

Starting the Conversation:

A Report on Substance Abuse and Problem Gambling
in Perth and Huron Counties

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A report for the
Social Research &
Planning Council

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Note: Personal details provided by those interviewed during this study have been omitted, in order to protect the privacy of study participants.

All images appearing in this report are stock photos, these images do not intentionally represent the likeness of any study participants nor do they imply that the models are struggling with addiction.



Starting the Conversation

“Addiction is seen as ‘the end of the world’ - but it doesn’t have to be. Addiction is not a life sentence. Change is possible. With the right help and enough support, we can turn our lives around. Don’t give up on us.”

Focus Group Participant (September 2011)

Talking openly about addiction is not an easy thing. Recent public education campaigns promoting responsible gambling, encouraging parents to talk to their kids about drugs, and reminding us of the dangers of drinking and driving have all helped break the silence about addiction in our society. But many myths and misunderstandings still exist; and the stigma and shame surrounding addiction continue to silence and isolate people in our communities who need support, help, and understanding.

Talking openly about addiction is not an easy thing but it’s not impossible either. Access to accurate, easy to understand information can help. Regardless of who you are or why you’re reading this report, we hope it will help you develop a better understanding of addiction – in particular, problem drinking, drug abuse, and problem gambling.

To get the conversation started...

- We’ve answered some basic but important questions, such as “what is addiction?” and “who’s at risk?”
- We’ve included information about the many ways addiction affects us as individuals, families, and communities
- We’ve identified some of the reasons why it may be difficult for people with addictions to reach out and get the help they need
- We’ve included information about addiction services in Perth and Huron Counties with attention to services currently available, and new and additional services needed to better serve our communities



And to keep the conversation going...

- We've included several recommendations for action, or "next steps" at the end of the report to help us move forward from here

The information in this report comes from many different sources, including research reports and input from both service providers and service users in Perth and Huron Counties. More specifically, 38 agency representatives and service providers attended three community consultation sessions held in September 2011; an additional two service providers completed telephone interviews and five submitted their input via written surveys.¹

We were especially fortunate to receive input from community members and service users living with addiction or in recovery, and their family members, during the preparation of this report. Nine people attended focus groups held in Perth and Huron Counties in September 2011, and an additional 46 service users and family members submitted written information about their experiences and needs. Their comments and insights were very helpful; and the content of this report is richer and more meaningful as a result of their contributions.

We hope the information in this report will be used to start many conversations about addiction and addiction services in our communities: conversations between people with addiction problems and service providers; conversations in homes and work places throughout Perth and Huron Counties; and conversations among and between agencies, policy makers, and funders. We hope this information will increase awareness and understanding of addiction in our communities; and support our continuing efforts to work together to build a comprehensive and effective continuum of services for people living with addictions, and their family members, in Perth and Huron Counties.

There may be someone in your life today who needs to start a conversation about their gambling, drinking, or drug use. **It may be a family member; it may be a friend or an employee; or it may be you.**

If addiction has been or is an issue in your life, you are not alone.

¹ A list of agencies that contributed to this report can be found in Appendix Two.



Addiction is a serious problem in the daily lives of millions of Canadians

“There are few Canadian families who have not been touched by addiction...[We have] heard much about the devastation caused by addiction: family breakdown, financial losses, child prostitution, crime, homelessness, domestic violence and child abuse, concurrent health problems, road and industrial accidents, job loss, birth defects, brain damage and suicide.”

Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, 2006

Every day, in every province and territory, men, women, children, and youth from all walks of life experience serious emotional, health related, and financial problems as a result of their own or someone else’s substance abuse or problem gambling. Addiction is a serious problem in the daily lives of millions of Canadians, including some of you reading this report.

Did you know...

- Nearly 80% of us over 15 years of age drink¹; and nearly 650,000 Canadians are dependent on alcohol.²
- At least 1 in 10 of us over 15 years of age, and nearly 50% of 18 and 19 year olds, used cannabis (marijuana, weed, dope) in the past year.³
- 1 in 6 Canadians have used some kind of illicit (illegal) drug other than cannabis at some point in our life⁴; and approximately 200,000 of us are dependent on illicit drugs.⁵
- Over 70% of Canadians gamble;⁶ and approximately 350,000 people in Ontario have a moderate to serious gambling problem.⁷

1 Canadian Centre on Substance Abuse. (2008). Canadian Addiction Survey. Retrieved from www.ccsa.ca
2 Statistics Canada. (2004). Canadian Community Health Survey: Mental Health & Well-being, Supplement to Health Reports, Volume 15, Catalogue 82-003.
3 Canadian Centre on Substance Abuse. (2008). Canadian Addiction Survey. Retrieved from www.ccsa.ca
4 Canadian Centre on Substance Abuse. (2008). Canadian Addiction Survey. Retrieved from www.ccsa.ca
5 Statistics Canada. (2004). Canadian Community Health Survey, Supplement to Health Reports, Volume 15, Catalogue 82-003.
6 Statistics Canada. (2003). CBC News Online, In Depth: Gambling, November 18, 2003. Retrieved from www.cbc.ca/news
7 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).



Why focus on Perth and Huron Counties?

In many ways, patterns of drinking, drug use, and gambling in Perth and Huron Counties are similar to those found elsewhere in the province. However, there are several areas of particular concern for us here in South West Ontario.

In a nutshell:

- More of us drink; we're more likely to drink heavily or binge drink; and we often drink and drive
- More of us use cannabis (marijuana)
- The use and availability of crystal methamphetamine, commonly known as crystal meth or meth, are on the rise in our communities



Did you know...

- The southwestern part of the province reports the highest average number of **drinks consumed per week**; and one of the highest incidence of driving after drinking.⁸
- A significantly higher percentage of **youth, aged 12 to 19 years**, in Perth and Huron Counties report drinking alcohol;⁹ and participating in binge drinking as compared to youth elsewhere in the province.^{10 11}
- **Cannabis use** in Southwestern Ontario nearly doubled between 1996 and 2007 for both men and women of all ages;¹² and it is the most commonly used illegal drug among students in grades 7 to 12.
- Perth County was identified as the “**meth capital of Ontario**” by the Toronto Star after an alarmingly high number of meth labs were discovered throughout the County; a special task force was established in 2005 to explore effective prevention and treatment options.¹³
- The number of **drug related offences** per capita in Stratford (Perth County) was significantly higher than the rate for Ontario and slightly higher than the rate for the entire Country (2003).¹⁴



8 Toronto Star. (2011). "Use of pot and alcohol up in Ontario", June 15, 2011.

9 Perth District Health Unit. (2004). Quality of Life in Perth County - A 2004 Profile. Retrieved from www.pdhu.on.ca

10 Huron County Health Unit. (2009). Community Health Status Report. Retrieved from www.huron.ca/health

11 Perth District Health Unit. (June, 2011). Perth County: A Community Picture Report.

12 Ialomiteanu, A.R., Adlaf, E.M., Mann, R.E., & Rehm, J. (2009) Addiction and Mental Health Indicators Among Ontario Adults 1977-2007, as quoted in "Perth County: A Community Picture Report", June 2011.

13 Wilkerson, T. (February, 2007) Youth Perspectives of Drug Use.

14 Perth District Health Unit. (2004). Quality of Life in Perth County - A 2004 Profile. Retrieved from www.pdhu.on.ca



Why now?

In many ways, patterns of drinking, drug use, and gambling in Perth and Huron Counties are similar to those found elsewhere in the province. However, there are several areas of particular concern for us here in South West Ontario.

Also...

We ALL need access to clear, accurate information about addiction

Turn on the TV, day or night, and you'll find something about addiction: a reality show about "interventions"; an exposé on a star "gone wild"; or maybe a news report about drug use among Canadian youth. Walk into any bookstore and you'll find entire sections dedicated to addiction. For that matter, just Google "addiction" and you'll get over 200 million hits!

Unfortunately, some of this information is incorrect or out of date; some of it is unhelpful, confusing, and contradictory. In some instances, the information may be correct but not relevant to our situation here in Canada. For example, information written in the U.S. may not "fit" for us here because of the differences in our criminal justice and health care systems.

Access to clear, accurate information about addiction promotes awareness and increases our understanding of the issue. It helps us develop more supportive and compassionate responses to individuals and families dealing with problem drinking, drug abuse, or problem gambling; and enables us to develop more effective prevention, education, and treatment programs. It also helps us advocate for the new and additional services we need in Perth and Huron Counties.

The situation is constantly changing

We're learning more about addiction every day: what causes it; who's most vulnerable; and what kinds of treatment are most effective. New reports on addiction, addiction services, and related issues are needed on a regular basis to help us stay up to date and aware of what's happening in our communities.

We want people to know help is available in Perth and Huron Counties

While new and additional services are always needed, there are currently many excellent services and supports in Perth and Huron Counties for people with addiction problems and their family members.



Some of these services are provided by professionals, like the staff at Choices for Change, the primary addiction counselling service in Perth and Huron Counties. Others are provided by people whose expertise comes from their lived experience with addiction, like the members of AA, NA, and AlAnon, who want to help others living with or affected by addiction.

Remember, if addiction has been or is an issue in your life, you are not alone and help is available.

Read on...reach out...change is possible.

A few things to think about

As we've said, there's a lot of information about addiction online, on TV, and in our newspapers, and we're learning more all the time. And yet, there are still many myths and misunderstandings about addiction in our society.

Who's most likely to develop an addiction problem?

People with nothing to lose? People who are weak, lazy, undisciplined, self-centered? People on welfare or on the streets? People without family and friends...people who are different from me and you in some significant way?

What's the most dangerous and costly substance being used and abused in Canada today?

Crack cocaine? Crystal meth? Opiates like oxycontin? Heroin?

Do people really get *addicted* to gambling?

Or are they just looking for an easy win or quick financial fix? Isn't it just a matter of willpower?

What's the best way to help someone with an addiction?

What are the most effective treatments?

Interventions? A stay in a residential "rehab" program? Counselling? A referral to AA or NA?

What does "recovery" mean?

Abstinence? Moderation? Is recovery even possible or "once an addict always an addict"?

What do you think?

How much do you really know about problem drinking, drug abuse, and problem gambling in our society today?



Focus on Addiction

What is addiction?

We use the word “addiction” to refer to many different problems and patterns of behaviour. We use the word in casual conversation to describe seemingly harmless attachments to things, such as a particular TV show: “I’m so addicted to that show.” We use it to describe regular daily habits and strong preferences: “I’m addicted to my email. I check it a million times a day!” or “I’m addicted to chocolate.” Many of us think of addiction in relation to the physical or emotional discomfort, or withdrawal we experience after we stop using or doing something; for example, getting a headache when we skip our morning cup of coffee.

However, addiction is more than enjoying something, doing something on a regular or even habitual basis, or missing something when it’s no longer available. Addiction is a serious, complex problem with significant negative effects on individuals, families, and society.

“Addiction trumps everything else in your life...it rules your life...Hell, it becomes your life. It’s more important than the good things, like friends and family; it’s more important than the normal things, like keeping your job or even having a place to live. Everything is about getting and using [your drug of choice].”

