions or concerns)
EXECUTIVE OFFICE
1001 Queen Street West
Toronto, Ontario M6J 1H4
WEBSITE www.camh.net

SITE SPEAK

CAMH’s plans for the exciting redevelopment of our Queen Street site are moving forward on schedule; we expect to break ground with our Alternate Milieu (AM) beds project next summer for completion in the fall/winter of 2007.

The innovative AM bed project, to be located on the most western part of CAMH’s property, will be four storeys in height, with clusters of six-single rooms per floor with private washrooms and common areas. In addition to specialized hospital care, clients will be able to develop or redevelop skills that will help them to transition back into the community. For example, clients will attend programs and activities in other locations on site and in the community, to help them prepare for regular daily living.

Brenda Bloomberg is a family member who understands the impact that the hospital environment can have. Her brother has schizophrenia and has been an inpatient client at CAMH for many years.

“I have always been grateful for the existence of this organization but at the same time, I was always saddened by the conditions in which my brother lived. Mainly, because I felt like he was institutionalized,” Brenda says.

Three years ago, her brother moved to CAMH’s Integrated Rehabilitation Unit (IRU), a pilot project for long-term clients at the Queen Street site where renovations were made creating as home-like a setting as possible within the existing facilities.

“My brother is a different person today than he was three years ago. He still lives with his mental illness...but he is treated with dignity and respect. . . .He has his own room, with a lock and a telephone. These may seem like small elements but for him they ensure his independence and his privacy, both of which he and I value intensely,” she says.

Our new AM buildings will be able to advance this philosophy of care much further without the limitations posed by the inflexible concrete walls, narrow hallways and below standard room sizes of our existing facilities.

“The redevelopment of the CAMH site is extraordinary and the difference it will make for the clients and their families is significant. It is building on the changes we have already started to implement and help us to ensure that CAMH and the people it serves are truly part of the larger community,” Brenda says.

For more info:

www.camh.net/news_events/redevelopingqueensite.html
or contact us at 416 535-8501 ext. 1650,
or by e-mail at redvelopment_feedback@camh.net ■