



# **From Planning to Action: Addictions, Mental Illness and Concurrent Disorders**

**Public policy directions  
for legislators**

**November 2012**

**Addiction and mental illness are health, not criminal justice, issues. This frame is laid out in the current government policy, a ten-year plan published in 2010.**

- *Healthy Minds, Healthy People: A Ten-year Plan to Address Mental Health and Substance Use in British Columbia* is the culmination of years of work and consultation under both NDP and Liberal governments.
- The plan is a good strategic approach to integrating mental health and addiction programs.
- A Directorate has been established to implement the plan and ensure its accountability. It has done impressive work and deserves continuing support.

**Addiction treatment, including concurrent disorders, should be provided within the public health care system for youth, young adults, and adults.**

- There are severe shortages of treatment and post treatment facilities and supportive recovery houses.
- Addiction treatment is largely a user-pay system, unlike other health care services. Partnerships with local health authorities and funding of more public beds need to be explored.
- Portage at The Crossing is the only publicly funded long-term residential treatment for teens in BC. The province must maintain funding, accelerate intake and increase accessibility for this vital program.
- Drug treatment and supportive recovery housing have both been privatized and are largely financed outside public health care. While among the service providers there are some excellent non-profits, consistent standards and oversight are necessary for this whole sector.
- Youth and adult supportive recovery residences need to be re-regulated with: minimum licensing requirements for food, cleanliness and capacity (Commission on Accreditation of Rehabilitation Facilities CARF ); minimum Basic Technical Competencies (CCSA Canadian Centre on Substance Abuse) for staff.
- Treatment facilities, both private and public, should follow the principles laid out in BC Ministry of Health's 2011 report *Service Model and Provincial Standards for Youth Residential Substance Use Services*.
- The methadone program needs an overhaul. Although as harm reduction for society it works well, for addicted individuals it becomes liquid handcuffs: ensuring dependence on both a very addictive drug (there is no system or assistance for those who want to come off it) and welfare (which covers the excessive dispensing fees ). See Tessa Parkes's unreleased report on these issues.

<p><b>There is a need for a coordinated approach to diagnosis, treatment, post-treatment counselling, and housing, with the involvement and support of families wherever possible.</b></p>	<ul style="list-style-type: none"> <li>• Early diagnosis of mental disorders is important, since the symptoms of these diseases (e.g., depression, the restlessness of hyperactivity) often trigger self-medication.</li> <li>• Too few resources are given to the diagnosis and treatment of concurrent disorders.</li> <li>• Silos separating addictions from mental health still exist in the Ministries and affect the coordination of diagnosis and treatment in public and private treatment facilities alike.</li> <li>• Post-treatment counselling and rehabilitation are needed for a minimum of a year in most cases, but the available follow-up resources are insufficient.</li> <li>• Healthy inclusion of families can benefit people with an addiction, but too often, shaming and blaming of the family adds to the stigma attached to this health issue.</li> <li>• Families should be included in treatment plans wherever possible, recognizing confidentiality where it is in the best interest of the patient.</li> <li>• Families should receive support and education to help them deal with their family member's addiction or mental illness.</li> </ul>
<p><b>Financial and public support for mental health-addictions treatment has demonstrable economic and poverty-reduction impacts.</b></p>	<ul style="list-style-type: none"> <li>• Society pays an enormous price for not having a comprehensive health-care approach to mental health and addictions treatment—the costs of ambulances, police and prisons and the loss of productive time for families, to name just a few.</li> <li>• Lack of treatment and support for individuals and families dealing with addictions and mental illness can lead to poverty, social isolation and inequality.</li> <li>• Investing in this sector could create socially productive and good green, living-wage jobs.</li> </ul>

**A statement from the 2012 Board, From Grief to Action:**

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