Focus Group Participant (September 2011)

Most often, addiction, or substance dependence, is used to describe an uncontrollable habit of using alcohol or other drugs despite any negative consequences. Recently, we’ve realized people can also develop addictions to behaviours, such as gambling, or even to everyday activities such as eating and exercising. These are commonly referred to as “behavioural addictions”. This is a newer issue for many of us; however, our awareness and understanding of behavioural addictions is growing every day. For example, we now know that people can develop a gambling problem, even a serious gambling problem, in much the same way as some of us may develop a drinking problem. Occasional or recreational gambling may become habitual gambling and eventually, problem gambling – just like an occasional glass of wine may become a regular part, and eventually, a necessary part of our daily lives.



You'll come across many different definitions of substance abuse, substance dependency, and addiction when you read reports or materials prepared by researchers, professionals, and government agencies. Some, including the one found in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), the manual used by psychiatrists when diagnosing mental health disorders, support the idea that addiction is, or indicates the existence of, a **brain disease**.

There is considerable debate, or ongoing discussion, within the addictions field today about defining addiction as a disease. On one hand, it may reduce some of the stigma and hostility directed towards people with addiction problems. And it may allow people living with addiction to let go of their shame and self-judgements, and reach out for help. On the other hand, approaching addiction as a disease appears to suggest it is strictly a medical problem. This may allow or even encourage some people living with addiction to wait for "the perfect cure" rather than seeking counselling or taking concrete steps to change their behaviour and reduce the harm resulting from their addiction.

Some definitions of addiction, including the definitions referenced in relevant rulings of the Supreme Court of Canada and the Ontario Human Rights Commission, recognize addiction as a **disability**. Still others focus on the compulsion to drink, use drugs, or gamble; and the negative consequences resulting from these behaviours.

Despite the ongoing discussions about how best to define or understand addiction, most definitions today highlight the following as **critical components of addiction**:

1. **Craving** for the substance or activity, such as gambling
2. **Compulsion** to use the substance or engage in the activity
3. **Loss of control** of the amount or frequency of substance use or activity
4. **Continued** substance use or activity despite harm or **consequences**

The Centre of Addictions and Mental Health calls these the 4C's of addiction: craving, compulsion, loss of control; and use despite consequences.

Learn more at www.camh.net.

In a nutshell:

- **Addiction is a pattern of uncontrolled use of alcohol, other drugs, or a particular behaviour despite negative consequences to one's self or others.**



“Life becomes completely unmanageable. You lose control over everything. You don’t even enjoy using after a while. You do it because you need to. You probably hate yourself for using but you do it to ‘get away’ from yourself and your problems.”

Focus Group Participant (September 2011)

Who’s at risk?

The simplest answer to this question is any of us and all of us. People from all walks of life may develop an addiction regardless of age, gender, race, ethnicity, religion, or socio-economic status (level of education; amount of income). Anyone can develop an addiction to alcohol, other drugs, or specific behaviours.

“People don’t understand - or maybe they don’t want to understand - that addicts are just like them. They think we’re different somehow or ‘less than’. There’s no difference between us and them - except the addiction.”

Focus Group Participant (September 2011)



However, there are some groups in our society that are more likely to develop an addiction problem or who are particularly vulnerable to addiction.

Men and young people under the age of 25 years are most likely to develop an addiction problem in Canada today

- The rate of addiction is two to three times higher for men than women.¹⁵
- Addiction rates are highest among young people aged 15 to 24 years;¹⁶ in fact, a young person is three times more likely to have a substance abuse problem than someone who is 25 years or older.¹⁷
- Men are more likely to drink heavily than women (more than 5 drinks at a time); and men drink heavily more often than women.¹⁸
- Young adults, aged 20 to 24 years, are more likely to drink; to drink heavily; and to drink more often than older adults.¹⁹
- Men are more likely to use illicit drugs than women; and more men use illicit drugs on a regular basis than women.²⁰
- Youth and young adults, aged 15 to 24 years, are also more likely to use illicit drugs as compared to adults 25 years and older. Their use of cannabis is approximately three times higher; and their use of illicit drugs other than cannabis is almost nine times higher.²¹
- Men are more likely to become problem gamblers than women.²²
- High school students gamble at a rate that is two to four times higher than the general public;²³ and are about three times more likely to become problem gamblers than adults.²⁴

15 Statistics Canada. (2003). As quoted in *Addiction: An Information Guide, Addiction Tool Kit*, Centre for Addictions and Mental Health. Retrieved from www.camh.net

16 Statistics Canada. (2003). As quoted in *Addiction: An Information Guide, Addictions Tool Kit*, Centre for Addictions and Mental Health. Retrieved from www.camh.net

17 Ontario's Comprehensive Mental Health Strategy. (2010). *Open Minds, Healthy Minds*. Retrieved from www.health.gov.on.ca

18 Statistics Canada. (2004). *Canadian Community Health Survey: Mental Health & Well-being, Supplement to Health Reports, Volume 15, Catalogue 82-003*.

19 Statistics Canada. (2004). *Canadian Community Health Survey: Mental Health & Well-being, Supplement to Health Reports, Volume 15, Catalogue 82-003*.

20 Statistics Canada. (2004). *Canadian Community Health Survey: Mental Health & Well-being, Supplement to Health Reports, Volume 15, Catalogue 82-003*.

21 Health Canada. (2010). *Canadian Alcohol and Drug Use Monitoring Survey*. Retrieved from www.hc-sc.ca/hc-ps/drugs-drogues/stat/index-eng.php

22 Afifi, T.O., Cox, B.J., Martens, P.J., Sareen, J., and Enns, M.W. (2010). "Demographic and social variables associated with problem gambling among men and women in Canada", *Canadian Journal of Psychiatry*, Volume 55, Issue 2, pages 21-28.

23 Mood Disorders Society of Canada. (November 2009). *Quick Facts: Mental Illness and Addiction in Canada*, 3rd ed. Retrieved from www.mooddisorderscanada.ca/documents

24 Fast, Julie. (2008). "What is Gambling Addiction?" Retrieved from www.healthyplace.com/addictions



Some groups are particularly vulnerable or “at risk”

Some groups in our population are “at risk” as a result of particular challenges, disadvantages, or vulnerabilities in their lives even though they may not develop addictions at the same rate as men and young adults.

People who are poor, marginalized or otherwise disadvantaged suffer disproportionately from addictions and/or problem gambling. Children and youth, women and seniors have particular vulnerabilities that may not be recognized and, as a result, are not addressed.

Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, 2006

Socio-economic status, most often described in relation to our level of education and amount of income, influences virtually every aspect of our day to day lives, including where we live, what we eat, who we socialize with, and the opportunities available to us. It also influences our vulnerability to addiction. People who have not completed high school and people who live in low income households are more likely to develop alcohol and drug dependencies than people with post-secondary educations and people living in higher-income households.²⁵

People with mental health problems often find it difficult to cope with the challenges of day to day life, including completing their education, living on their own, or holding down a job. In addition, they are often isolated from mainstream society and many experience hostility, misunderstanding, and discrimination. Gambling, alcohol, and drugs provide a temporary escape from these pressures; and may be used by some people as a way to self-medicate or get relief from the symptoms of their mental illness.

We’re just beginning to explore and understand the strong and complex relationship between addiction and mental health problems, commonly referred to as concurrent disorders. We know, for example, that problem gambling and anxiety disorders often go hand in hand; and many people struggle with both depression and problem drinking. However, it’s difficult to say exactly how the two are related or which problem typically develops first. As one researcher put it, “Heavy drinking tended to lead to depression, but at the same time, depression led to heavy drinking.”²⁶

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26

Tjepkema, M. (2004). “Alcohol and illicit drug dependence”, Supplement to Health Reports, Volume 15, Catalogue 82-003.
Tjepkema, M. (2004). “Alcohol and illicit drug dependence”, Supplement to Health Reports, Volume 15, Catalogue 82-003.



Did you know...

- Problem gamblers are four times more likely to be diagnosed with a mental health problem related to mood, or a mood disorder, than non-gamblers.²⁷
- 30% of people diagnosed with a mental illness will also have a substance abuse problem at some point in their lives.²⁸
- Approximately 40% to 50% of people who abuse alcohol and/or drugs also have a mental illness.²⁹
- At least 50% of the clients at Choices for Change are dealing with both addiction and mental health issues; and a significant number of clients of mental health agencies in our area also identify addiction as a problem in their families.

In recent years, the need for more services specifically designed to meet the complex needs of people dealing with both addiction and mental illness has been identified by the provincial government, the South West LHIN (Local Health Integration Network), and the Huron Perth Mental Health and Addictions Network.

Aboriginal peoples continue to experience many problems resulting from the loss of their lands, languages, spiritual practices, and traditions during colonization. The practice of removing children from their homes and sending them to residential schools disrupted traditional connections to family and community for multiple generations. This painful history, in combination with the current problems in many Aboriginal communities such as chronic unemployment, poverty, and poor health, increase Aboriginal peoples' vulnerability to substance abuse and addiction. The rates of alcohol and drug abuse among Aboriginal peoples are much higher than those found in non-Aboriginal populations.³⁰

27 Hodgins, David. (June 2011). As quoted in "People with Gambling Disorders Likely to Have Other Addictions, Mental Health Problems". Retrieved from www.problemgamblingaddiction.com/gambling-addiction/

28 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).

29 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).

30 Mood Disorders Society of Canada. (November 2009). Quick Facts: Mental Illness and Addiction in Canada, 3rd ed. Retrieved from www.mooddisorderscanada.ca/documents



Lesbian, gay, bisexual, transgendered, and queer/questioning people, while increasingly accepted in our society, remain marginalized in many ways. Many members of the LGBTQ community remain closeted and isolated, ashamed of who they are and who they love. Coming out may cost them their family and friends, even their employment or housing. LGBTQ youth are especially vulnerable to bullying from their peers, including cyber-bullying and “queer bashing”. The discrimination, isolation, and violence experienced by many LGBTQ people increases their vulnerability to substance abuse and addiction.

Women abuse substances and develop addictions for many of the same reasons as men. However, pressures and vulnerabilities common in the lives of many women increase their susceptibility to addiction. For example, women are more likely to be poor and as noted above, people who live in low income households are more likely to develop alcohol and drug dependencies.

Women are also more likely to be victims of intimate violence throughout their life, including child abuse, childhood sexual abuse, partner abuse, sexual assault, and elder abuse. Women being abused may use or abuse alcohol and other drugs, including prescription medications, to cope with the fear, isolation, and shame they commonly experience. Women who have experienced abuse and violence in the past are also vulnerable to developing a substance abuse problem, often as a result of, or in conjunction with, post traumatic stress disorder.³¹

Sadly, the relationship between drinking and violence plays itself out in many different ways. Women who live with heavy drinkers are also five times more likely to be abused by their partner than women who live with non-drinkers.



31 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).



Staff from Huron Women's Shelter, Optimism Place, and Emily Murphy Centre are very aware of the relationship between addiction problems and violence, including women's increased vulnerability to substance abuse problems. Over the past several years, they've noticed a significant increase in the number of women requesting help with abuse AND addiction issues, including problem drinking, prescription drug abuse, and addictions to crystal methamphetamine, heroin, and cocaine. Shelter staff noted that attention to the relationship between violence and addiction has increased in recent years as a result of enhanced collaboration between shelters for abused women and child welfare organizations (CAS). Despite this increased attention, specific services designed to support abused women with addiction problems remain limited in our area.

Did you know...

- 1 in 4 women (25%) with post traumatic stress disorder have major problems with alcohol and drugs.³²

Seniors are often ignored and isolated in our society. Many are dealing with significant health issues and/or escalating financial pressures. Older seniors are vulnerable to developing drug dependencies as a result of their increased use of prescription medications; for example, approximately 20% of adults 60 years or older are long time users of prescription pain medication. And there is growing concern that problem gambling may be increasing among seniors, particularly those who are lonely and disengaged from their community.³³

Did you know...

- At least 1 in 4 adults 50 years of age or older are problem drinkers; and the rates of problem drinking increase significantly among seniors who are institutionalized.³⁴

In 2008, the Mental Health and Addictions Priority Action Team of the South West LHIN identified the need for more services for seniors with addiction and mental health problems as a priority for our region. They anticipate this need will continue to grow as baby boomers age and the resulting number of older people in our area increases in the coming years.

32 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).

33 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).

34 Mood Disorders Society of Canada. (November 2009). Quick Facts: Mental Illness and Addiction in Canada, 3rd ed. Retrieved from www.mooddisorderscanada.ca/documents



How does problem gambling, drug abuse, and problem drinking affect us?

“I’ve been exposed to different kinds of substance abuse and addiction my whole life, starting with my parents when I was just a kid and continuing right up to today...I suffer from serious emotional and medical problems, including anorexia and fibromyalgia. Now it looks like addiction has cost me my marriage. I recently confronted my husband about his gambling, which I just discovered, and he told me to leave if I didn’t like it. After all, he said, it’s his money and he can do what he wants with it. So, now I’m a 60 year old grandmother and I have to start all over again.”

Focus Group Participant (September, 2011)

We see the cost, or impact, of addiction on individuals and families every day whether we’re aware of it or not. We see it in the child who can’t stay awake in our classroom because mom and dad were “partying” all night; and in the co-worker who regularly calls in sick. We see it in our best friend who will never be the same after he killed a mother of three while driving drunk; and in the neighbour who lost his house to gambling debts. Many of us see it in the mirror.



Consequences for individuals

“Crystal meth destroyed my life. I lost everything: my job; my home; my health. When I couldn’t keep it together anymore, I decided to tell my family. They just couldn’t deal with it...maybe if it had been a different drug, but meth just freaked them out. They took back their house keys and I was back on the street. It’s been really hard to regain their trust now that I’m in recovery...but we’re getting there.”

Focus Group Participant (September, 2011)

Substance abuse and behavioural addictions can affect virtually every aspect of a person’s life: their self image and feelings of self worth; their health and well-being; their relationships with others; and their ability to manage activities of daily living and function as an independent, contributing member of society.

In a nutshell:

The effects of problem drinking, drug abuse, and problem gambling:

- **Become more serious over time, progressing from relatively mild to very serious**
- **Impact many different areas of the person’s life**

Initially, mild effects might include:

- **Feeling hung-over or ill following use;**
- **Being late for school or work; and/or**
- **Being less able to concentrate or being less productive at school or work.**



Over time and with increased use, the person may begin to experience more serious problems such as:

- Falls or physical injuries while under the influence;
- Health problems, such as persistent headaches or difficulty sleeping;
- Increasing emotional problems, such as anxiety and irritability;
- Inability to complete academic or work-related tasks;
- Lack of interest in activities that don't involve gambling, drinking, or drug use;
- Escalating financial pressures; and/or
- Conflict at home, and problems in social and work relationships.

Eventually, the person may experience very serious consequences as a result of their drinking, drug use, or gambling including:

- Serious, even life threatening, health problems such as cirrhosis of the liver;
- Serious mental health problems such as paranoia, depression, or psychosis;
- Increasing isolation, and feelings of loneliness, emptiness, and hopelessness;
- “Time loss” resulting from blackouts, lapses in consciousness, or failure to register time spent engaged in a particular behaviour (i.e., losing hours at the casino);
- Dropping out of school or losing their job;
- Escalating debt and inability to pay for housing, food, and other essentials as more and more money is spent on substances or gambling;
- Breakdown in family relationships; and/or
- Conflict with the law resulting in loss of driving license or incarceration.

One of the most serious and distressing consequences of addiction is death as a result of physical trauma or suicide.



Did you know...

- 50% to 80% of problem gamblers have had suicidal thoughts;³⁵ and suicide attempts are more common among people experiencing problems related to a gambling addiction than among people with any other addiction problem.³⁶
- Heavy drinking, alcohol abuse, and alcohol dependence substantially increase the risk of suicide.³⁷
- Drugs and/or alcohol are involved in approximately 1 out of every 3 suicide deaths.³⁸
- While not all pedestrian fatalities are tested for alcohol use, of those who were, about half had been drinking. Of those cyclists who were tested, 25% had been drinking.³⁹

Unfortunately, the connection between addiction and many of these consequences often goes unrecognized because of the **secrecy, shame, stigma, and denial** surrounding addiction in our society. For example, people may approach their family doctor for help with a medical problem, or go to the hospital following an injury, but withhold information about their substance abuse because they have been unfairly judged or treated poorly by service providers in the past. Family members dealing with the loss of a loved one may withhold information about that person's alcohol or drug use for the same reason.

“People seem to think addicts are different from non-addicts in every way. They think there’s “us”, all the normal people, and “them”, the selfish losers who can’t get it together or who just don’t care about anyone or anything. It’s just not true in so many ways. We’re like everyone else. We feel the same things everyone else feels: anxiety; fear; shame. We’re fully aware of the problems in our lives and all the problems we’re creating. We have to deal with them every day.”

Focus Group Participant (September, 2011)

35 South West LHIN. (June 2008). Building the Case for Change: Primary Health Care - Mental Health and Addictions PAT.

36 National Council of Welfare. (1996). As quoted in “Gambling-Related Suicides in Canada”. (June 2011). Retrieved from www.problemgambling.ca/EN/ResourcesForProfessionals/

37 Centre for Mental Health and Addictions. (2011). Retrieved from www.cmha.ca

38 SmartRisk. (2011). “Injury Toll Falls in Ontario”. Retrieved from www.smartrisk.ca

39 Solomon, R., Organ, J., Abdoullaeva, M., Gwyer, L., and S. Chiodo. (2009). Alcohol, Trauma and Impaired Driving, 4th ed.



Consequences for others

Family members, friends, colleagues, and strangers may experience negative and harmful consequences as a result of someone else's addiction. Again, these effects may range from mild to severe; and may impact different aspects of the person's life.

While each **family** reacts differently to addiction, we see some common patterns in many of the families dealing with this issue. Family members may experience increased anxiety, sleeplessness, and worry as they watch their loved one's substance use or gambling increase over time. Parents often question what they did wrong or what they missed when their child develops an addiction; spouses may feel disappointed, betrayed, and angry about their partner's continued gambling, drinking, or drug use despite the obvious impact on the family. As the family member's addiction progresses, families may be torn apart by ongoing conflict, escalating financial pressures, loss of housing, and in some instances, the suicide or accidental death of a parent, child, or sibling.

Children are particularly vulnerable to harmful affects resulting from their parents' addiction. Parental alcohol or drug use may affect a fetus before the child is born, causing Fetal Alcohol Syndrome Disorder (FASD) or other birth defects. After birth, prolonged exposure to the tension and instability often found in homes where one or both parents has an alcohol, drug abuse, or gambling problem may affect children's physical and emotional development, as well as their academic performance and social relationships, all of which have significant implications for their long term future.⁴⁰

Did you know...

- Approximately 1 in 3 people living or involved with someone who drinks experience some kind of harm resulting from the person's substance abuse.⁴¹
- Drinking alcohol during pregnancy is the leading cause of birth defects in North America.⁴²
- Children of parents with an alcohol or drug addiction are up to 9 times more likely to develop an addiction of their own later in life.⁴³ Similarly, children whose parents have a gambling problem are also more likely to develop a gambling problem when they become adults.⁴⁴

40 Parsons, T. (December 2003). "Alcoholism and Its Effect on the Family", AllPsych ONLINE. Retrieved from <<http://allpsych.com/journal/alcoholism.html>>

41 Mood Disorders Society of Canada. (November 2009). Quick Facts: Mental Illness and Addiction in Canada, 3rd ed. Retrieved from www.mooddisorderscanada.ca/documents

42 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (May 2006). Final Report of Standing Senate Committee on Social Affairs, Science and Technology. Senator Michael J. Kirby (Chair).

43 Teen Challenge Canada. (2011). Retrieved from www.teenchallenge.ca/tci/canadian-drug-stats

44 "People with Gambling Disorders Likely to Have Other Addictions, Mental Health Problems". (June 2011).



And any of us may be affected when someone with a drinking or drug abuse problem gets behind the wheel of a motorized vehicle. Driving, boating, and snow-mobiling while under the influence of drugs or alcohol result in significant injuries and death for thousands of Canadians a year. Changes in our laws, increased police enforcement, and extensive public education campaigns have resulted in a significant decrease in drinking and driving in Canada since the 1970s;⁴⁵ however, this remains a significant problem in Perth and Huron Counties.

We ALL pay a price for addiction in our society

“Substance abuse represents a significant drain on Canada’s economy in terms of both its direct and indirect impact...The biggest single direct cost associated with substance abuse is health care.”

The Cost of Substance Abuse in Canada 2002

It’s impossible for us to add up the cost of addiction in loss, grief, and emotional pain. There are, however, some statistics that hint at the heavy personal toll of addiction. We know, for example, that each year, over 200 Canadians experiencing problems relating to gambling commit suicide;⁴⁶ 47,000 deaths in Canada are linked to substance abuse;⁴⁷ and deaths from alcohol and illegal drugs are increasing in Canada at a rate that exceeds our population growth, particularly deaths resulting from binge drinking and overdoses of illegal drugs.⁴⁸

We can also estimate the social costs of addiction, including costs to our health care, law enforcement, and criminal justice systems, and productivity losses in our workforce. These social costs impact ALL Canadians.

45 Transport Canada. (2008). Smashed: A Sober Look at Drinking and Driving. Retrieved from www.tc.gc.ca/roadsafety

46 Canada Safety Council. (2006). As quoted in “Gambling-Related Suicides in Canada”. Retrieved from www.problemgambling.ca/EN/ResourceForProfessionals/

47 Teen Challenge Canada. (2011). Retrieved from www.teenchallenge.ca/tci/canadian-drug-stats

48 Rehm, J., Ballunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., and Taylor, B. (March 2006). The Cost of Substance Abuse in Canada 2002: Highlights. Canadian Centre on Substance Abuse. Retrieved from www.ccsa.ca



Did you know...

- The overall social cost of alcohol use in Canada is estimated to be \$14.6 billion per year.
- The overall social cost of illegal drug use is estimated to be \$8.2 billion per year.
- The social cost of alcohol and illegal drug use alone represents an annual cost of \$725 for every man, woman and child in Canada.⁴⁹

If it's such a big deal, why not get help?

“Lots of people seem to think addiction is a choice. I did choose to use the first time but I didn't choose to become an addict. People think we could be fine if we really wanted to; if we would ‘just get it together’ and stop using. They think we're just not trying or we don't care; they think it's about will power. But none of us chooses to throw our lives away.”

Focus Group Participant (September, 2011)

If experiencing negative consequences is an integral or central part of addiction, it's reasonable to ask why people keep using substances or continue their addictive behaviour when the price is so high. Why don't they stop? Why don't they get help?

49 Rehm, J., Ballunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., and Taylor, B. (March 2006). The Cost of Substance Abuse in Canada 2002: Highlights. Canadian Centre on Substance Abuse. Retrieved from www.ccsa.ca



Over the next several pages, we'll explore three significant issues that often affect or influence people's willingness and ability to reach out and get the help they need.

1. The reasons to drink, use drugs, and gamble may outweigh the reasons to stop, despite negative consequences
2. Barriers to service make it difficult for some people to access the services and supports they need
3. Limitations in our service delivery system make it difficult for some people to get the help they need when they need it

Issue #1

The reasons to drink, use drugs, and gamble may outweigh the reasons to stop, despite negative consequences

The immediate and short term effects of using alcohol or other drugs, or engaging in a specific behaviour such as gambling, may be positive. It may take the edge off an awkward social situation, help someone feel more confident and better able to “fit in”, provide relief from persistent emotional or physical pain, or allow someone to escape from the pressures and problems in their life.

The positive effects experienced as a result of early use encourage habitual or continued use; and the substance or activity quickly becomes something the person relies on to help them feel comfortable in social situations or “make it through tough times”. It doesn't take long before tough times become anytime, and anytime becomes all the time, particularly if the person begins to believe they can't cope or manage the stresses of their day to day life without drinking, doing drugs, or gambling. This may be especially true for people dealing with other serious challenges in their life, such as significant mental or physical health problems.

The availability and social acceptance of drinking, (some) drugs, and gambling makes it easy to use or engage in these behaviours. Alcohol is legal, readily available, and openly associated with many of our social and recreational activities. In Perth and Huron Counties, drinking is strongly linked to many of the activities we enjoy, such as hunting and fishing. Prescription drugs, particularly sedatives and narcotics, are prescribed on a regular basis to an ever-increasing number of Canadians.



And opportunities to gamble are as close as the click of a mouse or a stroll to the corner store. As noted by service providers in Perth County, gambling is actively promoted for some groups in our society – think about bus tours to casinos for seniors.

Even the use of some illegal drugs is becoming increasingly more accepted in our society, including in Perth and Huron Counties. The perception of cannabis as a “natural” or “herbal” substance, the ongoing discussion about decriminalizing it, and the use of “medical marijuana” have all contributed to the increasing availability and social acceptance of this drug in our area, particularly among youth and aging baby boomers.

Acceptance and availability cannot be used to excuse or justify addiction; however, it may help us understand why people continue to drink, use drugs, or gamble despite negative consequences. There are messages all around them that say “this is okay”. Even some of the service providers in our area said they find it difficult to know where to draw the line when working with their clients because “some drinking and dope use is okay”.

The person’s understanding of addiction and personal attitudes towards gambling, drinking, or drug use may also reinforce their behaviour. Some people may not see their gambling, drinking, or drug use as a problem because their self image doesn’t mesh with their idea of a “typical addict” or “alcoholic”. They may fail to recognize the connection between their substance abuse or gambling and the other problems in their daily lives; or they may convince themselves that their drinking, drug use, or gambling is an acceptable and effective way to deal with these very problems. For many young people, the “cool factor” and their desire to fit in outweigh any concerns they might have about the possible long term effects of alcohol and drug use. Others may find it difficult to accept they could ever become addicted to a substance or activity, believing “it’ll never happen to me”.

Continued and prolonged use of alcohol and drugs can cause changes in a person’s brain and body chemistry, resulting in physical dependence on the substance. Cutting back or stopping use may trigger uncomfortable and distressing symptoms of withdrawal, including irritability, anxiety, and sleeplessness. Many of the early signs and symptoms of withdrawal may, in fact, be misinterpreted by the person as unhappiness, loneliness, or negative reactions to stress, all of which provide incentive or motivation to use again or use more or use something else.



Issue #2

Barriers to service make it difficult for some people to find and access the services and supports they need

Even when someone recognizes they have an addiction problem and decides it's time to get help, things may “get in the way” of them finding, accessing, or successfully using the various services they need. We typically refer to these things as “barriers to service”.

Service providers and service users in Perth and Huron Counties identified the following as significant barriers to service in our area:

Stigma and Shame

“I always hide my drinking, or how much I drink, when I’m talking to professionals. You never know how they’ll react. I don’t want to be judged. When they know, I’m suddenly not worthy of their assistance or respect. They don’t know me. They just know that one thing about me but they think that tells them everything that matters about who I am.”

Focus Group Participant (September 2011)

Stigma, negative judgements, misunderstanding, and hostility – and the shame people commonly feel when they’re treated this way – were identified as the most significant barriers to service for people with addictions by both service providers and service users in our area.

Our discomfort and unwillingness to deal with addiction in our family or community – “not my son”... “not in our workplace” – may inadvertently silence someone who needs help and make it more difficult for them to come forward. The many negative assumptions and judgements we make about people with addiction problems reinforce this pressure to hide or deny an addiction. And when someone is met with hostility, disgust, or rejection when they acknowledge they have a problem, it alienates and silences them once again; reinforces their self-hatred and shame; and increases their reluctance to reach out for assistance and help in the future.



Fear of being judged or labeled may also influence what kinds of help a person is willing to access and what information they share with service providers. For example, a senior executive may be willing to seek private counselling through an Employee Assistance Program but be unwilling to walk through the doors of Choices for Change – because getting “that kind of help” means you really have a problem... you’re *really* out of control.

Stigma and prejudice against people with addictions can also make the transition to a healthy, stable life more difficult. Parents may find it difficult to trust their adult children after years of conflict and upset; employers may be unwilling to “take a risk” on someone in recovery; and landlords may be unwilling to rent an apartment to someone returning from a residential treatment program. Without family support, meaningful employment, and affordable housing it’s difficult for any of us to move forward in life. Imagine, for a moment, how much more difficult it might be for someone who is trying to re-establish themselves after years of drug or alcohol abuse; or for someone with significant outstanding debts from problem gambling.

This kind of stigma and judgement are of particular concern in small, rural communities, like many of those in our area, because privacy and confidentiality are often difficult to maintain.

We can all help to eliminate some of the judgements that silence, hurt, and shame people with addictions. Thinking carefully about the words we use when talking about addictions is an excellent first step. For example, saying someone has an addiction problem, rather than calling them an addict, acknowledges they are a person first and foremost, not a problem. Referring to someone as an “addict” triggers strong negative associations for many people and suggests that everything that matters about that person can be summed up in that one word: addict.

The dual challenges of geography and transportation

Perth and Huron are both large, rural counties with numerous small towns and communities scattered throughout. Public transportation (bus service) is only available in Stratford and hours of operation are limited. Access to taxi services is also limited; and trips into Stratford, Seaforth or other towns are very costly for families living in the more rural areas of Perth and Huron Counties. This makes it difficult for many people to find and access the services they need, particularly those without a vehicle or a drivers’ license. Even families with one vehicle may find it difficult to arrange transportation to multiple appointments while juggling work and family commitments.



Additional information and a more detailed discussion of transportation issues in our area can be found in the transportation report prepared by the Social Research and Planning Council (2012): “The Road Ahead: A study of transportation needs across Huron and Perth Counties”.

Many agencies in our area try to address this barrier to service by setting up multiple offices in different communities or by providing outreach services throughout the counties. For example, the main office of Choices for Change is in Stratford; however, they also have outreach offices in Mitchell, Listowel, and St. Marys, and in all area high schools. And, since assuming responsibility for addiction services in Huron County in 2011, Choices for Change has set up an office in Seaforth with outreach to Goderich, Wingham, Exeter, Clinton, and again, in all high schools throughout the County.

Multiple, complex needs

Problem drinking, drug abuse, and problem gambling may negatively impact many different areas of a person’s life – their health, family relationships, education, employment, and housing may all be affected. As a result, they may have to deal with several very difficult issues on the road to recovery, including debt, poverty, homelessness, poor health, and social isolation.

The number and complexity of problems facing a person with an addiction problem may become a barrier to moving forward. There is no one agency or organization that can provide all the supports and services the person might need to effectively address the many different and complex issues in their life. Trying to figure out where to start, what to do first, and which agency to approach may be overwhelming for some people, particularly if they are dealing with addiction and mental health issues.

Even when a person gets hooked into our service delivery system in some way, for example through the police or emergency room (ER), they may not get all the referrals they need to deal with the many different problems they face. And even if they’re given appropriate referrals, they will still have to arrange, remember, and find their way to multiple appointments; tell their story countless times; and try to develop effective working relationships with several different service providers. Add in challenges with transportation or the need to arrange child care for all these appointments, and it isn’t much of a stretch to see how “multiple, complex needs” becomes a barrier to service.



Awareness, education, and literacy

Some people are reluctant to reach out for help because they think they will have to “give up drinking”. Most people still seem to think treatment equals abstinence.

**Huron Perth Mental Health and Addiction Network
(September 2011)**

Limited awareness or understanding of current and new approaches to treatment for addictions may also be a barrier to service for some people in Perth and Huron Counties. For example, staff at Choices for Change are strongly committed to “working with” clients, not “deciding for” or “doing to”. They respect their clients’ right to make their own decisions; and provide ongoing support as clients make whatever changes they feel are necessary to regain control over their lives. If, however, someone thinks they will be told they must give up or abstain from gambling, drinking, or drug use if they want to receive counselling, they may be reluctant to contact Choices for Change.

Similarly, needle exchange programs, like the one at the Perth District Health Unit, adopt a harm reduction approach when working with clients. More specifically, staff work with clients to help them stay as healthy as possible and minimize the negative impacts or harm resulting from their addiction. Again, if someone thinks they will be told they should or must work towards being drug free in order to qualify for the support and assistance available through this program, they may be unwilling to reach out for help.

Service providers and service users both identified the need for more public education in our area during the community consultations completed in September 2011; and both suggested that school curriculum be revised on a regular basis to ensure our youth receive accurate information about addiction services and approaches to treatment in Perth and Huron Counties. Unfortunately, limited funds for health promotion and public education initiatives, particularly in Huron County,⁵⁰ make it difficult for service providers to develop creative and effective ways to update and distribute information about addiction and addiction services throughout Perth and Huron Counties on an ongoing basis.

50

As reported by service providers who participated in community consultations held in Perth and Huron Counties, September 2011.



Even when up-to-date information about addiction services is readily available – maybe a pamphlet in your doctor’s office about the needle exchange program provided by Perth District Health Unit – it may be of little help to people who have difficulty reading or understanding written information. This makes it harder to learn about the services available in our area; and may influence some people’s willingness to reach out for help for themselves or a family member. They may be embarrassed about their limited ability to read and write; worried about completing the many forms typically used by social service agencies; or reluctant to verbally ask for assistance finding an agency to help with a sensitive personal matter like addiction. Service providers working in Huron County observed that literacy levels in this area seem to be lower than those in Perth County and the rest of the province.

Cultural communities

Several different Mennonite, Low German, and Amish cultural groups live in our area, primarily in Perth East and the Municipality of North Perth. Their distinct heritage and strong traditions strengthen and unite their close-knit communities. However, in some instances, these very strengths may become barriers to service for their members. Language differences, reluctance to interact with non-community members, a hesitation to participate in Western medical practices, and prohibitions against the use of drugs and alcohol in some communities make it extremely difficult for a member of the Anabaptist community to acknowledge substance use or abuse, let alone reach out to an agency for help. The dual challenges of geography and transportation add to these barriers for communities that continue to rely on travel by horse and buggy.



Many of these same challenges also represent barriers for service providers interested in helping members of the Anabaptist community who have problems with gambling, drinking, or drug use. However, area agencies are committed to working collaboratively



with the Anabaptist community to develop culturally-sensitive addiction services for Mennonite, Low German, and Amish groups. Suggested approaches for professionals working with the Anabaptist cultural communities are described in *A Descriptive Profile of Amish and Mennonite Communities in Perth County*, 3rd edition, Perth District Health Unit, 2012.

Issue #3

Limitations in our service delivery system make it difficult for some people to get the help they need when they need it

“We’ll do just about anything to justify and continue our drug use. We’ll do anything we can think of to avoid getting help. So getting help has to be as easy and uncomplicated as possible....you have to make it as hard as possible for us to slip away or fall through the cracks.”

Focus Group Participant (September 2011)

Service providers and service users, in Perth and Huron Counties, suggested that the following limitations in our service delivery systems make it difficult for some people with addictions to get the help they need in a timely manner.

The current funding structure for addiction, mental health, and other related services is fragmented and disjointed. The Select Committee on Mental Health and Addictions, a committee created by the Government of Ontario, identified this as one of the biggest problems with the mental health and addictions system in our province today. Multiple funding streams, separations between sectors and services, and limited mandates for some agencies contribute to the creation of “service silos”; and make it difficult for service providers to address the many different and complex problems commonly experienced by people with addictions. At the very least, service silos contribute to the need for multiple appointments and repeated “story telling”. At the worst, they contribute to people falling through the cracks or giving up in frustration.

In our area, the Huron Perth Mental Health and Addiction Network meets on a regular basis to address this and other issues. They explore ways agencies can work together to create a strong continuum of services for people with addiction and/or mental health problems; they share information about new programs and services; and they use their collective voice to advocate for more funding for services in Perth and Huron Counties.



Many components of our service delivery network are currently functioning at or beyond capacity. This creates problems for service providers who are often stressed and frustrated by their inability to do more. Pressures on agency staff make it difficult for them to respond effectively to any increases in service demands or develop new programs to address changing service needs. It also creates problems for service users who face long wait lists for some services.

Service providers working in Huron County expressed particular concern about their ability to respond to current and future service demands in their area, describing the network of services in Huron County as “small, under-funded, and under-resourced for many years”.

Limitations and problems in the medical service delivery system, or primary health care system, in Perth and Huron Counties are of particular concern at this time. More specifically, service demands and pressures; lack of awareness and understanding of addiction issues; and judgmental and discriminatory attitudes demonstrated by some medical personnel were all identified, by both service providers and service users, as problems in Perth and Huron Counties. Similar to other sectors and agencies, our primary health care system is currently functioning at or beyond capacity. Some people living in Perth and Huron Counties don’t have or can’t find a family physician, and as a result, depend on the emergency departments in our hospitals for basic medical care.

The resulting service demands contribute to long wait times for patients, and create pressure on ER staff to “treat and release” as many people as possible, as quickly as possible. Unfortunately, this may compromise the staffs’ ability to complete comprehensive assessments, identify all the critical issues requiring attention, and provide appropriate information and referrals – particularly when dealing with complex problems shrouded in secrecy and shame such as addictions. For example, the ER doctor may set your aunt’s broken arm but fail to identify the drinking problem that contributed to her fall. As a result, an opportunity for intervention is lost; appropriate referrals are not made; and options for treatment and follow-up are not fully explored with your aunt and her family.

Despite their expertise and skills in other areas, some medical and hospital-based professionals have little or no training in the area of addictions, and are not aware of the various counselling and support services available for people with addiction problems in Perth and Huron Counties. Once again, a limitation in our service delivery system makes it difficult for a person living with addiction to get the help or referrals they need to address the problems and challenges in their life.



“I’ve experienced lots of discrimination (within the medical system). People assume, “once an addict, always an addict” so I can’t be trusted, like I’m always working an angle or trying to rip off the system...They immediately think you’re “faking it” to get drugs so they don’t bother giving you the tests you need to figure out what’s wrong or they make you wait forever - maybe because they hope you’ll go away or they’re “testing you” to see if you’re really in pain.”

Focus Group Participant (September 2011)

A significant number of service providers and service users raised concerns about negative, judgmental, and discriminatory attitudes towards people with addictions expressed by some family doctors and ER personnel working in Perth and Huron Counties. As we discussed above, stigma, judgement, and hostility are barriers to service regardless of their source; however, they may be especially upsetting or hurtful when expressed by a doctor or another medical professional. Doctors are seen as valued and credible “experts” by many of us, and their opinions tend to carry a lot of weight. Unfortunately, this also applies when a doctor makes a negative or judgmental comment.

In addition, doctors and other medical or hospital-based personnel typically function as “gate keepers” to the health care system. In most instances, this system helps us find the specialized or expert help we need. However, if a doctor doesn’t believe or trust the information he or she is given by a person with an addiction, they may be reluctant to make a critical referral to a medical or psychiatric specialist – creating yet another barrier to service for people with living with addiction.



There are currently several significant gaps in the continuum of services for people with addiction in Perth and Huron Counties. For example, there are no methadone clinics or withdrawal management services (detox) in either Perth or Huron Counties.

These service gaps, like rigid service silos or excessive service pressures, may make difficult for some people to get the specific help they need...or as one focus group participant said above, allow people with addictions to “slip away or fall through the cracks”.

So, back to our original question, **if it’s such a big deal, why not get help?**

In a nutshell:

- **The reasons to drink, use drugs, and gamble may outweigh the reasons to stop, despite negative consequences**
- **Barriers to service make it difficult for some people to access the services and supports they need**
- **Limitations in our service delivery system make it difficult for some people to get the help they need when they need it**

Let’s continue our exploration of what’s happening in Perth and Huron Counties, beginning with a look at patterns of substance abuse and addiction in our area, moving on to an overview of the agencies and organizations that work with people with addiction problems and their families, and ending with a discussion of new and additional addiction services needed in Perth and Huron Counties.



Focus on Perth and Huron Counties

Patterns of Substance Abuse and Addiction

Substances used in our area

Anecdotal information from service providers and service users, as summarized below, supports what the statistics tell us about the substances most commonly used in Perth and Huron Counties today.

Alcohol remains the “drug of choice” for most people who use or abuse substances in our area. As mentioned previously, it’s legal, readily available, widely used, and accepted as an integral part of many of our social and recreational activities.

Alcohol abuse and dependence are problems in their own right; drinking is also strongly associated with or linked to other addictions, including problem gambling. Alcohol undermines our judgement and compromises our ability to make decisions. As a result, people new to recovery may find it difficult to follow-through with their decision to limit or stop their drug use or gambling when they drink alcohol.

Cannabis is also readily available, widely used, and increasingly more accepted by many people in our communities, particularly youth and aging baby boomers.

The pattern of use [of marijuana] among baby boomers appears to be affected by, or reflect, their life cycle. Many of them used it in the 1960s and 70s during their youth; then decreased use during the years they were working and parenting; and are now increasing their use again in retirement, possibly to cope with diseases common to old age.

*Huron Perth Mental Health and Addiction Network
(September 2011)*



The growing acceptability of this drug and the common perception of it as a natural, even helpful, substance may be contributing to its increased use among children and youth in our areas as a substitution or alternative to medications prescribed for attention deficit hyperactivity (ADHD) disorders. Cannabis is also commonly used by people as self-medication when they are reducing or trying to stop their use of other drugs, such as methamphetamine (speed).

Crystal methamphetamine has been widely available throughout Perth County for the past decade; and is also now readily available and used in Huron County. The availability of crystal meth in our area may explain, in part, the increasing use of this drug among youth and women as reported by Choices for Change and shelters for abused women. In particular, staff at Choices for Change have observed an increase in crystal meth use among middle class women and women 35 years and older.

As might be expected, crystal meth remains an enforcement issue for our Police Services and OPP; and medical professionals in our community continue to express strong concern about the highly addictive nature of this drug and the many, very negative effects it has on the health and well-being of users. Increases in violent behaviour among people using crystal meth, as reported by service providers in our area, highlight the validity of these concerns.

Prescription and “over-the-counter” medications are also abused by youth and adults in Perth and Huron Counties. Oxycontin (oxy), morphine, and other opiates are used as both the drug of choice by some people and as a way to cope with withdrawal from methamphetamine by others. Similarly, over-the-counter medications, including Gravol, Tylenol, and cough medicines, are being used in large quantities for their own effect by some people, particularly youth; and again, by others to ease withdrawal from drugs such as crystal meth and oxy.

Choices for Change reports an increase in the use of over-the-counter medications by youth, including children in grades 7 and 8. The accessibility, availability, and relatively low cost of these substances contribute to their abuse by this age group. Service providers and service users both report an active “party scene” in Perth and Huron Counties, including regular “week-end use” of drugs such as **cocaine, crack cocaine, LSD, and ecstasy (“E”)**.



Patterns of drug and alcohol use in our area

In addition to the patterns of substance use and abuse mentioned above, service providers have observed the following new and emerging issues in our area:

The strength and composition of substances is constantly changing. The marijuana commonly available today is much stronger than that used in the 1970s and 1980s; and the strength of crystal meth being used in Perth and Huron Counties is also increasing. Service users reported that substances are being combined by dealers or drug users to modify or maximize their effect, such as lacing marijuana with crystal meth or combining crystal meth and heroin.

Poly-drug use, or the use of multiple substances, is increasing. In addition to combining substances prior to use, more people are using multiple substances. They may use more than one substance at the same time, such as drinking alcohol and smoking marijuana on the same evening; they may use different substances at different times to experience different “highs”; or they may use one drug to alleviate the effects of another.

Choices for Change also reports an increase in substance abuse among problem gamblers. In addition to abusing substances while gambling, primarily alcohol, some people increase their use and abuse of alcohol and other drugs when they stop gambling.

Patterns of use among children and youth are changing. Where and how to get drugs in Perth and Huron Counties has become common knowledge among our youth; and the age of “first use” of alcohol and drugs is decreasing in our communities. Choices for Change has experienced an increase in referrals for children in grades 7 and 8; and report first use of alcohol and marijuana in children as young as 9 or 10 years of age. They also report an increase in parents and children using substances together; and, in some instances, of parents introducing their children to drugs, including crystal meth.

Sadly, though not completely unexpected given the patterns of drug use among young people in our area, Choices for Change also reports an increase in the number of youth experiencing psychotic breaks and other serious mental health problems as a result of, or in conjunction with, drug use.



Patterns of problem gambling in our area

It's difficult to estimate the number of people experiencing gambling problems in our area at this time, primarily because very few people reach out for help. While it's possible that problem gambling isn't a serious issue in Perth and Huron Counties, it's also possible that it's not well understood or easily identified by professionals working in our communities. We do know that people with gambling problems often feel embarrassed and ashamed about their behaviour, and as a result, work hard to keep it a secret from family and friends.

Using slot machines and internet gambling are the primary gambling activities reported by people who reach out for help in Perth and Huron Counties. Women who contacted Choices for Change in 2010-2011 consistently identified slots as their preferred activity, with bingo, lottery and scratch tickets, and internet gambling also mentioned by some women. Men who contacted Choices for Change during this same time period identified equal preference for slots and internet gambling, with some involvement with lottery and scratch tickets, as well as card and dice games.



Getting Help

Finding services in your area

Connex Ontario www.connexontario.ca

Connex Ontario is a provincial data base for ALL addiction and mental health services in the province. They provide free and confidential support, information, and referrals for people experiencing problems with alcohol, drugs, gambling, or mental health issues.

If you're looking for information about addiction and mental health services anywhere in Ontario, you can contact Connex Ontario by telephone 24 hours a day, 7 days a week.

Ontario Problem Gambling Helpline:	1-888-230-3505
Drug & Alcohol Helpline:	1-800-565-8603
Mental Health Helpline:	1-866-531-2600

Or you can visit their website at the address above, and send them an email to request written information and assistance.

211 Service www.211canada.ca

211 telephone service links callers to community, social, health, and government services in their area. Supported locally by the United Way of Perth Huron, the service is free, confidential, and available in many different languages. "Information specialists" are available to answer telephone calls 24 hours a day, seven days a week. These trained operators assess each caller's needs and offer information about the best available services and programs in the caller's area.

You can also access the comprehensive 211 database for your community or for the Perth Huron region by visiting the user-friendly 211 website at the address above.



Addiction services in Perth and Huron Counties

Choices for Change

Alcohol, Drug & Gambling Counselling Centre

519-271-6730 or 1-877-218-0077

www.choicesforchange.ca

Choices for Change is the primary addiction counselling service in Perth and Huron Counties. As mentioned previously, their main office in Perth County is in Stratford and their main office in Huron County is in Seaforth. They have outreach offices in several locations throughout both counties and provide youth services in all our high schools. Staff with specialized expertise in addictions provide free, confidential services to anyone who has concerns about their own or someone else's drinking, drug use, or gambling behaviour, including individual and family counselling, information, and referrals.

A few things you should know about the services available at Choices for Change:

- You will decide what changes you want to make in your life and what goals you want to achieve. You will decide if you want to stop or reduce your gambling, drinking, or drug use. There is no expectation of abstinence at Choices for Change – though they will support you to achieve and maintain abstinence if that is your goal.
- The services you receive will be tailored to meet your specific needs. You and the staff will work together to identify and build on your strengths. Choices for Change calls this a “strength-based approach to service delivery”.
- You will be treated with respect. You will NOT be judged regardless of what your story is or where you're at in your life today.
- Staff at Choices for Change understand recovery is a process. You're welcome to use whatever services you want when you want them.

The staff at Choices for Change are aware of the many different ways an addiction can impact or affect someone's life. They are well informed about other agencies in Southwestern Ontario and are able to make appropriate referrals to ensure clients receive the help they need. The staff have developed strong, mutually respectful relationships with many other area organizations, such as our school boards and the Canadian Mental Health Association.



The collaborative relationship between Choices for Change and Ontario Works has proven particularly helpful to many of our community members. **The Addiction Services Initiative** brings together staff from these two organizations to provide integrated support and services to people with addiction problems receiving Ontario Works. Unfortunately, this service is only available in Perth County at this time.

Choices for Change also works closely with the **North Perth Family Health Team** and the **Happy Valley Family Health Team**, providing addiction services to their patients either on site at their respective offices or in the community.

Choices for Change facilitates an education and support group at the **Huron-Perth Children’s Aid Society (CAS)** office in Huron County for parents experiencing problems relating to their substance use; and they recently collaborated with the CAS to develop and deliver a program for children of parents with addiction problems in Perth County. Unfortunately, the children’s program was only available on a “trial basis”. However, it serves as another example of the many creative and innovative ways area organizations are working together to provide a comprehensive continuum of services for people with addictions and their families.

Despite these efforts, the services available at or through Choices for Change continue to be affected by resource limitations. For example, their ability to provide evening services and programming is limited; and they are not currently able to provide services to people dealing with behavioural addictions other than problem gambling.

Public Health Units

Perth District Health Unit

1-877-271-7348 ext.267

owa.pdhu.on.ca/

Huron County Health Unit

1-877-837-6143

www.huroncounty.ca/health/

The Perth District Health Unit (PDHU) and Huron County Health Unit (HCHU) offer a wide variety of supports and services to individuals and families living in our area, with a particular focus on preventing illness and promoting health. One of their primary goals is to decrease the amount of substance misuse and reduce the negative impacts of addiction in our communities.

You’ll find information about the services most commonly used by people with addiction problems, or at risk of developing addiction problems, in this report.



However, we encourage you to contact the Health Unit in your County for more information about the many different programs and services they offer, including:

Needle Exchange Program: Used needles may be exchanged for new needles – free of charge – at the Perth District Health Unit (10 Downie Street, Stratford) anytime between 8:30 am and 4:30 pm, Monday through Friday. No appointment is necessary. At the time of this report, there is no needle exchange program in Huron County.

School-Based Public Health Nurse Program: If you're attending high school in Perth or Huron County and you have questions or concerns about your own, your peers', or your parents' substance use, abuse, or addiction problem, you may find it helpful to ask if a public health nurse works on-site at your school. Nurses work at some of the schools in Perth and Huron Counties, and are available to meet individually with you to share information, offer support, and provide referrals to other counselling and addiction services in your community.

Youth Engagement: If you want to educate other young people at your school and in your community about the dangers of substance misuse, look for THINK, the Youth Engagement Program, in Perth County or go to the SPARK website; which is a resource maintained by the Youth Community Health Team at the Huron County Health Unit. These programs are implemented and work together to develop health promotion initiatives for young people.

THINK <http://whatareyouthinking.me/>
SPARK <http://www.youthspark.ca/>

Healthy Babies, Healthy Children: If you're planning to get pregnant, are pregnant, or have a young child – and addiction is an issue in your life – you may find it helpful to meet with one of the nurses involved with the Healthy Babies, Healthy Children programs available in both Perth and Huron Counties. They provide support and information about substance misuse to individuals and families, including preventing substance use during pregnancy and dealing with a family member's addiction.

1-877-271-7348 ext 267



Alcoholics Anonymous; Narcotics Anonymous

1-800-706-9833

Free, confidential fellowship gatherings for people who want to stop drinking or stop using drugs are held throughout Perth and Huron Counties seven days a week. AA and NA promote the use of twelve step programs to help people abstain from using alcohol and drugs.

AlAnon

1-800-706-9833

Free, confidential fellowship gatherings for relatives and friends of people with addiction problems are held throughout Perth and Huron Counties several days a week. Members gather to share their experiences and discuss common problems.

Concurrent Disorders Program

1-888-875-2944

Canadian Mental Health Association, Huron-Perth Branch

If you have a serious mental health problem and an addiction problem, you may find the concurrent disorders program at CMHA helpful. This program provides, or will help you access, specialized assessment and treatment programs for people with concurrent mental health and addiction problems.

In addition, CMHA provides a wide range of supports and services to people with mental health problems, including case management, court support, and supported housing.

Concurrent Disorders Psychiatric Services

Huron Perth Healthcare Alliance

The Huron Perth Healthcare Alliance currently has a dedicated position for a **psychiatrist specializing in concurrent disorders** (mental health and addictions). The Concurrent Disorders Psychiatrist works out of Stratford General Hospital; and he also sees patients at the Stratford office of Choices for Change twice a month.

The other psychiatrists¹ currently employed by the Huron Perth Healthcare Alliance and the Alexandra Marine and General Hospital in Goderich all work closely with community-based services to ensure their patients receive the support and assistance they need to deal with any addiction problems in their lives.

¹ Psychiatrists are medical doctors who have completed additional, specialized education and training in psychiatric disorders and mental illnesses.



If you or a member of your family wishes to arrange an appointment with a psychiatrist, you will need a referral from a medical doctor – for example, your family doctor or a doctor who works in the emergency department at one of the hospitals in our area.

Medical Services

Many of the family physicians and family health teams in our area are aware of the addiction services available in Perth and Huron Counties, and are willing to make referrals at your request.

Some other services you may find helpful

Huron Perth Crisis Intervention Program

1-888-829-7484

Mental Health Services, Huron Perth Healthcare Alliance

Telephone crisis intervention and support services are available 24-7 to all persons, 16 years or older, living in Huron and Perth Counties. Face to face crisis support is also available in the eight hospitals in Huron and Perth from 7:00 am to 11:00 pm, seven days a week.

A wide range of other mental health services, including assessment, case management and outpatient counselling, are available through Mental Health Services. Inpatient psychiatric services are available at the Stratford General Hospital and Alexander Marine and General Hospital.

Community Psychiatric Services

1-877-695-2524

Alexandra Marine and General Hospital

There are five community psychiatric services functioning as outpatient mental health programs of AMGH. These services are located in Clinton, Exeter, Goderich, Seaforth, and Wingham; and are available to individuals 16 years and older with serious mental health problems. Services include individual and group counselling, educational programs, and psychiatric consultation.

You can self-refer to this program; or you can ask for a referral to be made on your behalf by a doctor, psychiatrist, or social service agency such as the Canadian Mental Health Association.



Huron Perth Centre for Children and Youth

Clinton: 519-482-3931 Stratford: 519-273-3373 Listowel: 519-291-1088

Staff provide a variety of assessment, counselling, specialized, and consultation services to children, youth, and their families, including individual and group counselling, family counselling, drop-in clinics, and referrals to other agencies and professionals. Most services are available free of charge. Not all services are available at all locations.

Additional and new addiction services needed in Perth and Huron Counties

We're limited by a lack of resources in this community, not a lack of ideas!

Staff member, Choices for Change (September 2011)

A comprehensive continuum of services for people with addiction problems, including effective crisis intervention, assessment, treatment services, withdrawal management services, and supportive after-care and peer mentoring, is needed to provide effective support throughout the recovery process. Many of these services are currently available or accessible to people with addictions living in Perth and Huron Counties. However, in some instances, people must leave their home community to access services elsewhere in Southwestern Ontario. And Huron County needs, as one service provider put it, “more of everything – from crisis intervention to long term support services”.

The most urgently needed new and additional services for people with addictions in Perth and Huron Counties, as identified by both service providers and service users, are:

- Methadone clinics and methadone support groups in both counties
- Withdrawal management, or detox, services in both counties



The Medical Program Director for the Huron Perth Healthcare Alliance, suggested that access to both detox and medical detox facilities in Perth and Huron Counties would be particularly helpful. Detox facilities staffed by non-medical personnel would provide a safe place for people to “go and dry out”; and detox facilities staffed by medical personnel would allow individuals to receive a range of on-site medical treatments, including alternate, appropriate drugs to “wean off their substance of choice”.

The following is a list of other **new and additional services needed** for people with addiction problems and their families in Perth and Huron Counties, as identified by service providers and service users:

- Improved crisis intervention services; and enhanced collaboration between ER departments/services and community agencies such as Choices for Change
- Needle exchange services in Huron County
- Mobile services for drug testing and needle exchange/outreach in both Counties
- Residential treatment program-specific to substance dependence only
- After-care or follow-up support services for people who have completed a residential treatment program
- Inpatient assessment services and residential treatment services for people with concurrent disorders (addiction and mental health problems)
- Additional practical supports for people with concurrent disorders, including concrete assistance with activities of daily living and life skills



- Population-specific services including:
 - Addiction Support Worker to work with people with addiction problems receiving Ontario Works in Huron County
 - Specialized services for abused women with addiction problems
 - Additional and specialized services for people with addiction problems who are in conflict with the law, including dedicated services for probation clients delivered in probation offices
 - Specialized services for people with developmental/cognitive disabilities and addiction problems
 - Outreach and support services for individuals with substance use or “early stage” addiction problems
- Additional services for family members, including children of parents with addiction problems
- Services and supports for persons with behavioural addictions other than problem gambling, including but not necessarily limited to Internet, food, and sex addictions
- Practical supports to facilitate access to services including:
 - Assistance with transportation to and from programs
 - Pet care, assistance with child care costs, and other practical supports for people involved with out-of-county treatment programs
 - Safe, affordable, sober housing (permanent)

Several service providers and service users also highlighted the need for additional **prevention and education programs** designed to reach community members, “at risk” populations, and service providers working in all sectors.

There are a number of professionals who work with people with addictions who are not specifically trained in this area. Specialized training to assist these professionals, including child welfare professionals, could improve service delivery, communication between and collaboration with the addictions sector, and ultimately, outcomes for children and families.

*Program Manager, Huron-Perth Children’s Aid Society
(September 2011)*



The importance of providing training on addictions to ALL service providers, including law enforcement, justice, child welfare, shelter/violence against women, education, and medical personnel, was highlighted by both service providers and service users during the community consultations held in September 2011. Professionals working in these fields often cross paths with people with addiction problems. However, they may have little formal training on the issue. And like many of us, they may believe some of the myths about addiction and people with addiction problems. Ongoing professional education is one way we can ensure service providers throughout Perth and Huron Counties have access to accurate, up to date information about addiction and current approaches to treatment.

More specifically, it was suggested that:

- Prevention and education strategies using social media as part of social marketing be explored and implemented
- Boards of Education in Perth and Huron Counties work collaboratively with addiction and related services to revise and update school curriculum on a regular basis to include accurate information about addictions, approaches to treatment, and addiction services available in our area
- Area service providers utilize existing networks and/or organize “lunch and learn” gatherings in Perth and Huron Counties to promote cross-sectoral training and ongoing information-sharing about addictions, approaches to treatment, and service updates
- Additional training be provided for area physicians regarding addictions

The number and quality of suggestions we received from service providers and service users during the preparation of this report demonstrates the level of interest in, and commitment to, this important issue in Perth and Huron Counties.

Before we present the recommendations for action arising out of this lengthy discussion, let’s take a moment to revisit the “things to think about” highlighted at the beginning of this report.



Revisiting “A few things to think about”

Who’s most likely to develop an addiction problem?

People with nothing to lose? People who are weak, lazy, undisciplined, self-centered? People on welfare or on the streets? People without family and friends...people who are different from me and you in some significant way?

As difficult as it might be, it’s time we let go of the myths we use to create distance and separation between people with addiction problems and people without addiction problems. We hope this report has helped you identify some of the assumptions and judgments you may have made in the past about who is most likely to develop an addiction problem.

Any of us can develop an addiction to alcohol, other drugs, or specific behaviours. People from all walks of life may develop an addiction regardless of age, gender, race, ethnicity, religion, or socio-economic status. However, we now know there are some groups in our society that are more likely to develop an addiction problem – men and young people under the age of 25 – or who are particularly vulnerable to addiction – poor people; people with mental health problems; Aboriginal peoples; lesbian, gay, bisexual, and transgendered people; women; and seniors.

What’s the most dangerous and costly substance being used and abused in Canada today?

Crack cocaine? Crystal meth? Opiates like oxycontin? Heroin?

All these substances are dangerous and addictive; abusing any of them can result in significant costs to individuals, their families, and society-at-large.

However, in terms of impact and costs, alcohol remains the most dangerous and costly substance in our society today. It’s the Canadian “drug of choice”, used on its own or in conjunction with other drugs and behavioural addictions by significant numbers of us. It’s legal, readily available, and widely accepted. The direct social costs to our law enforcement, justice, and medical systems and the indirect costs in terms of productivity and loss in the work force exceed those of illegal drug use.



Do people really get addicted to gambling?

Or are they just looking for an easy win or quick financial fix? Isn't it just a matter of will power?

We're learning more about behavioural addictions, including problem gambling, every day. However, problem gamblers meet the essential criteria for addiction developed by the Centre of Addictions and Mental Health: craving; compulsion; loss of control; and use despite consequences.

A person with a gambling problem experiences the same craving, compulsion, and loss of control that others experience in relation to alcohol and other drugs; and he or she will continue to gamble despite any harm or negative consequences to self or others. Many people with gambling problems acknowledge that money has little to do with their compulsion to gamble. Like others with addiction problems, they gamble for many different reasons – to fit in, tune out, ease their anxiety, or escape the pressures of their day to day lives.

What's the best way to help someone with an addiction?

What are the most effective treatments?

Interventions? A stay in a residential rehab program? Counselling? A referral to AA or NA?

There is no one sure path to recovery. Any or all of these may be helpful to some people with addictions. Interventions and residential treatment programs have received a lot of attention in the media in recent years – we're always hearing something about the latest star whisked off to "rehab". However, these types of intrusive and intensive strategies are not always necessary or even appropriate. Sometimes something as simple as refocusing on your life goals with the help of a counsellor is enough. And for many people, AA or NA is a lifeline to recovery while others are more interested in learning how to live with moderation in all things, including drinking or gambling.

Bottom line, *you* must decide if abstinence or cutting back is right for you; you must decide what changes you need to make to address the harms caused by your addiction and regain control in your life; and *you* must rediscover or develop the strengths you need to move forward. There is no one sure path to recovery.



What does “recovery” mean?

Abstinence? Moderation? Is recovery possible or “once an addict always an addict”?

Recovery is a process. It’s up to you to decide what recovery looks like for you. You’re the one doing the work. There are people willing to help you achieve your goals whatever they might be – abstaining for now; recovering your health; addressing the impacts and harm resulting from your addiction; or abstaining for life – it’s up to you. The service providers in Perth and Huron County will start where you are... work with you for as long as it takes... and remind you as often as necessary that you’re in charge but you’re not alone.

Recovery is definitely possible. And there are hundreds of people in Perth and Huron Counties willing to testify to this. As the focus group participant said at the beginning of this report, “Addiction is not a life sentence. Change is possible.”



Recommendations

Recommendation #1: Huron Perth Mental Health and Addictions Network

It is recommended that the Huron Perth Mental Health and Addictions Network (HPMHAN):

- Consider this report in conjunction with, “The Time is Now: A Plan for Enhancing Community-Based Mental Health and Addictions Services in South West LHIN” (2011); and
- With both reports in mind, continue working to increase awareness and understanding of addiction issues, and improve and enhance the continuum of services for people with addiction problems and their families in Perth and Huron Counties.

It is further recommended that the Network review its current Terms of Reference (Agreement) in consideration of the networking, education, prevention, and service needs in Perth and Huron Counties as identified in this report²; and with attention to:

- Strengthening its leadership role in working with other existing networks, committees, and sectors to promote cross-sectoral training and ongoing information-sharing about addictions, approaches to treatment, and service updates throughout Perth and Huron Counties;
- Encouraging and promoting active representation and participation of all mental health, addiction, and related services in both Perth and Huron Counties; and
- Strengthening working relationships, enhancing collaboration, and promoting accountability between and among providers of mental health and addiction services.

² At the time of writing, Catherine Hardman, Chair, Huron Perth Mental Health and Addictions Network, confirmed the Network has made plans to review its Agreement in the near future in response to capacity report referenced above: “The Time is Now...”. It seems most reasonable to incorporate the suggestions outlined above into this planned review.



It is further recommended that the Network identify and confirm strategic priorities for action in the next 3 to 5 years with attention to:

- Using its collective “voice” to advocate for funding required to improve the continuum of services for people with addictions living in Perth and Huron Counties, and their family members, in consideration of service gaps, priority needs, and barriers to service identified in this report; and
- Decreasing service silos, increasing service options for people with addiction problems and their families, and promoting enhanced collaboration between social, medical, mental health, and addiction services in Perth and Huron Counties.

Recommendation #2: Addressing Priority Service Gaps in Perth and Huron

It is recommended that the Huron Perth Mental Health and Addictions Network and the South West LHIN work together in a cooperative and collaborative manner to promote the development and implementation of the following new services in Perth and Huron Counties as soon as possible:

1. Methadone clinics and methadone support groups
2. Withdrawal management, or detox, services

Recommendation #3: Enhancing Services in Huron County

3.1 Addictions Services Initiative

It is recommended that Ontario Works implement the Addiction Services Initiative in Huron County; and more specifically, that the municipal and provincial governments work together to secure and allocate funding required to hire an Addiction Support Worker to work with people with addiction problems receiving Ontario Works in Huron County.

3.2 Needle Exchange Program

It is recommended that the Huron County Health Unit implement a needle exchange program.



Recommendation #4: Primary Care and Medical Services

It is recommended that Huron Perth Mental Health and Addictions Network (HPMHAN) assume a leadership role in working collaboratively and cooperatively with medical personnel to explore and address the challenges and limitations in the primary care system as they relate to and impact people with addictions. This collaborative work would include the identification of information gaps and training needs in order to serve those living with addictions in a more consistent manner. It is recommended that the HPMHAN work with those most likely to have regular contact with people with addictions and their family members including but not limited to family physicians, Family Health Teams, and ER personnel in the Huron-Perth area.

More specifically, **it is recommended that:**

- Appropriate representatives from the Huron Perth Healthcare Alliance, Alexandra Marine and General Hospital (Goderich), and hospitals located in Listowel, Exeter, and Wingham attend, or continue to attend, Network meetings on a regular basis, including but not necessarily limited to representation from hospital-based emergency services, crisis intervention, and mental health services (Schedule 1 hospitals)
- The Huron Perth Healthcare Alliance, Alexandra Marine and General Hospital (Goderich) and hospitals located in Listowel, Exeter, and Wingham, as well as Family Health Teams and family physicians currently practicing in Perth and Huron Counties work with the Social Research & Planning Council to make this report available to people with addictions and their family members.
- A user-friendly complaint process be established for people with addictions and their families who experience negative, judgmental, or discriminatory service at the hands of hospital-based medical personnel



Recommendation #5: Services for Abused Women

It is recommended that Choices for Change, Huron Women’s Shelter, Optimism Place, Emily Murphy Centre, and any other appropriate members of the Huron Perth Mental Health and Addictions Network work together in a collaborative and cooperative manner to develop and implement population-specific supports and services for abused women with addiction problems.¹

More specifically, **it is recommended that:**

- Addiction and mental health services in Perth and Huron Counties, including but not necessarily limited to Choices for Change, mental health services at Huron Perth Healthcare Alliance, Alexander Marine and General Hospital, and Canadian Mental Health Association Huron-Perth Branch, engage with the Ontario Women Abuse Screening Project
- Choices for Change assume a leadership role in liaising with the Ontario Women Abuse Screening Project to implement screening, cross-sectoral training, and abuse/trauma-informed services throughout Perth and Huron Counties

Recommendation #6: Other Population-Specific Services

It is recommended that Choices for Change work collaboratively and cooperatively with area agencies to develop or enhance population-specific programs and services for people with addiction problems and their families, including but not necessarily limited to: Probation & Parole Services; Huron-Perth Children’s Aid Society; and disability advocates.

¹ Additional information about the Ontario Woman Abuse Screening Project can be found in Appendix Five.



Recommendation #7: Education and Awareness

It is recommended that future education and prevention initiatives developed, supported, or undertaken by the Public Health Units in Perth and Huron Counties and/or the Huron Perth Mental Health and Addictions Network or its member agencies, direct priority attention to the following:

- Promoting and increasing awareness and understanding of addictions, current and emerging approaches to treatment, and services available in law enforcement, justice, child welfare, education, shelter/violence against women, and social service sectors
- Outreach to specific groups at risk of developing addictions, including but not necessarily limited to youth and seniors
- Using social media as part of social marketing campaigns, particularly when targeting youth

It is further recommended that the Public Health Units in Perth and Huron Counties and/or the Huron Perth Mental Health and Addictions Network continue to work cooperatively and collaboratively with the Avon Maitland District School Board and the Huron-Perth Catholic District School Board to ensure school curricula are revised and updated as and if necessary with attention to addiction services and approaches to treatment in Perth and Huron Counties.



Appendices

Appendix One: Social Research and Planning Council Members

The Social Research and Planning Council, a division of the United Way of Perth-Huron, provided funding, leadership, and support for the Addictions Report Research Project completed in Perth and Huron Counties in 2011.

Lisa Wilde, Chair
Executive Director, Emily Murphy Centre

Paul Lloyd Williams, Vice Chair
Seniors' Services Network

Tracy Allan-Koester
Director of Community Health, Perth District Health Unit

Ken Clarke
Data Analyst Coordinator, Perth Care for Kids

Sam Coghlan
Chief Executive Officer, Stratford Public Library

Ryan Erb
Executive Director, United Way Perth-Huron

Shelley Groenstage
Board Representative, United Way Perth-Huron

Jack Groothuis
Board President, United Way Perth-Huron

Catherine Hardman
Executive Director, Choices for Change

Jamie Hildebrand
Executive Director, Huron Perth Community Legal Clinic

Carys Wyn Hughes
Manager of Community Development, Community Living Stratford & Area
Manager of Community Development, Stratford Lakeside Active Adults Association



Social Research and Planning Council Members con't.

Sherri Prezcator
Public Health Manager, Huron County Health Unit

Rebecca Rathwell,
Project Manager, Planning & Development Department, County of Huron

Karen Smythe
Councillor, City of Stratford

Heidi Spannbauer
Executive Director, Stratford and Perth County Community Foundation

Jennifer Zoethout
Branch Services Librarian, Huron County Library

Elizabeth Anderson, Recorder
Community Outreach Coordinator, United Way Perth-Huron



Social Research &
Planning Council



Appendix Two: Contributors

Service Providers and Agency Representatives

A total of 45 service providers and representatives from the following agencies attended one of the three community consultation sessions held in September 2011, completed telephone interviews with the consultant hired to assist with the writing of this report, or submitted input via a written survey:

- Centre for Addiction and Mental Health
- Choices for Change
- Emily Murphy Centre
- Huron-Perth Centre
- Huron-Perth Children's Aid Society
- Huron Perth Health Care Alliance,
Crisis Intervention Program
Medical Program
Mental Health Services
- Huron Women's Shelter
- Ontario Works
- Optimism Place
- Perth District Health Unit
- Phoenix Survivors
- St. Joseph's Health Care (London)
- Southern Network of Specialized Care
- Stratford Police Services
- Stratford Probation & Parole
- United Way Perth-Huron
- WOTCH North

Service Users

A total of 55 people with addiction problems, people living in recovery, and family members attended focus groups held in Perth and Huron Counties or submitted input via a written survey.



Appendix Three: Some Common Words and Phrases

Some Words and Phrases Commonly Used in the Addictions Field

Substance use

Using alcohol or drugs, including illegal and prescription drugs, and over-the-counter medications.

Substance abuse

Repeated and continued use of one or more substances resulting in serious negative consequences, including but not necessarily limited to physical and mental health problems, social problems, relationship and interpersonal conflict, and legal consequences.

Physical dependence

Occurs when the body adapts to regular and continued substance use; and may include biochemical and structural changes in the brain. It results in withdrawal when substance use is stopped.

Tolerance

As the body adapts to continued substance use, higher doses may be required to produce the same effects experienced during initial or earlier use. Often associated with physical dependence.

Withdrawal

Combination of symptoms and reactions experienced when, after a period of regular use, the amount of substance used is reduced or stopped altogether.

Abstinence

Abstaining from, or stopping, all drinking, drug use, gambling, or other behavioural addiction. An individual may abstain from using one substance, such as crystal methamphetamine, while continuing use of another substance, such as alcohol; or alternately, they may chose to stop using all substances.

Harm reduction

Includes any program, service, or steps taken to reduce harm resulting from problem gambling, problem drinking, or drug-related harm without requiring abstinence. Example: needle exchange programs.



Appendix Four: Self-screening Assessment Tools:

Do I Have A Problem?

Are you wondering if you have a problem with gambling, drinking, or drugs?

Have you thought about getting help?

Have others suggested you should get help?

The self-screening assessment tools included in this report may help you decide if it's time to reach out and speak with someone about your gambling, drinking, or drug use.

There are many different ways to screen for or assess addiction problems; and we're not suggesting these tools are the only, or even the best, way for you to decide if you have an addiction problem. However, we think they can be helpful and we encourage you to use one or more of these tools if you, or others in your life, think you may have a problem.

On the next several pages, you'll find two different self-screening tools relating to gambling and one to help you decide if you have a drinking or drug abuse problem.



Do I Have a Gambling Problem?

Answer yes or no to the following questions:

1. Do you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Has gambling affected your reputation?
4. Have you ever felt remorse after gambling?
5. Have you ever gambled to get money to pay debts or solve other financial problems?
6. Has gambling ever caused you to feel less ambitious or interfered with your productivity or efficiency when doing other things?
7. After losing, do you feel you need to return as soon as possible to try and win back your losses?
8. After a win, do you feel a strong urge to return and try to win more?
9. Have you often gambled until your last dollar was gone?
10. Have you ever borrowed to finance your gambling?
11. Have you ever sold anything to finance your gambling?
12. Have you ever been reluctant to use “gambling money” to pay for other things, like rent, food, entertainment or gifts?
13. Has gambling ever made you careless about your own, or others’, well being?
14. Have you ever gambled longer than you planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you committed, or considered committing, an illegal act to finance your gambling? For example, have you ever stolen money, committed fraud, or passed a bad cheque?



17. Has gambling – or worrying about gambling – ever caused you to have difficulty sleeping?
18. Do you feel like gambling when you're frustrated, angry, or disappointed?
19. Have you ever had the urge to celebrate good fortune or happy feelings with a few hours of gambling?
20. Have you ever felt like hurting or killing yourself because of your gambling?

If you answered “yes” to at least seven (7) of these questions, you may have a problem with gambling. It may be time for you to get some support and help. Reach out and contact one of the agencies in this report today.

Adapted from materials developed by Gamblers' Anonymous
www.healthyplace.com

**Still not convinced you have a problem?
Not sure these questions really “fit” with your situation?**

Then turn the page and try a different self-screening assessment tool...



Do I Have a Gambling Problem? ... Take Two

Answer yes or no to the following questions:

1. Are you preoccupied with thoughts about gambling? For example, do you find yourself reliving past gambling experiences, or planning your next trip to the casino, or thinking about ways to get money for gambling?
2. Do you need to gamble with increasing amounts of money to get the feeling of excitement you're looking for?
3. Have you made repeated efforts to control, cut back or stop gambling...but are never successful?
4. Are you restless or irritable when you try to cut down or stop gambling?
5. Do you gamble as a way to escape your problems or relieve feelings of helplessness, guilt, anxiety, or depression?
6. After losing money gambling, do you often return another day to get even?
7. Do you lie to family members, friends, counsellors, or others to conceal how much you gamble?
8. Have you ever committed illegal acts, such as forgery, fraud, or theft to finance your gambling?
9. Have you jeopardized or lost a significant relationship, a job, or an educational or career opportunity because of gambling?
10. Do you rely on others to give you money for day-to-day expenses or to relieve a desperate financial situation caused by gambling?

If you answered “yes” to at least five (5) of these questions, you may have a gambling problem. Reach out for some help today.

Adapted from materials developed by Stop Gambling Now
www.stopgamblingnow.com



Do I Have a Problem With Drinking or Drug Use?

Answer yes or no to the following seven questions:

1. Has your use of drugs or alcohol increased over time?
2. When you stop using, do you experience physical or emotional withdrawal, such as irritability, anxiety, shakes, sweats, nausea, or vomiting?
3. Do you sometimes use more or for a longer period of time than you would like? For example: Do you usually stop after a few drinks, or does one drink always lead to more?
4. Have you ever continued to use after experiencing negative consequences to your health, in your job, or at home with your family?
5. Have you ever put off or reduced social, recreational, work or household activities because of your use?
6. Have you spent, or do you spend, a significant amount of time thinking about using, planning how to obtain or use, concealing or minimizing your use, avoiding getting caught, or recovering from your use?
7. Have you sometimes thought about cutting down or controlling your use? Have you ever made unsuccessful attempts to cut down or control your use?

If you answered “yes” to at least three (3) of these questions, you may have a problem with drinking, drugs, or gambling. It may be time for you to get some support and help. Reach out and contact one of the agencies in this report today.

Adapted from materials developed by Addictions and Recovery
www.addictionsandrecovery.org/definition-of-addiction.htm



Appendix Five: Ontario Woman Abuse Screening Project

The goal of this project is to transform services for abused women with addiction and/or mental health issues through screening for woman abuse, sexual assault, and trauma; and providing abuse/trauma-informed services in the addiction and mental health sectors.

The project was developed by the Women's Mental Health and Addictions Action Research Centre and funded by the Ontario Trillium Foundation. It was initially tested in London-Middlesex, and resulted in transformative systemic changes in the addiction and mental health sectors in communities throughout the region.

Currently, over 90 agencies in the addiction, mental health, woman abuse, sexual assault, and child protection sectors in seven regions in Ontario are collaborating with women with lived experience to:

Screen for woman abuse, sexual assault, and trauma in addiction and mental health agencies; and

Provide woman abuse/sexual assault/trauma-informed services.

Screening, cross-sectoral training, and abuse/trauma-informed services are currently being implemented in Thunder Bay, Grey-Bruce, Sudbury-Manitoulin, Chatham-Kent, Northwestern Ontario, and Hamilton. Other regions are welcome to join the initiative at regular intervals and on an ongoing basis.

Additional information, including how to participate in the initiative, upcoming web conferences, screening tools, and training opportunities, are available at www.womanabusescreening.ca.

www.womanabusescreening.ca

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